NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

January 14-15, 2026

HILTON GARDEN INN
7830 S LAS VEGAS BLVD
LAS VEGAS, NV

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

Please do not remove the book from the meeting room.

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

Date Posted: December 23, 2025

AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 14, 2026, at 9:00 am. The meeting will continue Thursday, January 15, 2026, 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 Blvd
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 teambc@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 December 3-4, 2025, 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. HealthRom Inc – Brookfield, CT
   B. Livefree Medical, LLC – Awendaw, SC
   C. Schrader's Medical Supply – Montclair, CA
   D. United States Medical Supply, LLC – Doral, 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 Publicly Traded (NAC 639.593(6)(a))

   E. Henry Schein Marketplace – West Columbia, SC

   4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

F. Achieve Life Sciences, Inc – Bothell, WA
G. Abeona Therapeutics, Inc – Cleveland, OH
H. Cinqualate Therapeutics, LLC – Westwood, KS
I. Disc Medicine, Inc – Watertown, MA
J. Revolution Medicines, Inc – Redwood City, CA

4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))

4.2.5 VAWD-Accredited (NAC 639.593(6)(c))

4.2.6 Manufacturer (NAC 639.593(6)(d))

K. Bora Pharmaceuticals, Inc – Maple Grove, MN
L. Cordis US Corp – Santa Clara, CA
M. Direct Rx – Dawsonville, GA
N. Esjay Pharma LLC – East Winsor, NJ
O. Med-Vet International – Mettawa, IL
P. Renova Pharmaceuticals, LLC – Fairfield, NJ

4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

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

Q. Chewy Wholesale MCO5, LLC – Ocala, FL
R. FedEx Supply Chain, Inc – York, PA
S. Geodis Logistics, LLC – Clayton, IN
T. Guardian DME LLC – Las Vegas, NV
U. Kuehne + Nagel, Inc – Shelbyville, KY
V. Logical Pharma Solutions – Phoenix, AZ
W. Resource Optimization & Innovation, LLC – Earth City, MO
X. ReviveMed Pharmaceuticals, LLC – Denver, CO
Y. R & S Northeast LLC – Glasgow, KY
Z. VaxServe, Inc – Moosic, PA

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

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

AA. Affirming Care Pharmacy – San Antonio, TX
BB. Biologics by McKesson – Shepherdsville, KY
CC. Cache Valley Pharmacy – North Logan, UT
DD. EPSRX – Farmers Branch, TX
EE. FarmaKeio AR – Conway, AR
FF. Good Day Pharmacy – Johnstown, CO
GG. Medivera Compounding Pharmacy – Troy, MI
HH. Safeway Pharmacy #1474 – Ft. Mohave, AZ
II. Smithville Pharmacy – Smithville, TX
JJ. Stellus Rx #1001 – Plano, TX
KK. TelyRX Dallas, LLC – Irving, TX
LL. Walmart Central Fill #10-2489 – Litchfield Park, AZ

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

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

MM. Nevada Heart and Vascular Optum Surgery Center – Las Vegas, NV

4.7 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

NN. Francisca Evangelista
OO. Joanne Dominguez

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

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

PP. STAQ Pharma of Ohio, LLC – Columbus, OH

◈ REGULAR AGENDA ◈

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

A.	CVS Pharmacy #8824	(22-509-PH-S)
B.	Karlo Arceo	(22-509-RPH-S)
C.	Rodelyn Arceo	(23-353-CS-S)
D.	Christopher Lipana	(23-422-CS-S)
E.	Las Vegas Community Pharmacy	(24-133-PH-S)
F.	Natalie Nguyen	(24-133-RPH-S)
G.	Ali Macintosh	(24-133-PT-S)
H.	Gregory Allen Oliver	(24-224-CS-S)
I.	Darlene Hess	(24-460-PTT-S)
J.	Costco Pharmacy #673	(24-462-PH-S)
K.	Chi Vu	(24-462-RPH-S)
L.	Danny Young	(24-498-CS-S)
M.	Aaron Webb	(24-505-RPH-O)
N.	David Whitehouse	(23-429-RPH-B-S)
O.	PharMerica	(24-370-PH-N)
P.	Camilla Kim	(24-370-RPH-N)
Q.	Amy Tseng	(24-484-CS-S)
R.	Saman Sazegar	(25-420-RPH-S)
S.	Sunrise Pharmacy	(20-097-PH-S)
T.	Tamara Angeles	(20-097-RPH-S)
U.	Robert Milne	(23-418-CS-S)
V.	Eric Welling	(24-078-CS-S)
W.	Michael Stellmacher	(24-364-CS-S)
X.	First Choice Pharmacy	(25-110-PH-S)
Y.	Nicole Sy	(25-110-RPH-A-S)
Z.	Kirk Beaulieu	(25-110-RPH-B-S)
AA.	Walgreens Pharmacy #03842	(24-451-PH-S)

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

A.	Prime Plus Lakeview Pharmacy	(25-110-V-O)
B.	Teecee Ann Hailey-Fulfer	(25-091-O)

7. Discussion and possible action on Respondent Gary Royce Wisner, MD's Motion for Reconsideration pursuant to NRS 622A.390(1)(b) in Case No. 22-423-CS-N **(FOR POSSIBLE ACTION)**

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

   A. Proficient Medical, LLC – North Las Vegas, NV
   B. Serendipity Medical Supplies – Las Vegas, NV

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

A. APRX LLC – Las Vegas, NV
B. Evergreens Drugs – Henderson, NV
C. Golden Health Pharmacy – Elko, NV
D. Hope Christian Pharmacy – North Las Vegas, NV
E. KabaFusion NV – Henderson, NV
F. Lovelock Pharmacy – Lovelock, NV
G. M. Rx Pharmacy – Las Vegas, NV
H. Tera Pharmacy – Las Vegas, NV
I. Walgreens Pharmacy #04788 – Carson City, NV
J. Walgreens Pharmacy #09581 – Fallon, NV
K. Walgreens Pharmacy #12488 – Fernley, NV
L. Walgreens Pharmacy #09864 – Gardnerville, NV
M. Walgreens Pharmacy #03871 – Henderson, NV
N. Walgreens Pharmacy #05369 – Henderson, NV
O. Walgreens Pharmacy #05862 – Henderson, NV
P. Walgreens Pharmacy #06424 – Henderson, NV
Q. Walgreens Pharmacy #06545 – Henderson, NV
R. Walgreens Pharmacy #06615 – Henderson, NV
S. Walgreens Pharmacy #07032 – Henderson, NV
T. Walgreens Pharmacy #07164 – Henderson, NV
U. Walgreens Pharmacy #02598 – Las Vegas, NV
V. Walgreens Pharmacy #03841 – Las Vegas, NV
W. Walgreens Pharmacy #03842 – Las Vegas, NV
X. Walgreens Pharmacy #03843 – Las Vegas, NV
Y. Walgreens Pharmacy #03844 – Las Vegas, NV
Z. Walgreens Pharmacy #03872 – Las Vegas, NV
AA. Walgreens Pharmacy #03873 – Las Vegas, NV
BB. Walgreens Pharmacy #03915 – Las Vegas, NV
CC. Walgreens Pharmacy #03922 – Las Vegas, NV
DD. Walgreens Pharmacy #04086 – Las Vegas, NV
EE. Walgreens Pharmacy #04137 – Las Vegas, NV
FF. Walgreens Pharmacy #04197 – Las Vegas, NV
GG. Walgreens Pharmacy #04242 – Las Vegas, NV
HH. Walgreens Pharmacy #04755 – Las Vegas, NV
II. Walgreens Pharmacy #04855 – Las Vegas, NV
JJ. Walgreens Pharmacy #04856 – Las Vegas, NV
KK. Walgreens Pharmacy #05014 – Las Vegas, NV
LL. Walgreens Pharmacy #05015 – Las Vegas, NV

MM. Walgreens Pharmacy #05154 – Las Vegas, NV
NN. Walgreens Pharmacy #05311 – Las Vegas, NV
OO. Walgreens Pharmacy #05570 – Las Vegas, NV
PP. Walgreens Pharmacy #05479 – Las Vegas, NV
QQ. Walgreens Pharmacy #06167 – Las Vegas, NV
RR. Walgreens Pharmacy #06227 – Las Vegas, NV
SS. Walgreens Pharmacy #06310 – Las Vegas, NV
TT. Walgreens Pharmacy #06311 – Las Vegas, NV
UU. Walgreens Pharmacy #06425 – Las Vegas, NV
VV. Walgreens Pharmacy #07450 – Las Vegas, NV
WW. Walgreens Pharmacy #07841 – Las Vegas, NV
XX. Walgreens Pharmacy #07842 – Las Vegas, NV
YY. Walgreens Pharmacy #07864 – Las Vegas, NV
ZZ. Walgreens Pharmacy #10215 – Las Vegas, NV
AAA. Walgreens Pharmacy #10782 – Las Vegas, NV
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CCC. Walgreens Pharmacy #10862 – Las Vegas, NV
DDD. Walgreens Pharmacy #11206 – Las Vegas, NV
EEE. Walgreens Pharmacy #11668 – Las Vegas, NV
FFF. Walgreens Pharmacy #11766 – Las Vegas, NV
GGG. Walgreens Pharmacy #11899 – Las Vegas, NV
HHH. Walgreens Pharmacy #12271 – Las Vegas, NV
III. Walgreens Pharmacy #12539 – Las Vegas, NV
JJJ. Walgreens Pharmacy #12641 – Las Vegas, NV
KKK. Walgreens Pharmacy #13900 – Las Vegas, NV
LLL. Walgreens Pharmacy #15035 – Las Vegas, NV
MMM. Walgreens Specialty Pharmacy #15312 – Las Vegas, NV
NNN. Walgreens Pharmacy #21159 – Las Vegas, NV
OOO. Walgreens Pharmacy #12646 – Mesquite, NV
PPP. Walgreens Pharmacy #02590 – North Las Vegas, NV
QQQ. Walgreens Pharmacy #03845 – North Las Vegas, NV
RRR. Walgreens Pharmacy #04854 – North Las Vegas, NV
SSS. Walgreens Pharmacy #05619 – North Las Vegas, NV
TTT. Walgreens Pharmacy #05814 – North Las Vegas, NV
UUU. Walgreens Pharmacy #10190 – North Las Vegas, NV
VVV. Walgreens Pharmacy #05646 – Pahrump, NV
WWW. Walgreens Pharmacy #02658 – Reno, NV
XXX. Walgreens Pharmacy #02662 – Reno, NV
YYY. Walgreens Pharmacy #04789 – Reno, NV
ZZZ. Walgreens Pharmacy #05295 – Reno, NV

AAAA. Walgreens Pharmacy #11226 – Reno, NV
BBBB. Walgreens Specialty Pharmacy #21237 – Reno, NV
CCCC. Walgreens Pharmacy #02474 – Sparks, NV
DDDD. Walgreens Pharmacy #09902 – Sparks, NV
EEEE. Walgreens Pharmacy #11227 – Sparks, NV
FFFF. Walgreens Pharmacy #12540 – Sparks, NV

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

A. KabaFusion, LLC – Cerritos, CA
B. KabaFusion NJ – Edison, NJ
C. Premise Health Wellness Center – Brentwood, TN
D. Walgreens Pharmacy – Chandler, AZ
E. Walgreens Pharmacy #04580-2 – Miramar, FL
F. Walgreens Pharmacy #02445 – Orlando, FL
G. Walgreens Central Fill #21372 – Tolleson, AZ
H. Walgreens Gene & Cell Services #21574 – Pittsburgh, PA
I. Walgreens Mail Service #03397 – Tempe, AZ
J. Walgreens Specialty Pharmacy #15438 – Canton, MI
K. Walgreens Specialty Pharmacy #15443 – Frisco, TX
L. Walgreens Specialty Pharmacy #16280 – Frisco, TX
M. Walgreens Specialty Pharmacy #21213 – Glendale, AZ
N. Walgreens Specialty Pharmacy #16287 – Pittsburgh, PA
O. Walgreens HUB Solutions #21609 – Pittsburgh, PA

11. Application for Nevada Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

A. Orion Specialty Labs, LLC – Henderson, NV

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

A. Stellon Biotech, Inc – Woodcliff Lake, NJ

13. Application Request for Pharmacist Applicant to Retake the Nevada NAPLEX Exam – Appearance: **(FOR POSSIBLE ACTION)**

A. Ameer Alhaj

14. Application for Pharmaceutical Technician Registration (NAC 639.240) – Appearance. (**FOR POSSIBLE ACTION)**

    A. Delaney Tabor

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

    A. Soren Paape

◈ WORKSHOP ◈

Thursday, January 15, 2026 – 9:00 am

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

    A. Amendment to Chapter 639 of the Nevada Administrative Code. The proposed amendments reduce the minimum age to register to become a pharmaceutical technician in training along with modify certain requirements to become a pharmaceutical technician in training.

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

18. Executive Secretary Report:

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

19. Date and Location of Next Scheduled Board Meeting:

    March 4-5, 2026 – Las Vegas, NV

20. 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)

21. 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 Darlene Nases at (775) 850-1440, as soon as possible.

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

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of in-person Board meeting attendance pursuant to NAC 639.330(1)(b)(2). You are required to attend the board meeting for a full day to receive CE credit including the law credit.

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

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

BOARD MEETING MINUTES

December 3-4, 2025

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, December 3, 2025, at 9:00 am. The meeting will continue Thursday, December 4, 2025, 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 Blvd
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	Richard Tomasso	Adam Porath
Anna Carr	Jade Jacobo	Chanyis Taylor	

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Laura Tucker	Skylar Young	Todd Weiss	Darlene Nases
Erin Miller	Joe Dodge	Leo Basch	Jessette Phaynarikone
Darla Zarley	Dena McClish	Ken Scheuber	William Kuykendall
Michael Castaneda	Clayton Bailey		

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment at December 3, 2025, 9:06 AM

There was no public comment.

1. Approval of October 15-16, 2025, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Jade Jacobo moved to approve the October 15-16, 2025, Board Meeting Minutes.

Second: Adam Porath

Action: Passed unanimously.

◈ 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.

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

A. 180 Medical Inc – Omaha, NE
B. Complete Medical Supplies, Inc – Coral Springs, FL
C. Continuum, LLC – Pittsburgh, PA
D. CPAP LV – Las Vegas, NV
E. Home Oxygen Company, Inc – Modesto, CA
F. Mi-Med Supply Co, Inc – Irvine, CA

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

Background Check Not Required by Law.

4.2.1 Publicly Traded (NAC 639.593(6)(a))

G. Allergen USA, LLC – North Chicago, IL
H. Cintas First Aid & Safety – Gahanna, OH
I. Cintas First Aid & Safety – Meredian, ID
J. Inspire Medical Systems, Inc – Golden Valley, MN
K. Inspire Medical System, Inc – Golden Valley, MN

L. Lantheus Medical Imaging, Inc – North Billerica, MA

4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

M. McKesson Medical-Surgical Inc – Buford, GA

4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

N. Avidity BioSciences, Inc – San Diego, CA
O. Aytu Biopharma, Inc – Denver, CO
P. Melinta Therapeutics, LLC – Parsippany, NJ

4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))

4.2.5 VAWD-Accredited (NAC 639.593(6)(c))

Q. Foundation Care, LLC – Chesterfield, MO

4.2.6 Manufacturer (NAC 639.593(6)(d))

R. AcuMed, LLC – Hillsboro, OR
S. Aytu Therapeutics Brands, LLC – Denver, CO
T. Biotronik NRO, Inc – Lake Oswego, OR
U. Botanix SB Inc – Phoenix, AZ
V. Essilor Laboratories of America, Inc – Farmers Branch, TX
W. Evergreen Theragnostics, Inc – Springfield, NJ
X. Granata Bio Corporation – Duxbury, MA
Y. Granules Consumer Health, LLC – Manassas, VA
Z. LifeScience Logistics, LLC – Apex NC
AA. LifeScience Logistics, LLC – Durham, NC
BB. Neos Therapeutics Brands, LLC – Denver, CO
CC. Neos Therapeutics LP – Denver, CO
DD. OsteoMed, LLC – Addison, TX
EE. Patheon Manufacturing Services, LLC – Ridgefield, NJ
FF. Par Health USA, LLC – Woodcliff Lake, NJ
GG. Salvagenix, Inc – Chadds Ford, PA
HH. Trifluent Pharma, LLC – San Antonio, TX
II. Xttrium Laboratories, Inc – Mount Prospect, IL

4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

JJ. Willow Birch Pharma, LLC – Taylor, MS

4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

KK. AcuMed LLC – Hillsboro, OR

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

LL. AIM Rx3PL, LLC – East Brunswick, NJ
MM. Animal Health International, Inc – Red Bluff, CA
NN. Catalent Pharma Solutions, LLC – San Diego, CA
OO. DHL Supply Chain – Taylor, PA
PP. Excelsior Medical, LLC – Tinton Falls, NJ
QQ. FedEx Supply Chain, Inc – Fontana, CA
RR. FedEx Supply Chain, Inc – Olive Branch, MS
SS. Giving Home Medical Equipment, LLC – Austin, TX
TT. Identifeye Health, Inc – Guildford, CT
UU. Mark Cuban Cost Plus Wholesale, LLC – Dallas, TX
VV. Veterinary Service, Inc – Albany, OR

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

WW. Golden Health Pharmacy – Elko, NV
XX. Walgreens Pharmacy #04788 – Carson City, NV
YY. Walgreens Pharmacy #09581 – Fallon, NV
ZZ. Walgreens Pharmacy #12488 – Fernley, NV
AAA. Walgreens Pharmacy #09864 – Gardnerville, NV
BBB. Walgreens Pharmacy #03871 – Henderson, NV
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MMM. Walgreens Pharmacy #03843 – Las Vegas, NV
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OOO. Walgreens Pharmacy #03872 – Las Vegas, NV
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CCCC. Walgreens Pharmacy #05570 – Las Vegas, NV
DDDD. Walgreens Pharmacy #05311 – Las Vegas, NV
EEEE. Walgreens Pharmacy #05479 – Las Vegas, NV
FFFF. Walgreens Pharmacy #06167 – Las Vegas, NV
GGGG. Walgreens Pharmacy #06227 – Las Vegas, NV
HHHH. Walgreens Pharmacy #06310 – Las Vegas, NV
IIII. Walgreens Pharmacy #06311 – Las Vegas, NV
JJJJ. Walgreens Pharmacy #06425 – Las Vegas, NV
KKKK. Walgreens Pharmacy #07450 – Las Vegas, NV
LLLL. Walgreens Pharmacy #07841 – Las Vegas, NV
MMMM. Walgreens Pharmacy #07842 – Las Vegas, NV
NNNN. Walgreens Pharmacy #07864 – Las Vegas, NV
OOOO. Walgreens Pharmacy #10215 – Las Vegas, NV
PPPP. Walgreens Pharmacy #10782 – Las Vegas, NV
QQQQ. Walgreens Pharmacy #10783 – Las Vegas, NV
RRRR. Walgreens Pharmacy #10862 – Las Vegas, NV
SSSS. Walgreens Pharmacy #11206 – Las Vegas, NV
TTTT. Walgreens Pharmacy #11668 – Las Vegas, NV
UUUU. Walgreens Pharmacy #11766 – Las Vegas, NV
VVVV. Walgreens Pharmacy #11899 – Las Vegas, NV
WWWW. Walgreens Pharmacy #12271 – Las Vegas, NV
XXXX. Walgreens Pharmacy #12539 – Las Vegas, NV
YYYY. Walgreens Pharmacy #12641 – Las Vegas, NV
ZZZZ. Walgreens Pharmacy #13900 – Las Vegas, NV
AAAAA. Walgreens Pharmacy #15035 – Las Vegas, NV
BBBBB. Walgreens Specialty Pharmacy #15312 – Las Vegas, NV

DRAFT

CCCCC. Walgreens Pharmacy #21159 – Las Vegas, NV
DDDDD. Walgreens Pharmacy #12646 – Mesquite, NV
EEEEE. Walgreens Pharmacy #04854 – North Las Vegas, NV
FFFFF. Walgreens Pharmacy #10190 – North Las Vegas, NV
GGGGG. Walgreens Pharmacy #05814 – North Las Vegas, NV
HHHHH. Walgreens Pharmacy #05619 – North Las Vegas, NV
IIIII. Walgreens Pharmacy #03845 – North Las Vegas, NV
JJJJJ. Walgreens Pharmacy #02590 – North Las Vegas, NV
KKKKK. Walgreens Pharmacy #05646 – Pahrump, NV
LLLLL. Walgreens Pharmacy #02658 – Reno, NV
MMMMM. Walgreens Pharmacy #02662 – Reno, NV
NNNNN. Walgreens Pharmacy #04789 – Reno, NV
OOOOO. Walgreens Pharmacy #05295 – Reno, NV
PPPPP. Walgreens Pharmacy #11226 – Reno, NV
QQQQQ. Walgreens Specialty Pharmacy #21237 – Reno, NV
RRRRR. Walgreens Pharmacy #02474 – Sparks, NV
SSSSS. Walgreens Pharmacy #09902 – Sparks, NV
TTTTT. Walgreens Pharmacy #11227 – Sparks, NV
UUUUU. Walgreens Pharmacy #12540 – Sparks, NV

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

VVVVV. Animal Rx Pharmacy – Lebanon, IN
WWWWW. Care Fusion Rx – Garden Grove, CA
XXXXX. FillPoint Health LLC – Dublin, OH
YYYYY. Health Care Medical Infusion Specialties – Ridgeland, MS
ZZZZZ. MedOptions Rx – Itasca, IL
AAAAAA. Premise Health Wellness Center – Brentwood, TN
BBBBBB. Priority Care Rx, LLC – Norristown, PA
CCCCCC. Reliance Rx – Amherst, NY
DDDDDD. Restorative Compounding Pharmacy & Wellness, LLC – Waterford, MI
EEEEEE. Rx Plus Pharmacy – Apopka, FL
FFFFFF. St Luke's Specialty Pharmacy – Boise, ID
GGGGGG. Walgreens Pharmacy – Chandler, AZ
HHHHHH. Walgreens Pharmacy #04580-2 – Miramar, FL
IIIIII. Walgreens Pharmacy #02445 – Orlando, FL
JJJJJJ. Walgreens Central Fill #21372 – Tolleson, AZ
KKKKKK. Walgreens Gene & Cell Services #21574 – Pittsburgh, PA
LLLLLL. Walgreens Mail Service #03397 – Tempe, AZ

MMMMMM. Walgreens Specialty Pharmacy #15438 – Canton, MI
NNNNNN. Walgreens Specialty Pharmacy #15443 – Frisco, TX
OOOOOO. Walgreens Specialty Pharmacy #16280 – Frisco, TX
PPPPPP. Walgreens Specialty Pharmacy #16287 – Pittsburgh, PA
QQQQQQ. Walgreens Specialty Pharmacy #21213 – Glendale, AZ

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

RRRRRR. Meadows Health ASC – Smoke Ranch – Las Vegas, NV
SSSSSS. Pahrump Community Health Center – Pahrump, NV

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

TTTTTT. NaphCare Pharmacy, LLC – Birmingham, AL
UUUUUU. Staska Pharmaceuticals – Bennet, NE

4.7 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

VVVVVV. Alexander Koo
WWWWWW. Quynh Nhu Doan

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

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

XXXXXX. Humboldt County General Hospital Pharmacy – Winnemucca, NV

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda.

Second: Krystal Freitas

Action: Passed unanimously.

DRAFT

◈ REGULAR AGENDA ◈

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

BB. Walgreens Pharmacy #03842 (24-451-PH-S)
CC. Sothy Him (24-451-RPH-S)

Sothy Him and William Stilling, Esq. (counsel) were present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Walgreens Pharmacy #03842 alleging that Walgreens Pharmacy #03842 is responsible for the acts of its employee, Respondent Him, who made an error in a prescription that resulted in a negative outcome to the patient.

The proposed stipulated penalties for Walgreens Pharmacy #03842, License No. PH01249, are the following: 1) Respondent fined $1,000 for the violations; and 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable within thirty (30) days of the effective date of the Order.

Ms. Tucker prosecuted the case against Sothy Him alleging that Respondent Him made an error in a prescription that resulted in a negative outcome to the patient.

The proposed stipulated penalties for Sothy Him, Certificate of Registration No. 15426, are the following: 1) Respondent fined $1,000 for the violations; and 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable within thirty (30) days of the effective date of the Order.

Board discussion ensued.

Board Action:

Motion: President Park moved to reject the Stipulation and Order for Walgreens Pharmacy #03842 as presented by Ms. Tucker.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to accept the Stipulation and Order for Sothy Him as presented by Ms. Tucker.

Second: Krystal Freitas

Action: Passed unanimously.

A. CVS Pharmacy #6867 (21-119-PH-S)
B. Oleg Bederman (21-119-RPH-A-S)

Jade Jacobo recused herself from this matter due to her previous employment with CVS Pharmacy.

President Park disclosed that she was familiar with Oleg Bederman but could participate in this matter fairly and without bias.

Brian Convery (Representative for CVS Pharmacy #6867) and Oleg Bederman were present.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against CVS Pharmacy #6867 alleging that CVS Pharmacy #6867 is responsible for the acts of its employees who administered the COVID-19 vaccine in error to a patient who had not consented to be vaccinated.

The proposed stipulated penalties for CVS Pharmacy #6867, License No. PH01976, are the following: 1) Respondent fined $2,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before January 31, 2026.

Mr. Zunino prosecuted the case against Oleg Bederman alleging that Respondent Bederman administered a COVID-19 vaccine in error to a patient who had not consented to be vaccinated.

The proposed stipulated penalties for Oleg Bederman, Certificate of Registration No. 20591, are the following: 1) Respondent fined $2,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before June 30, 2026.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Orders for CVS Pharmacy #6867 and Oleg Bederman as presented by Mr. Zunino.

Second: Chanyis Taylor

Action: Motion passed (Jacobo recused).

D. CVS Pharmacy #6625 (23-314-PH-N)
E. Victoreea Harris (23-314-RPH-N)

Jade Jacobo recused herself from this matter due to her previous employment with CVS Pharmacy.

Brian Convery, Representative for CVS Pharmacy #6625, was present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against CVS Pharmacy #6625 alleging that CVS Pharmacy #6625 is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.

Mr. Kandt disclosed that Respondent Victoreea Harris is deceased and all charges against her will be dismissed in the proposed stipulated settlement of this case.

The proposed stipulated penalties for CVS Pharmacy #6625, License No. PH02556, are the following: 1) Respondent fined $1,500 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before January 2, 2026.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for CVS Pharmacy #6625 and Victoreea Harris as presented by Mr. Kandt.

Second: Adam Porath

Action: Motion passed (Jacobo recused).

F. CVS Pharmacy #8787 (23-412-PH-S)
G. Sarah Pascual (23-412-RPH-S)

Jade Jacobo recused herself from this matter due to her previous employment with CVS Pharmacy.

Brian Convery, Representative for CVS Pharmacy, and Melanie Thomas, counsel for Sarah Pascual, were present.

President Park disclosed that she was familiar with Sarah Pascual but could participate in this matter fairly and without bias.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against CVS Pharmacy #8787 alleging that CVS Pharmacy #8787 is responsible for the acts of its managing pharmacist who induced an employee to perform pharmaceutical technician duties without a registration.

The proposed stipulated penalties for CVS Pharmacy #8787, License No. PH01144, are the following: 1) Respondent fined $5,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before January 2, 2026.

Mr. Kandt prosecuted the case against Sarah Pascual alleging that Respondent Pascual as managing pharmacist of CVS Pharmacy #8787 induced an employee to perform pharmaceutical technician duties without a registration.

The proposed stipulated penalties for Sarah Pascual, Certificate of Registration No. 20433, are the following: Respondent's Certificate of Registration No. 20433 is suspended for a period of two (2) years. The suspension is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before April 1, 2026; 3) Respondent shall complete two (2) additional continuing education credits on ethics and two (2) additional continuing education credits on duties of a managing pharmacist and shall provide certificates demonstrating completion; and 4) Other than her current position as managing pharmacist at Walgreens Pharmacy #11668, Respondent Pascual shall not work as a managing pharmacist of any pharmacy licensed by the Board while on probation without prior approval from the Board.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for CVS Pharmacy #8787 and Sarah Pascual as presented by Mr. Kandt.

Second: Chanyis Taylor

Action: Motion passed (Jacobo recused).

K. CVS Pharmacy #9981 (25-034-PH-N)
L. Joseph Delallo (25-034-RPH-N)

Brian Convery (Representative for CVS Pharmacy) and Joseph Delallo were present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against CVS Pharmacy #9981 alleging that CVS Pharmacy #8787 is responsible for the acts of its employees who dispensed an expired prescription to a patient.

The proposed stipulated penalties for CVS Pharmacy #9981, License No. PH01300, are the following: 1) Respondent fined $5,000 for the violations; and 2) Respondent

assessed $500 in attorney's fees and costs, both to be due and payable on or before January 5, 2026.

Ms. Tucker prosecuted the case against Joseph Delallo alleging that Respondent Delallo dispensed an expired prescription to a patient.

The proposed stipulated penalties for Joseph Delallo, Certificate of Registration No. 18429, are the following: Respondent's Certificate of Registration No. 18429 is revoked for a period of three (3) years. The revocation is stayed and is placed on probation subject to the following conditions: 1) Respondent fined $5,000 for the violations; Respondent shall remit payment in two equal payments: $2,500 due within thirty (30) days of the effective date of this order, and the remaining $2,500 due within sixty (60) days of the effective date of this order; and 2) Respondent assessed $500 in attorney's fees and costs, due and payable within thirty (30) days of the effective date of this order.

Board discussion ensued.

The proposed amended stipulated penalties for Joseph Delallo, Certificate of Registration No. 18429, are the following: Respondent's Certificate of Registration No. 18429 is suspended for a period of three (3) years. The revocation is stayed and is placed on probation subject to the following conditions: 1) Respondent cannot be a managing pharmacist for any pharmacy licensed by the Board during his probation period. Respondent shall have sixty (60) days to discontinue employment as managing pharmacist to allow Respondent's current employer time to find a replacement; 2) Respondent shall complete ten (10) additional hours of continuing education related to error prevention within 180 days of the Stipulation; 3) Respondent fined $4,000 for the violations; Respondent shall remit payment in two equal payments: $2,000 due within 90 days of the effective date of this order, and the remaining $2,000 due within 180 days of the effective date of this Stipulation; 4) Respondent assessed $500 in attorney's fees and costs, due within 90 days of this Stipulation; and 5) Respondent shall not engage in conduct for which disciplinary action may be imposed during probation period.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for CVS Pharmacy #9981 and the amended Stipulation and Order for Joseph Delallo as presented by Ms. Tucker.

Second: President Park

Action: Motion passed (Jacobo recused).

M. Express Scripts (23-245-PH-A-S & 23-245-PH-B-S)

Gary Burnett (counsel) and Daniel Inglish were present.

Brett Kandt, General Counsel for Nevada State Board of Pharmacy, prosecuted the case against Express Scripts alleging that Express Scripts is responsible for the acts of its employees who made an error in a prescription and allowed personnel not registered in Nevada to perform tasks necessary for filling and dispensing the prescription.

The proposed stipulated penalties for Express Scripts, License No. PH01376, are the following: 1) Respondent fined $5,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before January 2, 2026.

The proposed stipulated penalties for Express Scripts, License No. PH01812, are the following: 1) Respondent fined $5,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before January 2, 2026.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulations and Orders for Express Scripts Pharmacy License Nos. PH01376 and PH01812 as presented by Mr. Kandt.

Second: Krystal Freitas

Action: Passed unanimously.

N. Samuel Chacon (23-348-CS-N)

Eric Stryker, Esq. appeared on behalf of Samuel Chacon.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Samuel Chacon alleging that due to revocation of his License No. 9105 to practice medicine, Respondent Chacon no longer qualifies as a practitioner for registration to dispense controlled substances.

The proposed stipulated penalties for Samuel Chacon, Certificate of Registration No. CS05273, are the following: Respondent's Certificate of Registration No. CS05273 is revoked; Respondent may not possess (except pursuant to a lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement, and the Board reinstates his certificate of registration; Respondent may not petition for reinstatement for a period of one (1) year from the effective date of the Order subject to the following conditions: 1) Respondent fined $2,500 for the violations; 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable on or before June 3, 2026.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Samuel Chacon as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

P. Terry Muratore (24-036-VS-S)

Aaron Fricke (counsel) and Terry Muratore were present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Terry Muratore alleging that Respondent Muratore dispensed controlled substances without a valid dispensing practitioner registration and failed to disclose disciplinary action from the Nevada State Board of Medical Examiners (NSBVME) on his 2024 biennial renewal application for Certificate of Registration No. CS03534.

The proposed stipulated penalties for Terry Muratore, Certificate of Registration No. CS03534, are the following: 1) a public reprimand; 2) Respondent fined $5,000 for the violations; and 3) Respondent assessed $2,000 in attorney's fees and costs, both to be due and payable on or before January 1, 2026.

Board Action:

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

Second: Adam Porath

Action: Passed unanimously.

Q. Daniel Inglish (24-413-CS-S)

Gary Burnett (counsel) and Daniel Inglish were present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Daniel Inglish alleging that Respondent Inglish allowed non-Nevada licensed practitioners to have access to the medications containing an inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision. Respondent did not establish a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary. Respondent permitted administration of

patient-specific prescription medications to multiple patients and failed to properly label, segregate, and/or dispose of adulterated and/or dangerous drugs. Lastly, Respondent issued prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying the patient in the order to obtain those drugs for office administration.

The proposed stipulated penalties for Daniel Inglish, Certificate of Registration No. CS22888, are the following: Respondent's Certificate of Registration No. CS22888 is suspended for a period of one (1) year. The suspension is stayed and is placed on probation subject to the following conditions: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before December 3, 2026; and 3) Respondent shall comply with all federal and statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

R. Abdollah Assad (24-470-CS-N)

Lyn Beggs, Esq. was present on behalf of Abdollah Assad.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Abdollah Assad alleging that Respondent Assad failed to disclose pending charges by the Nevada Board of Medical Examiners on his 2024 biennial renewal for Certificate of Registration No. CS12432. In addition, he failed to review the patient utilization report in the PMP database prior to issuing a controlled substance prescription for a patient. Due to revocation of his License No. 10883 to practice medicine Respondent no longer qualifies as a practitioner for registration to dispense controlled substances.

As part of the stipulated settlement, the allegation of issuing a prescription on a suspended controlled substance registration will be withdrawn and all related counts dismissed.

The proposed stipulated penalties for Abdollah Assad, Certificate of Registration No. CS12432, are the following: 1) Respondent's Certificate of Registration No. CS12432 is revoked; 2) Respondent may not possess (except pursuant to a lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement, and the Board reinstates his certificate of registration 3) Respondent may not petition for reinstatement for a period of two (2)

years from the effective date of the Order; 4) If Respondent applies for reinstatement, he must appear before the Board to answer questions and give testimony on his application; 5) Respondent fined $5,000 for the violations; and 6) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable on or before February 2, 2026.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Abdollah Assad as presented by Mr. Kandt.

Second: Adam Porath

Action: Passed unanimously.

Z. Yaron Zedek (24-511-CS-S)

Craig Slater (counsel) was present on behalf of Yaron Zedek.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Yaron Zedek alleging that Respondent Zedek was disciplined by the Nevada Board of Medical Examiners (NSBME), such that he is subject to disciplinary action by the Nevada Board of Pharmacy.

The proposed stipulated penalties for Yaron Zedek, Certificate of Registration No. CS08479, are the following: Respondent's Certificate of Registration No. CS08479 is revoked, effective immediately. Respondent shall be ineligible to petition for reinstatement for a period of one (1) year from the effective date of the Order. As a condition for submitting any petition for reinstatement in the future, Respondent shall pay a fine of $5,000 for the violations and reimburse the Board in the amount of $1,000 for attorney's fees and costs.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

U. Ollen Williams, Jr. III (24-438-PT-O)

Ollen Williams Jr. III was present.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Ollen Williams Jr. III alleging that Respondent Williams was disciplined by the California Board of Pharmacy related to compounding activity, such that he is subject to disciplinary action by the Nevada Board of Pharmacy for the same compounding activity.

The proposed stipulated penalties for Ollen Williams Jr. III, Certificate of Registration No. PT23862, are the following: Respondent's Certificate of Registration No. PT23862 is revoked, effective immediately. The revocation is stayed and is placed on probation for a period of two (2) years subject to the following conditions: 1) Respondent assessed $500 in attorney's fees and costs, due and payable on or before January 31, 2026; 2) During the period of probation, Respondent shall not perform sterile or non-sterile compounding; 3) During probation, Respondent shall not hold an ownership interest in or serve as an officer, director, manager, or partner of any pharmacy licensed in Nevada; and 4) Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him during the probation period.

Board discussion ensued.

The proposed amended stipulated penalties for Ollen Williams Jr. III, Certificate of Registration No. PT23862, are the following: Respondent's Certificate of Registration No. PT23862 is revoked, effective immediately. The revocation is stayed and is placed on probation for a period of two (2) years subject to the following conditions: 1) Respondent assessed $500 in attorney's fees and costs, due and payable on or before January 31, 2026; 2) During the period of probation, Respondent shall not perform sterile or non-sterile compounding; 3) During probation, Respondent shall complete two (2) additional continuing education credits related to ethics in the practice of pharmacy and must provide certificate of completion to Board staff; 4) During probation, Respondent shall not hold an ownership interest in or serve as an officer, director, manager, or partner of any pharmacy license in Nevada; and 5) Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him during the probation period.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the amended Stipulation and Order for Ollen Williams Jr. III as presented by Mr. Zunino.

Second: Adam Porath

Action: Passed unanimously.

O. Revive Rx (23-411-PH-O)

Frank Flaherty, Nevada counsel for Revive Rx, was present.

President Park stated that a Motion to Dismiss was submitted in this matter.

Mr. Flaherty made his argument.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, made his argument.

President Park denied the Motion to Dismiss.

Mr. Kandt prosecuted the case against Revive Rx alleging that Revive Rx compounded and dispensed drug products to Nevada using category 2 bulk substances in violation of federal and state law.

The proposed stipulated penalties for Revive Rx, License No. PH04215, are the following: The Board is suspending judgement and is placing Revive Rx on probation for a period of one (1) year subject to the following conditions: 1) Respondent shall pay a fine of $5,000 for the violations; 2) Respondent assessed $4,000 in attorney's fees and costs; 3) the managing pharmacist, every pharmacist and pharmaceutical technician engaged in the practice of compounding sterile drug products shall complete sufficient training to maintain competency and proficiency. Respondent will provide Board staff with training records for every pharmacist and pharmaceutical technician engaged in the practice of compounding sterile drugs within 30 days of the effective date of the Order; 4) During probation, Respondent shall be subject to quarterly inspections at Respondent's expense; 5) Respondent shall undergo one(1) inspection by the National Association of Board of Pharmacy (NABP) with all findings provided directly to Board staff; 6) Respondent shall establish and put into practice any necessary policies and procedures for compounding and dispensing drug products in conformance with federal and state law; and 7) Respondent shall have no new charges filed against Revive Rx while on probation.

Board discussion ensued.

Board Action:

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

Second: Adam Porath

Action: Passed unanimously.

C. Pratik Patel (21-119-RPH-B-S)

This matter was dismissed.

H. CVS Pharmacy #6717 (24-013-PH-S)
I. Analeah Presbitero (24-013-RPH-A-S)
J. Todd Spears (24-013-RPH-B-S)

This matter was continued.

S. PharMerica (24-370-PH-N)
T. Camilla Kim (24-370-RPH-N)

This matter was continued.

V. Sean Arora (24-509-CS-N)
W. Cassie Gifford (24-509-PR-A-N)
X. Gabrielle McIntyre (24-509-PR-B-N)
Y. Allison Jaggard (24-509-PR-C-N)

This matter was continued.

AA. Eric Welling (24-078-CS-S)

This matter was continued.

DD. Dametria Williams (25-049-PTT-S)

This matter was dismissed.

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

A. Rodney Thomas (24-433-PR-S)

This matter has been continued.

B. Teecee Ann Hailey Fulfer (25-091-CS-O)

This matter has been continued.

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

DRAFT

A. Baylee Watkins

Baylee Watkins was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the pharmaceutical technician in training registration for Baylee Watkins pending a favorable PRN-PRN or equivalent evaluation.

Second: Jade Jacobo

Action: Passed unanimously.

B. Katherine Rodriguez

Katherine Rodriguez was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the pharmaceutical technician in training registration for Katherine Rodriguez.

Second: Krystal Freitas

Action: Passed unanimously.

D. Vincent Montemayor

Vincent Montemayor was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

DRAFT

Motion: Jade Jacobo moved to approve the pharmaceutical technician in training registration for Vincent Montemayor.

Second: Adam Porath

Action: Passed unanimously.

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

A. Eliab Munyehirwe

Eliab Munyehirwe was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the controlled substance registration for Eliab Munyehirwe.

Second: Jade Jacobo

Action: Passed unanimously.

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

B. Las Vegas Recovery Hospital – Henderson, NV

Stacey Zierath (Chief Executive Officer), Don Le (Pharmacist in Charge), Melody Cofield (Director of Quality Compliance for Lyon Health System), and Mark Burston (Director of Development for Lyon Health System) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the pharmacy license for Las Vegas Recovery Hospital.

Second: Adam Porath

Action: Passed unanimously.

7. Application for Nevada Warehouse (NAC 639.622) – Appearance **(FOR POSSIBLE ACTION)**

A. Giving Home Medical Equipment, LLC – Las Vegas, NV

Price Wooden, Executive Director, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the warehouse license for Giving Home Medical Equipment, LLC.

Second: Jade Jacobo

Action: Passed unanimously.

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

B. Walgreens HUB Solutions #21609 – Pittsburgh, PA

Ashley Patrick (Pharmacist in Charge) and William Stilling, Esq. (counsel) were present.

The Board heard testimony and asked questions of the applicant.

This matter was tabled to a future Board Meeting.

◈ CONSENT AGENDA ◈

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

President Park removed Agenda Items 4WW-4UUUUU from the consent agenda.

◈ REGULAR AGENDA ◈

11. General Counsel Report

DRAFT

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, presented.

12. Executive Secretary Report

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented.

◈ 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.

President Park removed Items 4GGGGGG-4QQQQQQ from the consent agenda.

President Park removed Item 4AAAAAA from the consent agenda.

Public comment at December 3, 2025, at 3:33 PM:

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning at 9:00 AM.

Board Members Present:

Helen Park	Krystal Freitas	Richard Tomasso	Adam Porath
Anna Carr	Jade Jacobo	Chanyis Taylor	

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Laura Tucker	Skylar Young	Todd Weiss	Darlene Nases
Erin Miller	Joe Dodge	Leo Basch	Jessette Phaynarikone
Darla Zarley	Dena McClish	Ken Scheuber	William Kuykendall
Michael Castaneda	Clayton Bailey		

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 at December 4, 2025, at 9:03 AM:

There was no public comment.

DRAFT

◈ WORKSHOP ◈

Thursday, December 4, 2025 – 9:00 am

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

A. A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.

David Wuest (Executive Secretary for the Nevada Board of Pharmacy) and Brett Kandt (General Counsel for Nevada Board of Pharmacy) presented the proposed regulation workshop to the Board.

Mr. Wuest stated that any public comments received on this item have been shared with Board members.

President Park opened the floor for public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed regulation as presented by Board staff.

Second: Adam Porath

Action: Passed unanimously.

B. A REGULATION relating to controlled substances adding dipentylone and seven fentanyl related substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

Darla Zarley, Grant and Project Analyst for Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

President Park opened the floor for public comment.

There was no public comment.

DRAFT

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed regulation as presented by Board staff.

Second: Krystal Freitas

Action: Passed unanimously.

◈ PUBLIC HEARING ◈

Thursday, December 4, 2025 – 9:00 am

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

A. A related to pharmacy; revising the licensing requirements for facilities for treatment with narcotics; and providing other matters properly relating thereto. (LCB File No. R197-24)

Brett Kandt, General Counsel for Nevada Board of Pharmacy, presented the proposed regulation to the Board.

President Park opened the floor for public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to adopt LCB File No. R197-24 as presented by Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

B. Amendment to the Nevada Administrative Code (“NAC”) 639. The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board

of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto. (LCB File No. R203-24)

David Wuest (Executive Secretary for the Nevada Board of Pharmacy) and Yenh Long (Deputy Secretary for the Nevada Board of Pharmacy) gave background and presented the proposed regulation to the Board.

President Park opened the floor for public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt LCB File No. R203-24 as presented by Board staff.

Second: Adam Porath

Action: Passed unanimously.

C. A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto. (LCB File No. R204-24)

Darla Zarley, Grant and Project Analyst for Nevada Board of Pharmacy, presented the proposed regulation to the Board.

President Park opened the floor for public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to adopt LCB File No. R204-24 as presented by Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

DRAFT

D. A REGULATION relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic. (LCB File No. R004-25)

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented the proposed regulation the Board.

Mr. Wuest stated that any public comments received on this item have been shared with the Board members.

President Park opened the floor for public comment.

The following person(s) made a public comment:

Elizabeth Bickle, Registered Nurse.

Arielle Hernandez, Regulatory Policy Specialist with National Nurses United of NV.

Adam Hart, Registered Nurse.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to adopt LCB File No. R004-25 as presented by Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. Hillcrest Pharmacy, LLC – Midvale, UT

Courtney Sullivan (Counsel), Jeffrey “Ryan” Abeyta (Pharmacist in Charge), and Michael Stucki (designated representative) were present.

President Park disclosed that she was familiar with Michael Stucki from Roseman University, but she could participate in this matter fairly and without bias.

Richard Tomasso left the meeting at 10:13 AM.

The Board heard testimony and asked questions of the applicant.

DRAFT

Richard Tomasso returned to the meeting at 10:23 AM.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the service modification to add sterile compounding at Hillcrest Pharmacy, LLC.

Second: Adam Porath

Action: Passed unanimously.

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

    A. Hephaestus Pharmaceuticals, LLC – Miami, FL

Vincent Van, pharmacist in charge and designated representative, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state pharmacy license for Hephaestus Pharmaceuticals, LLC.

Second: Adam Porath

Action: Passed unanimously.

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

    B. Medivant Healthcare – Phoenix, AZ

Paula Beougher (Designated Representative, Pharmacist in Charge and Senior Director of Pharmacy) and Maria Narvaez (Administrator) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

DRAFT

Board Action:

Motion: Adam Porath moved to approve the out-of-state compounding pharmacy license for Medivant Healthcare and if any 483 that comes from the latest FDA inspection that they provide it to Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

7. Application for Nevada Warehouse (NAC 639.622) – Appearance **(FOR POSSIBLE ACTION)**

B. Novum Pharmaceutical Research Services of Nevada, Inc – Las Vegas, NV

David Bell-Pruitt, Vice President of Clinical Program Management, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada warehouse license for Novum Pharmaceutical Research Services of Nevada, Inc.

Second: Jade Jacobo

Action: Passed unanimously.

8. Application for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

A. Total Medical Supply, Inc – Texarkana, TX

Julie Franklin, President, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Out-of-State Medical, Devices, Equipment and Gases license for Total Medical Supply, Inc.

Second: Adam Porath

Action: Passed unanimously.

Richard Tomasso left the meeting at 11:19 AM.

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

    B. Patterson Logistic Services, Inc – Dinuba, CA – Background Check Not Required by Law
    C. Patterson Logistic Services, Inc – Boone, IA – Background Check Not Required by Law
    D. Patterson Logistic Services, Inc – Blythewood, SC – Background Check not Required by Law
    E. Patterson Logistic Services, Inc – Kent, WA – Background Check not Required by Law
    F. Patterson Logistic Services, Inc – South Bend, IN – Background Check not Required by Law

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

    A. Patterson Dental Supply, Inc – Las Vegas, NV – Background Check not Required by Law

Alex Cooper (Counsel) and Kelly Karau (Regulatory Licensing Manager) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the ownership change for Patterson Logistic Services, Inc. in Philadelphia, PA, Dinuba, CA, Boone, IA, Blythewood, SC, Kent, WA and South Bend, IN, and for Patterson Dental Supply, Inc.

Second: Adam Porath

Action: Passed unanimously.

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

DRAFT

A. Packaging Coordinators, Inc – Philadelphia, PA – Background Check Not Required by Law

Catherine Cabrera (Designated Representative), Nick Meza (Counsel), and Mark Burke (Executive Director of Global Quality Operations) were present.

The Board heard testimony and asked questions of the applicant.

Jade Jacobo left the meeting at 11:38 AM.

Board discussion ensued.

Jade Jacobo returned to the meeting at 11:39 AM.

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state wholesaler license for Packaging Coordinators, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

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

C. XeCare LLC – New Albany, OH

Shamika Mazyck (Counsel) and Andrew Bruggeman (pharmacist in charge and designated representative) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the ownership change for XeCare LLC, on the condition that they submit the final resolution of the Board action from the Iowa Board of Pharmacy to Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

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

C. Rachel Ann Wright

Rachel Ann Wright was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the pharmaceutical technician in training registration for Rachel Ann Wright pending a favorable PRN-PRN or equivalent evaluation.

Second: Adam Porath

Action: Passed unanimously.

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

A. Alan Kruger

Alan Kruger was present.

David Wuest, Executive Director for the Nevada Board of Pharmacy, questioned Mr. Kruger on his pharmacist renewal application.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

No action was taken in this matter.

B. Martin Farrell

This matter was continued.

9. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Appearance (**FOR POSSIBLE ACTION)**

A. PMS Pro, LLC – Las Vegas, NV

Frederick Martin, Owner and MDEG administrator, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Medical, Devices, Equipment and Gases license for PMS Pro, LLC, pending a favorable initial inspection with the condition of an additional inspection at the owner's expense.

Second: Jade Jacobo

Action: Passed unanimously.

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

    A. Evergreen Drugs – Henderson, NV

This matter was tabled.

22. Date and Location of Next Scheduled Board Meeting:

    January 14-15, 2026 – Las Vegas, NV

23. Public Comment

President Park opened the floor for public comment.

There was no public comment.

24. Adjournment

DRAFT

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: HealthROM, Inc

MDEG Physical Address: 101 Silvermine Rd, Ste 200

City: Brookfield State: CT Zip: 06804

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

City: _____ State: _____ Zip: _____

Telephone: _____ Website: www.healthrom.com

Email: _____

Name of MDEG Administrator (NAC 639.694): _____

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: 9AM - 5PM	■ Tue: 9AM - 5PM	■ Wed: 9AM - 5 PM	■ 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 NPI for the following States: 1194307090 Medicare PTAN (Medicare ID #) for the following states 802936001
Medicare PTAN/NPI(Medicare ID #)Effective Date for the following States: Effective: 11/16/2021(Novitas & Palmetto GBA)

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: Delaware

Parent Company (if any): N/A

Corporation Name: HealthROM, Inc

Mailing Address: 101 Silvermine Rd, Suite 200

City: Brookfield State: CT Zip: 06804

Telephone: Email:

Contact Person Name: Lauren Shelton

Date of SEC Registration: N/A	SEC Registration Number: N/A	Stock Exchange Symbol: N/A

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:

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.

Edwin Dearborn

Print Name of Authorized Person Submitting Application

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

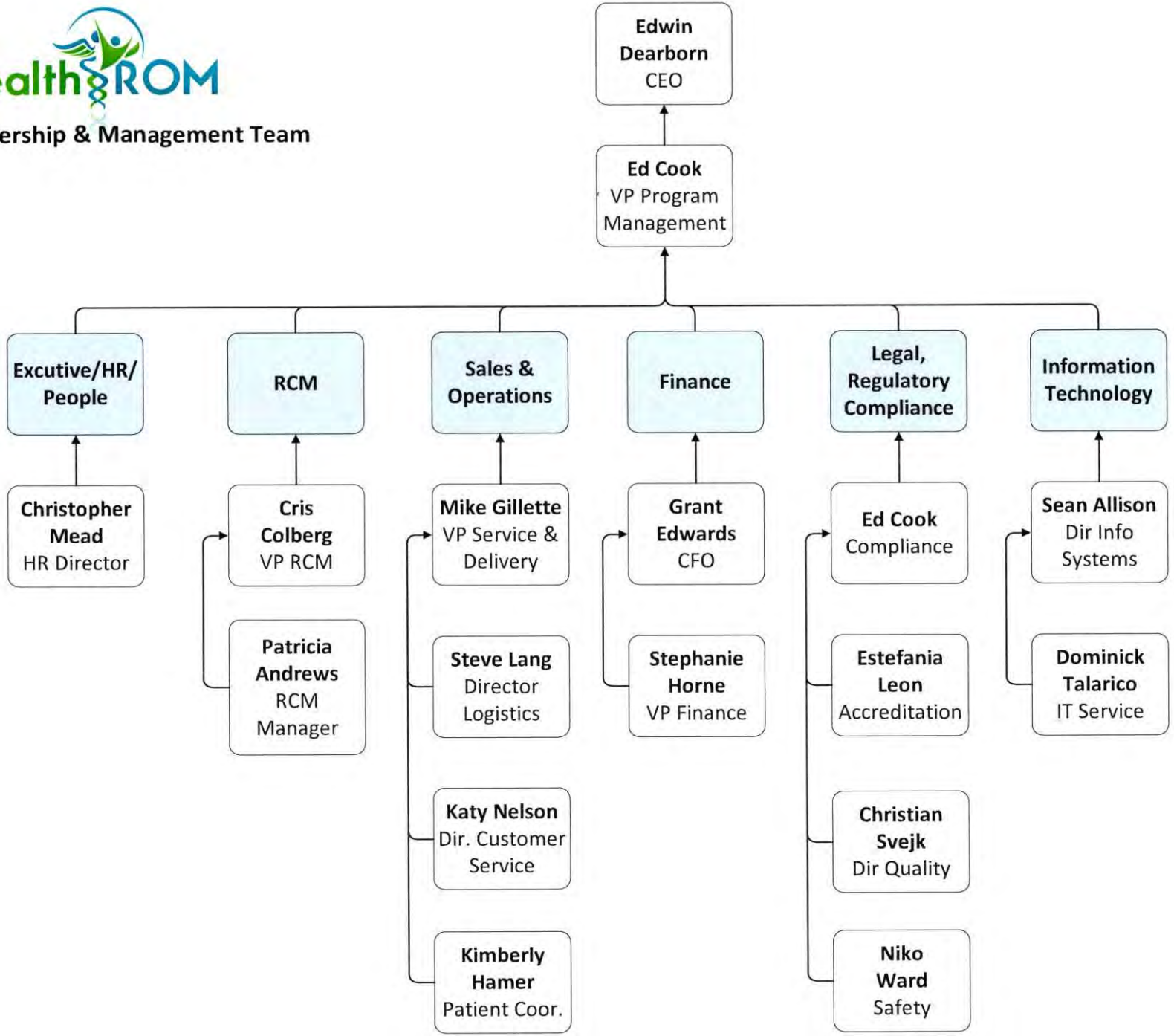
9 Oct 2025

Date

Board Use Only	Date Received: _____ Amount: _____

HealthROM

Leadership & Management Team



Updated 2/21/2025

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/11/2025

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

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

PRODUCER
Marsh & McLennan Agency LLC
Marsh & McLennan Ins Agency LLC
1255 Treat Boulevard #950
Walnut Creek CA 94597

License#: 0H18131

CONTACT NAME: Felicia McAroy
PHONE (A/C, No, Ext): 925 482-9337 | FAX (A/C, No):
E-MAIL ADDRESS: felicia.mcaroy@marshmma.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : The Continental Insurance Company	35289
INSURER B : Underwriters at Lloyd's London	55555
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
HealthROM, Inc.
101 Silvermine Road, Suite 200
Brookfield CT 06804

ROMTECHN1

COVERAGES **CERTIFICATE NUMBER:** 272757163 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:			7040366582	10/10/2025	10/10/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			7040366596	10/10/2025	10/10/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			7040366601	10/10/2025	10/10/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B B	Products Liability Professional Liab. - Claims Made			BSO0340527263 MSO0340521241	10/10/2025 10/10/2025	10/10/2026 10/10/2026	Per Claim / Aggregate Per Claim / Aggregate	$5M/$5M $1M/$5M

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

CERTIFICATE HOLDER

Evidence of Coverage

1

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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Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHROM, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHROM, INC" WAS INCORPORATED ON THE SIXTEENTH DAY OF APRIL, A.D. 2021.

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

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5845606 8300

SR# 20253881297

Authentication: 204658333

Date: 09-04-25 •

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

LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Owner/partner/corporate officer/director etc.] :

Edwin Dearborn - 100% Sole Ownership, Sole Director, President, Secretary, CFO/Treasurer

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugwholesalers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

HEALTHROM INC
HealthROM, Inc - Licensing & Credentialing Manager
101 Silvermine Rd, Ste 200
BROOKFIELD, CT 06804

Email on file to be used for receiving all notices from this office:

credentialingandlicensure@healthrom.com

1097714

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

HEALTHROM INC

101 SILVERMINE RD STE 200
BROOKFIELD, CT 06804-2047

has satisfied the qualifications required by law and is hereby issued a

WHOLESALER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No **Rx Legend Drugs: No** **Non Rx Legend Drugs: No** **Medical Devices: No**

Cosmetics: No **Medical Gases and Oxygen: No** **Durable Medical Equipment (DME): Yes**

Registration #: CSW.0004910
Effective Date: 07/01/2025
Expiration Date: 06/30/2026.

verify online at www.elicense.ct.gov

Bryan T. Cafferelli, Commissioner

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 HealthRam
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (If applicable) 1194307090 NP186-3393237 FEIN
Physical Address 101 silver mine Rd Suite 200
City Brookfield State CT Zip 06804
Mailing Address (If different from physical address) P.O. Box 844096
City Boston State M.A. Zip 02284
Telephone _____ Website _____
Licensing Company Email Credentialingandlicensure@romtech.com

Section 2: Personal Information

First Edwin Middle Whittier Last DEARBORN
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted]
City [redacted] State [redacted] Zip 89014
Telephone [redacted] Email edwin.@ROMTech.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.329)	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)
Newport Harbor H.S.		1980 - 82
Address	**City / State / Zip**	
	Newport Beach / CA / [illegible]	
Diploma/Degree obtained, if any		
High School		

School Name	From - To (MM/YY – MM/YY)
Orange Coast College	1982 - 84
Address	**City / State / Zip**
	Santa Ana / CA /
Diploma/Degree obtained, if any	

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017-2025	[redacted]	[redacted]	[redacted]	89014
2012 - 2017				

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: IDX Media Group			From - To (MM/YY – MM/YY): 03/2016 - 2026
Busin[redacted]	[redacted]	[redacted]	Zip: 89014
Ph[redacted]	Title: Founder		
Description of Duties:			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
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

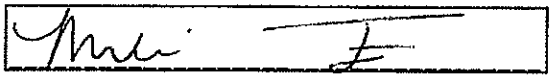
NEVADA NOTARY ACKNOWLEDGMENT

THE STATE OF NEVADA

COUNTY OF Clark

This instrument was acknowledged before me on 09/12/2025

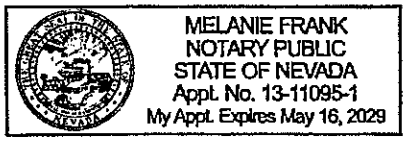
(date) by Edwin Dearborn. (name of person).



Notary Public Signature

Print Melanie Frank

Title Notary Public



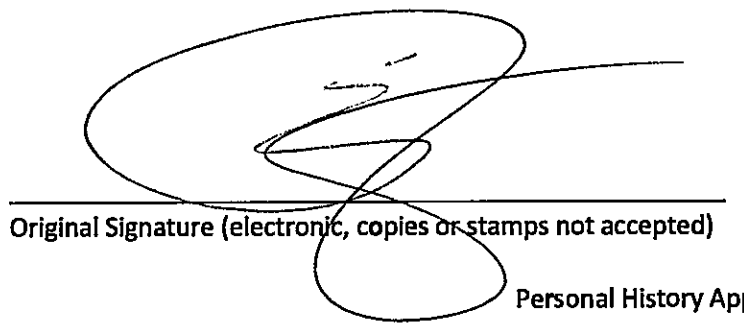
(Seal)

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

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

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**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 Oct 2025

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.

Edwin DEARBORN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2 Oct 2025

Date

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

State of Nevada, ss. County of Clark

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

Original Signature

2 Oct 2025

Date

Subscribed and Sworn to before me this 2 day of October 2025

Notary Public Signature

MELANIE FRANK
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 13-11095-1
My Appt. Expires May 16, 2029

(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 HealthRoute MDEG License # (if applicable) _____
Physical Address 101 Silvermine Rd. Suite 200
City Brookfield State CT Zip 06804
Mailing Address (if different from physical address) P.O. Box 844096
City Boston State M.A. Zip 02284
Telephone _____ Website _____
Licensing Company Email Credentialingandlicensure@routechs.com

Section 2: Personal Information

First Peter Middle Jude Last Leone
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address 101 Silvermine Rd
City Brookfield State CT Zip 06804
Telephone 800-374-0055 Email pete.leone@romtech.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)
New Fairfield High School			06/97
Address	**City**	**State**	**Zip**
54 Gillotti Rd	New Fairfield	CT	06812
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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/23 - 09/25	[redacted]	[redacted]	[redacted]	06851
03/20 – 08/23				06850
03/19 - 03/20				06906
06/11 - 03/19				06810
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
HealthROM			06/22 - 09/25
Business Address	**City**	**State**	**Zip**
101 Silvermine Rd	Brookfield	CT	06804
Phone	**Title**		**Number of Employed Hours**
888-374-0855	Chief of Staff		6840
Description of Duties			
See attached.			

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

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

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

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, Peter Leone, **certify that as the MDEG Administrator for**

HealthROM,

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.

Peter Leone

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/17/25

Date

Board Use Only	Date Received:

HealthROM™ MDEG ADMIN

HealthROM Inc.
101 Silvermine Road Suite 200
Brookfield, CT 06804
(888) 374-0683

Core Duties of a Chief of Staff at ROMTech

1. **Strategic Alignment & Execution Support**
   - Work closely with the CEO and executive team to refine and cascade the company's strategic goals.
   - Translate high-level strategies into actionable plans, ensuring that initiatives across R&D, clinical operations, sales, regulatory, and marketing stay aligned.
   - Monitor progress toward key performance indicators and help remove roadblocks.
2. **Cross-Functional Coordination & Communication**
   - Serve as a bridge between departments (engineering, clinical, regulatory, operations, sales) to ensure smooth information flow, avoid silos, and facilitate collaboration.
   - Lead regular cross-functional meetings, status updates, and follow-ups.
   - Prepare internal dashboards, summaries, and reports for leadership, board, or investors.
3. **Project & Initiative Management**
   - Oversee high-impact or "special" projects (e.g. launch of a new device, regulatory submissions, market expansion) that fall outside typical departmental scope.
   - Allocate resources, set timelines, manage risks, and ensure deliverables.

HealthROM Inc.
101 Silvermine Road Suite 200
Brookfield, CT 06804
(888) 374-0683

- Act as a project sponsor or escalation point when needed.

4. Executive Support & Decision Prep
   - Prepare briefing materials, slide decks, and talking points for the CEO and executives.
   - Gate review proposals, ensuring they are well grounded before they reach senior leadership.
   - Participate in meetings with investors, board members, and external stakeholders; take notes, ensure follow-ups, and track commitments.
5. Operational Efficiency & Continuous Improvement
   - Identify inefficiencies or bottlenecks in company processes and propose improvements or process redesigns.
   - Standardize best practices, documentation, workflows, and internal communication protocols.
   - Drive adoption of tools or systems that enhance visibility, accountability, and performance (e.g. project management platforms, OKR systems).
6. Culture, Talent & Team Enablement
   - Partner with HR or People Ops to reinforce culture, leadership development, and onboarding for critical roles.
   - Facilitate leadership meetings, retreats, and cross-team alignment events.

HealthROM Inc.
101 Silvermine Road Suite 200
Brookfield, CT 06804
(888) 374-0683

- **Serve as a trusted adviser to senior leaders, providing candid feedback and helping resolve interpersonal or organizational friction.**

7. **Stakeholder & External Relations**
    - **Represent the company in certain external forums or initiatives (e.g. industry associations, regulatory discussions) as delegated.**
    - **Track competitive, technological, regulatory, and market developments, and surface implications to leadership.**
    - **Support investor relations, partnerships, and external collaborations as needed.**

~ FOR LEASE ~

TOWER REALTY CORP.

IMMACULATE and FULLY AIR CONDITIONED PRODUCTION, ASSEMBLY, LAB, WAREHOUSE, DISTRIBUTION, OR RECREATIONAL FACILITY



101 Silvermine Road
Brookfield, CT

Lease Price: $8.25 NNN Price Reduced

Broker Incentive
Full Commission to Leasing Agent

Fully air conditioned facility with easy access to I-84. Building features: 22 ft. clear ceilings, three vertical carousel units, full sprinkler system, eight loading docks (seven with levelers), one drive-in, 3,000 amp/3 phase power. Ideal for production, assembly, lab, warehouse, distribution, or recreational uses.



Size:	+/-99,910 Sq. Ft. With Expansion Possible
Construction:	Block Building
Layout:	+/- 50,00 St. Ft. Production Area
	+/- 30,000 Sq. Ft. Office, Labs Cafeteria, and Training Rooms
	+/- 20,000 Sq. Ft. Warehouse Distribution
Zone:	IRC 80/40
Year Built:	1987
Land:	+/- 6.98 Acres
Parking:	+/- 500 Cars
Loading:	1 Drive-In 8 Loading Docks (7 with Levelers)
Sprinklers:	Yes (Fully-Sprinklered)
Electrical:	3,000 Amp, 3 Phase
Ceiling Height:	22 Ft. Clear
Security:	Wired for Security and Cameras
Heating:	Gas Heat
Cooling:	Full Climate Control
Plumbing:	3 Handicap Baths
Utilities:	City Water, Sewer, and Gas



Mick Consalvo
203.241-5188
mconsalvo@towercorp.com



Michael Dimyan
203.948-2891
mdimyan@towercorp.com

No warranty of representation, expressed or implied is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental, sale or other conditions, withdrawal without notice, and to any special listing conditions imposed by our principals.

~ ADDITIONAL PHOTOS ~

101 SILVERMINE ROAD
BROOKFIELD, CT

TRC
TOWER REALTY CORP.







Mick Consalvo
203.241-5188
mconsalvo@towercorp.com



Michael Dimyan
203.948-2891
mdimyan@towercorp.com

~ *ADDITIONAL PHOTOS* ~

101 SILVERMINE ROAD
BROOKFIELD, CT

TRC
TOWER REALTY CORP.

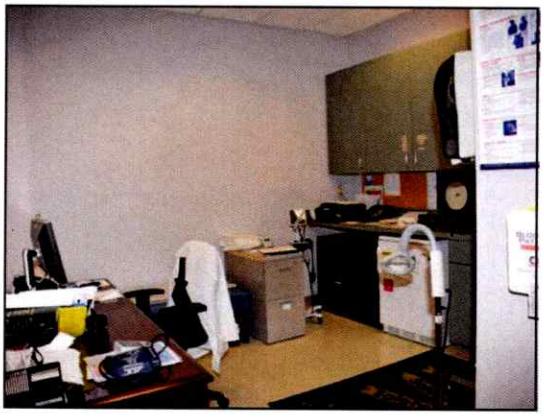














Mick Consalvo
203.241-5188
mconsalvo@towercorp.com



Michael Dimyan
203.948-2891
mdimyan@towercorp.com

~ *ADDITIONAL PHOTOS* ~

101 SILVERMINE ROAD
BROOKFIELD, CT

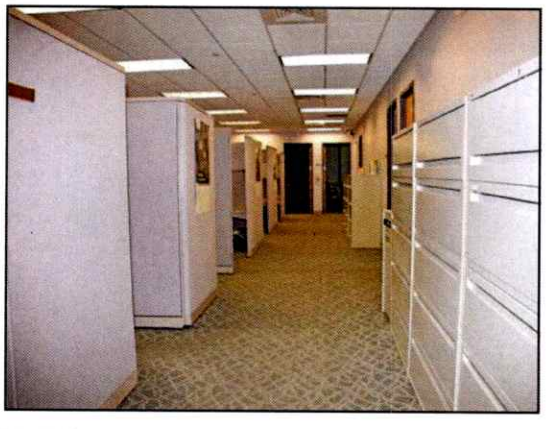
TRC
TOWER REALTY CORP.

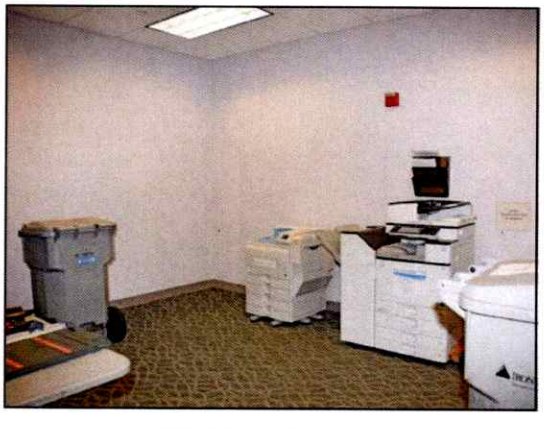














Mick Consalvo
203.241-5188
mconsalvo@towercorp.com



Michael Dimyan
203.948-2891
mdimyan@towercorp.com

~ *ADDITIONAL PHOTOS* ~

101 SILVERMINE ROAD
BROOKFIELD, CT

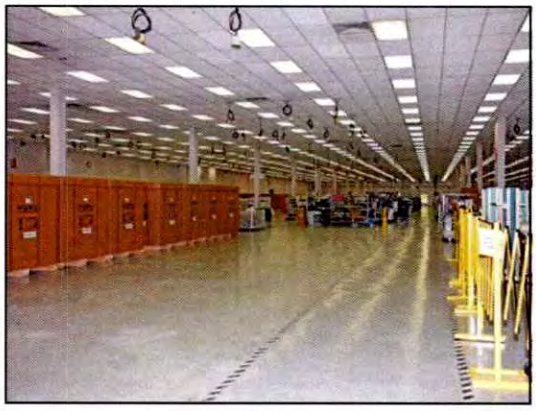
TRC
TOWER REALTY CORP.













Mick Consalvo
203.241-5188
mconsalvo@towercorp.com



Michael Dimyan
203.948-2891
mdimyan@towercorp.com

~ *ADDITIONAL PHOTOS* ~

101 SILVERMINE ROAD
BROOKFIELD, CT

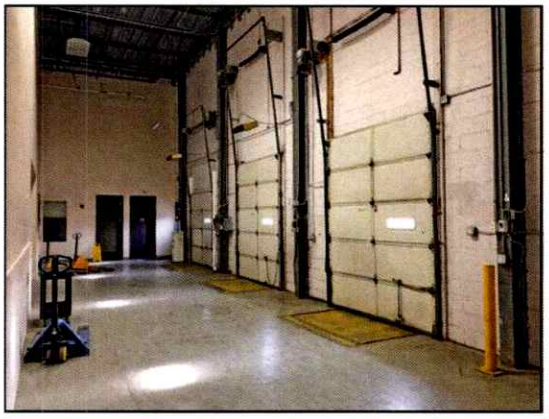
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TOWER REALTY CORP.













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mconsalvo@towercorp.com



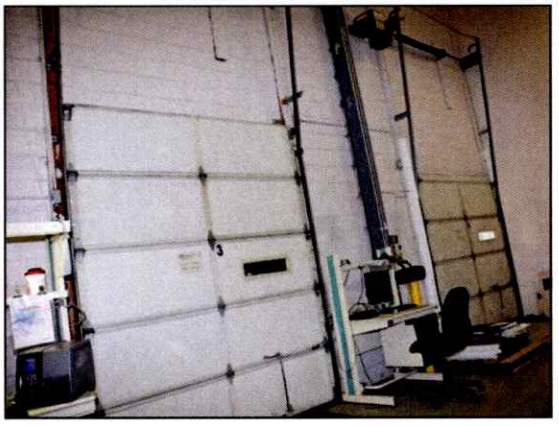
Michael Dimyan
203.948-2891
mdimyan@towercorp.com

~ *ADDITIONAL PHOTOS* ~

101 SILVERMINE ROAD
BROOKFIELD, CT

TRC
TOWER REALTY CORP.











Mick Consalvo
203.241-5188
mconsalvo@towercorp.com

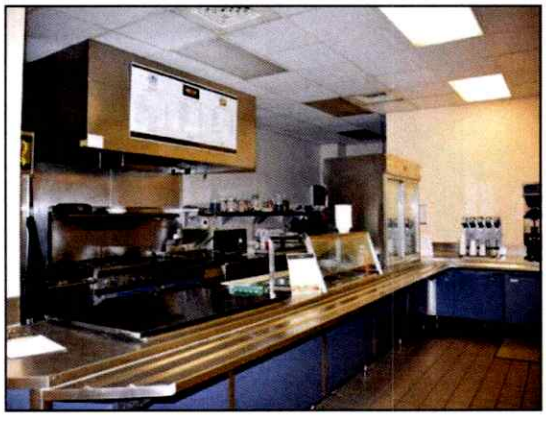


Michael Dimyan
203.948-2891
mdimyan@towercorp.com

~ *ADDITIONAL PHOTOS* ~

101 SILVERMINE ROAD
BROOKFIELD, CT

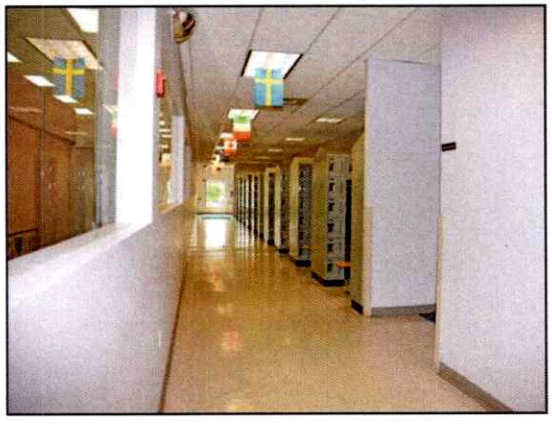
TRC
TOWER REALTY CORP.













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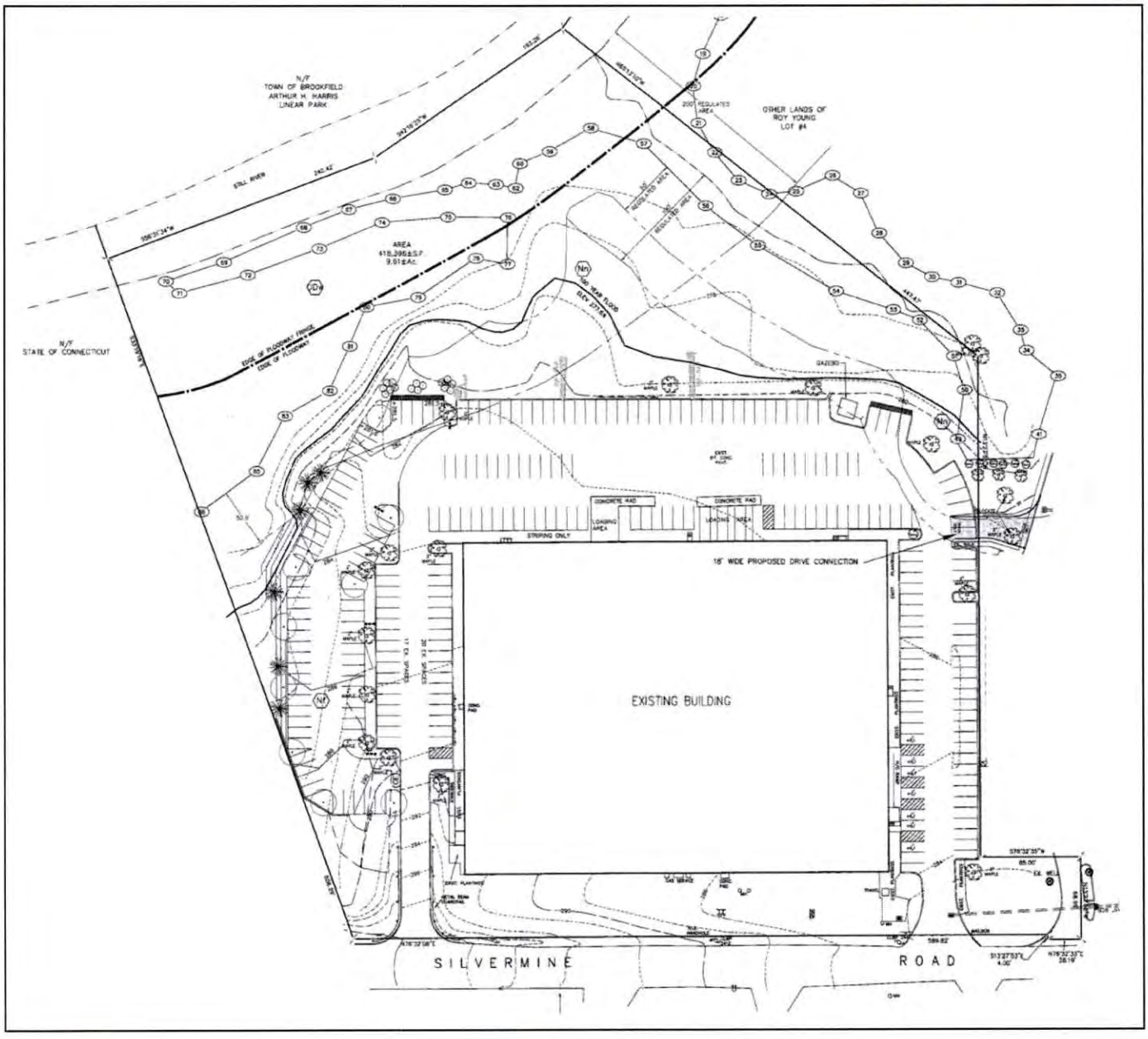


Michael Dimyan
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mdimyan@towercorp.com

~ *SITE PLAN* ~

101 SILVERMINE ROAD
BROOKFIELD, CT

TOWER REALTY CORP.





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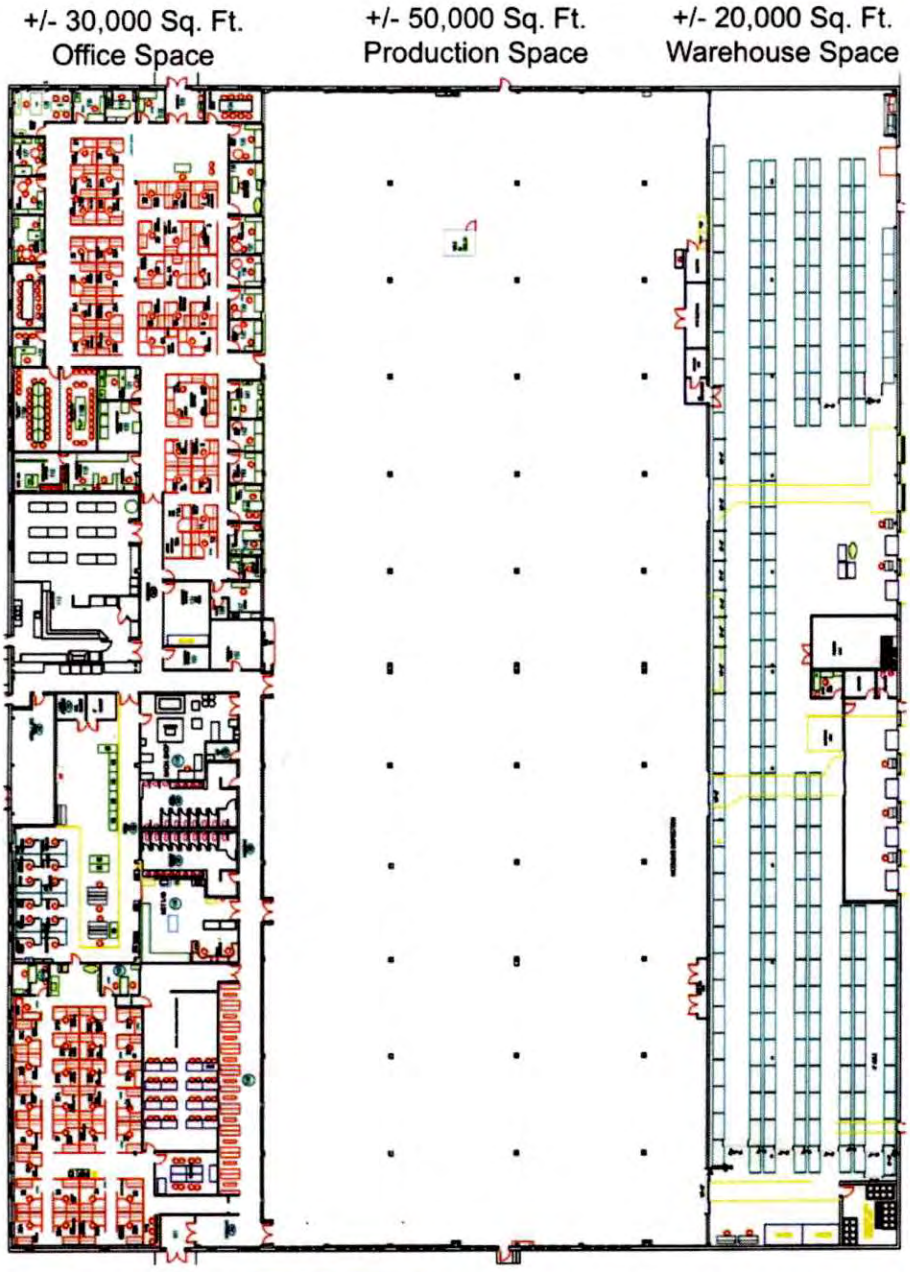


Michael Dimyan
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mdimyan@towercorp.com

~ *BUILDING LAYOUT* ~

101 SILVERMINE ROAD
BROOKFIELD, CT

TOWER REALTY CORP.





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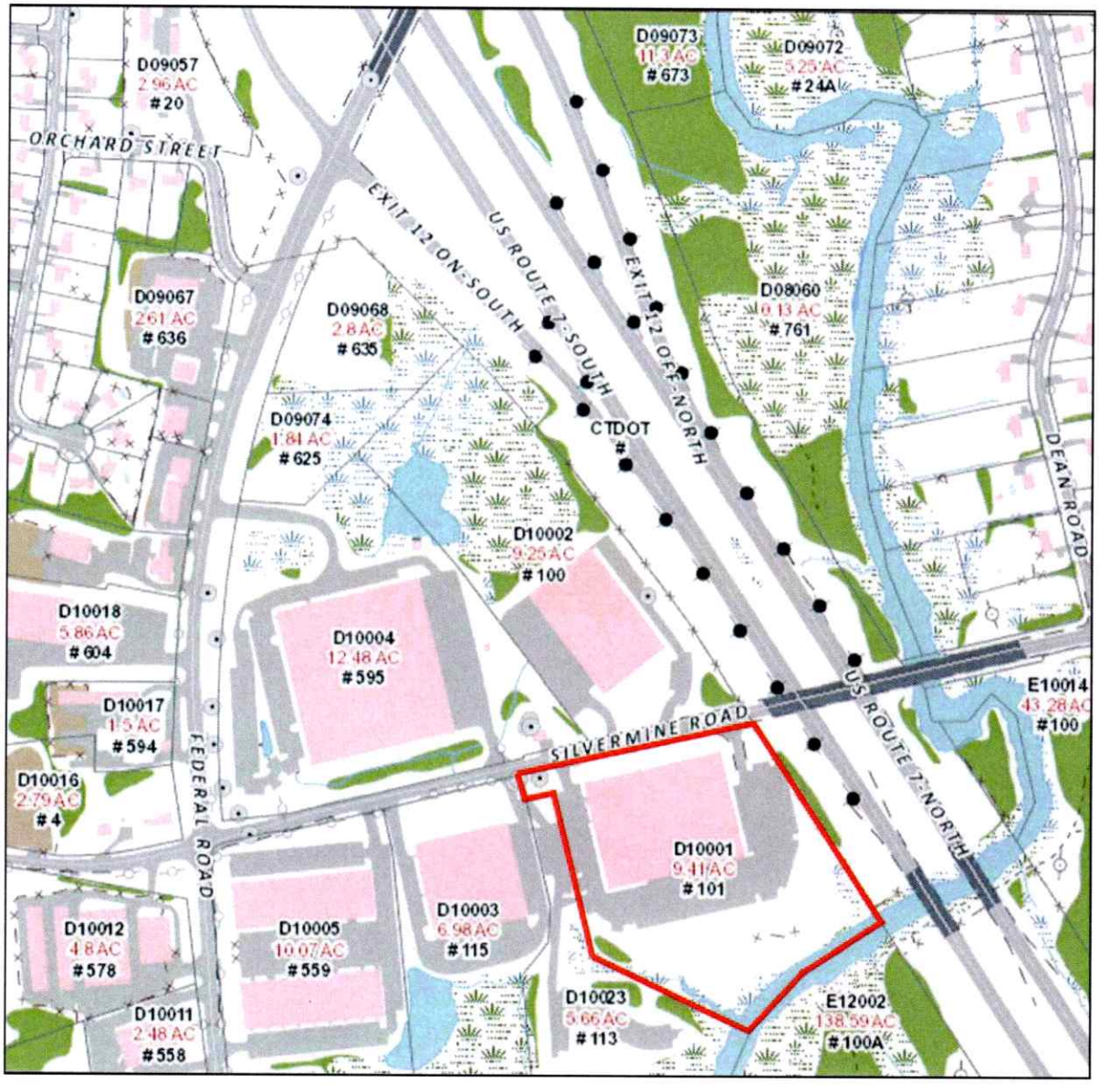


Michael Dimyan
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mdimyan@towercorp.com

~ PARCEL MAP ~

101 SILVERMINE ROAD
BROOKFIELD, CT

TOWER REALTY CORP.





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Michael Dimyan
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mdimyan@towercorp.com

~ LOCATION MAP ~

101 SILVERMINE ROAD
BROOKFIELD, CT

TOWER REALTY CORP.







Mick Consalvo
203.241-5188
mconsalvo@towercorp.com



Michael Dimyan
203.948-2891
mdimyan@towercorp.com

4B

(2)

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: LiveFree medical LLC

MDEG Physical Address: 6818 See Wee Rd

City: Awendaw State: SC Zip: 29429

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

City: _____ State: _____ Zip: _____

Telephone: 888-783-0625 Website: www.livefreemed.com

Email: Val@livefreemed.com

Name of MDEG Administrator (NAC 639.694): _____

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 & Lymphedema compression
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: Val Westdyk
	Telephone: 843-818-9329

(4)

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: Live free Medical LLC

Parent Company (if any): _____

Corporation/Organization Name: Live free Medical LLC

Mailing Address: 6818 Seewee Rd

City: Owendow State: SC Zip: 29429

Telephone: 888-783-0605 Email: Val@livefreemed.com

Contact Person Name: Val Westdyk

Section 7: Partnership

Partnership Name: 11

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: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30 to 4:30pm	■ Tue: 8:30 to 4:30pm	■ Wed: 8:30 to 4:30pm	■ Thurs: 8:30 to 4:30pm	■ Fri: 8:30 to 4:30pm
☐ Sat: closed	☐ Sun: closed	☐ Holidays: 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))
PTAN 8291880001

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: New Hampshire

Parent Company (if any):

Corporation Name: LiveFree Medical LLC

Mailing Address: 6818 Seewee RD

City: Awendaw State: SC Zip: 29429

Telephone: 888-783-0605 Email: val@livefreemed.com

Contact Person Name: Val Westdyk

Date of SEC Registration: 04-2023	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: LiveFree Medical LLC

Parent Company (if any): N/A

Corporation/Organization Name: LiveFree Medical LLC

Mailing Address: 6818 Seewee Rd

City: Awendaw State: SC Zip: 29429

Telephone: 888-783-0605 Email: val@livefreemed.com

Contact Person Name: Val Westdyk.

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**.	✓	✓	✓	✓ need. Written 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).**	✓	✓ N/A all licensed	✓	✓
• **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.

Val Westdyk

Print Name of Authorized Person Submitting Application

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

7-15-2025

Date

Board Use Only	Date Received: _____	Amount: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/11/2025

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. 1111 Van Miller Way Waterloo IA 50701	CONTACT NAME: Shawn Joblinske PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: shawn.joblinske@vgm.com
INSURED: LiveFree Medical LLC 6818 Seewee Road Awendaw SC 29429	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : BENCHMARK INSURANCE COMPANY 41394 INSURER B : BENCHMARK INSURANCE COMPANY 41394 INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			D1024 G6879-3	04/24/2025	04/24/2026	EACH OCCURRENCE	$ 2,000,000
	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	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	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? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Cyber Liability			D1024 G6879-3	04/24/2025	04/24/2026	Aggregate	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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State of New Hampshire

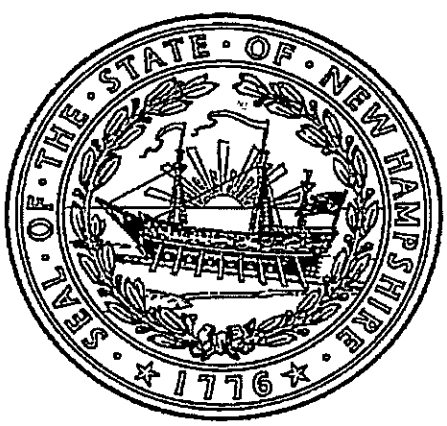
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LIVEFREE MEDICAL, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on February 02, 2023. 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: **922612**

Certificate Number: **0007239317**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 16th day of July A.D. 2025.

David M. Scanlan
Secretary of State

Policy and Procedure

LIVEFREE MEDICAL LLC
Officer Designation

Policy # CC - 101
Date Effective: 01-01-2025
Date Revised:01/01/2025
Approved by:VW

Purpose: *To designate responsibility and accountability to an executive level person in the company if other then President/Owner.*

Policy: *The President/Owner shall act as and perform all functions of the Compliance Officer.*

Company officers and admissions officers:

Aaron Bouthiette Owner / President / Administration

Val Westdyk Owner / President / Compliance

1. Review all Fraud Awareness Policies and Procedures on an annual basis.
2. Monitor claims for denial and audit the billing records on a quarterly basis.
3. Perform all Fraud Awareness training for all staff upon hire and then annually. (This could be performed by an outside Consultant).
4. All suspicious activity will be reported to the Compliance Officer who will investigate and take any necessary corrective action.

Copyright© 1998-2025 The Compliance Team, Inc. ALL RIGHTS RESERVED

AGREEMENT

Reference is hereby made to the Limited Liability Company Operating Agreement, dated May 4th, 2023, as amended on April 2nd, 2024 (the "**Operating Agreement**"), among Val Westdyk, Aaron Bouthiette and LiveFree Medical, LLC, a limited liability company organized under the laws of the state of New Hampshire (the "**Company**"). Pursuant to and in accordance with Section 2.03 of the Operating Agreement, the undersigned hereby acknowledges that he has received and reviewed a complete copy of the Operating Agreement and agrees that upon execution of this Joinder, such Person shall become a party to the Operating Agreement and shall be fully bound by, and subject to, all of the covenants, terms, and conditions of the Operating Agreement as though an original party thereto and shall be deemed, and is hereby admitted as, a Member for all purposes thereof and entitled to all the rights incidental thereto.

Capitalized terms used herein without definition shall have the meanings ascribed thereto in the Operating Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of April 2nd, 2024.

50%

Aaron Bouthiette, Member

By: 50%

Val Westdyk, Member

Town of Awendaw, South Carolina

Business License - Town of Awendaw

License #: LIC049837

4/11/2025
Date Issued

Company Name 185700 LIVEFREE MEDICAL, LLC

Business Name LIVEFREE MEDICAL

Type of Occupation All Other Health and Personal Care Retailers - 456199

6818 SEEWEE RD 29429
Location

LIVEFREE MEDICAL, LLC
6818 SEEWEE RD
Awendaw SC 29429
Mailing Address

Expires: 4/30/2026

Account #: LIC049837

Must be posted in a visible location in the business establishment

RECEIPT
RETAIN FOR YOUR RECORDS

Department of Revenue Collections
4045 Bridge View Drive
North Charleston, SC 29405-7464

Business License - Town of Awendaw
DATE ISSUED: 4/11/2025

Jurisdiction	Actual Gross Receipts	Amount	Balance Due
In Jurisdiction	$1,886,000.00	$2,189.48	$2,189.48

LIVEFREE MEDICAL, LLC
6818 SEEWEE RD
Awendaw SC 29429

LOCATION: 6818 SEEWEE RD 29429
LICENSE NO: LIC049837
CLASS: 1
EXPIRATION: 4/30/2026

This license must be publicly displayed as provided by law.

ST-1
(Rev. 03/27/23)
5000

State of South Carolina Department of Revenue
Retail License

Legal Name
LIVEFREE MEDICAL LLC

DBA Name
LIVEFREE MEDICAL LLC

Valid for Location Below
6818 SEEWEE RD
AWENDAW SC 29429-6081

County	SC019
Municipality	Awendaw
Municipal Code	2038

File Number
112679129
SID
3484493
Date Issued
04/18/23
Effective Date
04/30/23
Industry Type
446199

This Retail License is issued pursuant to SC tax laws. This license is valid so long as the person to whom it is issued continues in the same location as shown on the license, unless revoked by the SCDOR for cause. It is presumed that a retailer is not continuing in the same business and must surrender the license if the retailer has no retail sales for twenty four consecutive months. To allow the license to remain valid, the retailer may submit an affidavit to the SCDOR swearing that the business is continuing.

INDIVIDUAL 85 YEARS AND OLDER

You are entitled to a 1% state sales tax reduction on items purchased for your personal use. You must ask for the reduction and present proof of your age at the cash register.

JP:240E:00117S:040IN:0A#:A1004961612J:0000037403

1350

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
Retail License

ST-1
(Rev. 03/27/23)
5000

Case ID: 0-001-991-505
Letter ID: L0025571237
Date Issued: April 18, 2023

VAL WESTDYK
LIVEFREE MEDICAL LLC
6818 SEEWEE RD
AWENDAW SC 29429-6081

The South Carolina Department of Revenue (SCDOR) has approved your application for a Retail License.

Sales & Use Tax File Number: 112679129

What you need to know:
- You now have a Sales & Use Tax account and are required to file returns and pay Sales Tax from your retail sales beginning with the effective date of this license.
- The Retail License is only valid for the location address displayed on the license.
- If you sell your business, the new owner must apply for a new license in their name.
- The SCDOR now issues licenses on standard white paper. Previously issued licenses are still valid and don't need to be updated unless your information changes.

What you need to do:
- You must display your Retail License in a visible location.
  - You must also display the attached sign regarding the Sales Tax reduction for individuals 85 and older and honor the reduction if requested.
- You must file a return even if you have zero sales for the filing period.
- We recommend you file all returns and make all payments electronically using MyDORWAY, our free online tax portal, at **MyDORWAY.dor.sc.gov**.
- If you've never created a MyDORWAY account, visit **dor.sc.gov/MyDORWAY-signup**. You'll need the following information to get started:
  - Your FEIN, SSN, or South Carolina ID (SID)
  - Your file number - Displayed at the top of this letter
  - Letter ID - Displayed at the top of this letter
- If you already use MyDORWAY to manage your other SC tax accounts, you can add account access to your MyDORWAY logon. Log in to **MyDORWAY.dor.sc.gov**. Select the **More** tab, then click **Request Account Access**.

General Information:
- Any request to update your Sales & Use Tax account should be completed on MyDORWAY. Log in to **MyDORWAY.dor.sc.gov**. Select the **More** tab, where you will find the following options:
  - Manage Names & Addresses
  - Close a Tax Account
  - Send the SCDOR a Message
- You can print your licenses from MyDORWAY by selecting the **More** tab, then **View Letters**, then searching for the **Retail License**.

For more information about Sales & Use Tax, visit **dor.sc.gov/tax/sales-and-use**. For more information about MyDORWAY, including FAQs and tutorials, visit **dor.sc.gov/MyDORWAY**.

To stay up-to-date on news and announcements from the SCDOR, subscribe to our email lists at **dor.sc.gov/emails** and connect with us on Facebook, Twitter, and YouTube.

JP:239E:00117S:030IN:0A#:A1004961612J:0000037403

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 LiveFree Medical LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH.11189PH

Physical Address 6818 Seewee Rd

City Awendaw State SC Zip 29429

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-783-0605 Website www.livefreemed.com

Licensing Company Email _____

Section 2: Personal Information

First Aaron Middle James Last Bouthiette

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip 03106

Telephone [redacted] Email aaron@livefreemed.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 New Hampshire		09/07 - 06/11	
Address	**City**	**State**	**Zip**
18 Library Way	Durham	NH	03824
Diploma/Degree obtained, if any			
Bachelor's Degree in Finance			
School Name		**From - To (MM/YY – MM/YY)**	
Manchester Memorial High School		09/04 - 06/07	
Address	**City**	**State**	**Zip**
1 Crusader Way	Manchester	NH	03103
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
05/20 - Current	[redacted]	[redacted]	[redacted]	03106
05/14 - 05/20				03106
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
LiveFree Medical LLC			04/23 - current
Business Address	**City**	**State**	**Zip**
6818 Seewee Rd	Awendaw	SC	29429
Phone	**Title**		
888-783-0605	Owner		
Description of Duties			
Business Development Director			

Business Name			From - To (MM/YY – MM/YY)
Tidewater Medical			01/09 - 01/23
Business Address	**City**	**State**	**Zip**
514 Long Point Rd	Mount Pleasant	SC	29464
Phone	**Title**		
888-858-9988	Sales Representative		
Description of Duties			
New England Account Manager			

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Aaron Bouthiette

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/30/25

Date

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

State of NH, ss. County of Hillsborough

I, Aaron Bouthiette, 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

10/30/25

Date

Subscribed and Sworn to before me this 30 day of October 2025.

Notary Public Signature

Allison M Favre
NOTARY PUBLIC
State of New Hampshire
My Commission Expires 12/21/2027

(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 LiveFree Medical LLC

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site 6818 Seewee Rd, Awendaw, SC 29429

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 23393 PMG

Physical Address 6818 Seewee Rd

City Awendaw State SC Zip 29429

Mailing Address (if different from physical address) PO Box 280

City Awendaw State SC Zip 29429

Telephone 888-783-0605 Website www.livefreemed.com

Licensing Company Email (5) Val@livefreemed.com

Section 2: Personal Information

First Valbona Middle K Last Westdyk

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

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

Mailing Address 6818 Seewee Rd

City Awendaw State SC Zip 29429

Telephone 888-783-0605 Email Val@livefreemed.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: International Foreign Lang Institute		From - To (MM/YY – MM/YY): 90 - 94	
Address: 201 International Blvd	City: Tirana	State: Albania	Zip: 2710
Diploma/Degree obtained, if any: Yes			
School Name: Pharmacy College in Tirana		From - To (MM/YY – MM/YY): 94-98	
Address: 2311 Sri Kosova	City: Tirana	State: Albania	Zip
Diploma/Degree obtained, if any: Yes			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY): 2010 - 2025	[redacted]	[redacted]	[redacted]	Zip: 29466
From - To (MM/YY – MM/YY): 2008 - 2010				Zip: 29466
From - To (MM/YY – MM/YY): 2005 - 2008				Zip: 87505
From - To (MM/YY – MM/YY)			State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Livefree MedWear LLC			From - To (MM/YY – MM/YY): 2023 - current	
Business Address: 6818 see wee Rd	City: Lewisburg	State: SC	Zip: 29429	
Phone: 888-783-0605	Title: Director			
Description of Duties: Director, Billing & credentialing				

Business Name: Tidewater medical			From - To (MM/YY – MM/YY): 2010 - 2022	
Business Address: PO Box 707	City: Mt Pleasant	State: SC	Zip: 29466	
Phone: 888-707-2011	Title: Director of Sales.			
Description of Duties: Sales management, credentialing, product specialist.				

Business Name: Conseco			From - To (MM/YY – MM/YY): 2005 - 2009	
Business Address: cant recall	City: Albuquerque	State: NM	Zip: 87505	
Phone	Title:			
Description of Duties: inventory management / sales.				

Business Name: Pharmacist in Albuquerque			From - To (MM/YY – MM/YY): 99 - 2005	
Business Address: cant recall	City: Tijeras	State: Albuquerque	Zip:	
Phone	Title:			
Description of Duties: pharmacy rest.				

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.

7/8

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.

Valbona Wcstolyk

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-5-25

Date

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

State of South Carolina ss. County of Charleston

I, Valbona Wcstolyk, 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

9-5-25

Date

Subscribed and Sworn to before me this 5 day of September

Kalea Maples

Notary Public Signature

KALEA MAPLES
MY COMMISSION
EXPIRES
5/26/2033
NOTARY PUBLIC
SOUTH CAROLINA

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

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 LIVEFREE MEDICAL LLC MDEG License # (if applicable) _____

Physical Address 6818 Seewee Road

City Awendaw State SC Zip 29429

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email val@livefreemed.com

Section 2: Personal Information

First Valbona Middle K Last Westdyk

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip 29466

Telephone 888-783-0605 Email val@livefreemed.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)	
Foreign Laguages and Business Institute		1992-1994	
Address	**City**	**State**	**Zip**
12 Tirana International Dr	Tirana	ALBANIA	N/A
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
COLLEGE OF PHARMACY		1994-1999	
Address	**City**	**State**	**Zip**
35 iNTERNATIONAL DR	TIRANA	ALBANIA	N/A
Diploma/Degree obtained, if any			
PHARMACY DEGREE			

School Name		From - To (MM/YY – MM/YY)	
INTERNATIONAL BUSINESS		2000- 2002	
Address	**City**	**State**	**Zip**
CERRILLIOS DR	SANTA FE	NM	87505
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
2010-2025	[redacted]	[redacted]	[redacted]	29429
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
LiveFree Medical LLC			2023 - current	
Business Address		**City**	**State**	**Zip**
6818 Seewee Rd		Awendaw	SC	29429
Phone	**Title**		**Number of Employed Hours**	
843-818-9329	Director		over 1500 hours	
Description of Duties				
Compliance.Managment , Administrative, Billing				

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

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

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

LiveFree Medical LLC,

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

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

Valbona Westdyk
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-05-2025
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*	M P00951	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ 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: Schraders' Medical Supply, Inc.

MDEG Physical Address: 5507 Brooks Street

City: Montclair State: CA Zip: 91763

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 909-447-7040 Website: www.schradersms.com

Email: kmcintosh@schradersms.com

Name of MDEG Administrator (NAC 639.694): Kristina McIntosh

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: Melanie Smith
	Telephone: 626-506-6905

Check the days the business will be Opened and specify the Hours of Operation:				
■ Mon: 8 am - 5 pm	■ Tue: 8am - 5 pm	■ Wed: 8 am - 5 pm	■ Thurs: 8am - 5 pm	☐ Fri: 8 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))
Medicare - 1265498760, PTAN 1127310001
Medi-Cal - 1265498760, 02413F
NV Medicaid - 100548847

[redacted]lth 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: CA

Parent Company (if any): _____

Corporation/Organization Name: Schraders Medical Supply, Inc.

Mailing Address: 5507 Brooks Street

City: Montclair State: CA Zip: 91763

Telephone: 9094477040 Email: kmcintosh@schradersms.com

Contact Person Name: Kristina McIntosh

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Kristina McIntosh

Business Name: Schraders Medical Supply, Inc.

Business Address: 5507 Brooks Street

City: Montclair State: CA Zip: 91763

Telephone: 9094477040 Email: kmcintosh@schradersms.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.

Kristina McIntosh

Print Name of Authorized Person Submitting Application

K. McIntosh

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

10/9/2025

Date

Board Use Only	Date Received: 10/27/25	Amount: $1000.00 CK 027491

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/05/2025

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

State Farm

Cline Insurance Agency, Inc.
DBA: Kyle Cline Insurance Agency, Inc.
1275 E. Route 66
Glendora, CA 91740

CONTACT NAME: Kyle Cline
PHONE (A/C, No, Ext): 626-335-0815 FAX (A/C, No): 626-335-0850
E-MAIL ADDRESS: Kyle.cline.jftk@statefarm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm General Insurance Company	25151
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Schraders Medical Supply Inc.
5507 Brooks St
Montclair, CA 91763

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			92-BX-Y627-5	05/01/2025	05/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			92-W3-9828-7	05/01/2025	05/01/2026	EACH OCCURRENCE AGGREGATE	$ 6,000,000 $ 6,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $ $

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

CERTIFICATE HOLDER

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

Kyle Cline

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Secretary of State
Certificate of Status

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

Entity Name:	SCHRADERS' MEDICAL SUPPLY, INC.
Entity No.:	1723107
Registration Date:	04/07/1993
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

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

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 02, 2025.

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

Certificate No.: 393750732

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

Schraders
Medical Supply, Inc.

November 18, 2025

List of owners, officers, members:

Owner - Kristina McIntosh, 100% owner

Officer – Kristina McIntosh, President, CEO, CFO, Secretary and Treasurer

5507 Brooks Street | Montclair | CA 91763 | 800-258-9145 | Fax 909-447-7030

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Schraders Medical Supply Inc
5507 Brooks Street
Montclair, CA 91763

LICENSE NUMBER: 126859
EXPIRATION DATE: 10/16/2026

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

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

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 4153
Receipt No. 52160381

Valid Until: 10/1/2026

SCHRADERS MEDICAL SUPPLY INC
5507 BROOKS STREET
MONTCLAIR, CA 91763

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

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

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

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: Schraders Medical Supply, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP00951

Physical Address: 5507 Brooks Street

City: Montclair State: CA Zip: 91763

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 9094477040 Website: www.schradersms.com

Licensing Company Email: kmcintosh@schradersms.com

Section 2: Personal Information

First - Kristina Middle: M Last: McIntosh

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 91784

Telephone: [redacted] Email: kmcintosh@schradersms.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 Lutheran University		01/1998 - 02/2000	
Address	**City**	**State**	**Zip**
60 W. Olsen Road	Thousand Oaks	CA	91360
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Cal Poly Pomona		06/1990-06/1992	
Address	**City**	**State**	**Zip**
3801 W. Temple Avenue	Pomona	CA	91768
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
Citrus College		06/1987 - 06/1989	
Address	**City**	**State**	**Zip**
1000 W. Foothill Blvd	Glendora	CA	91741
Diploma/Degree obtained, if any			
Associates of Science			

School Name		From - To (MM/YY – MM/YY)	
Danbury High School		1984 - 1987	
Address	**City**	**State**	**Zip**
3 Clapboard Ridge Rd	Danbury	CT	06811
Diploma/Degree obtained, if any			
HS Diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012 - Current	[redacted]	[redacted]	[redacted]	91784
2018 - 2020				91711

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)	
Schraders Medical Supply, Inc.			09/2008 - current	
Business Address		**City**	**State**	**Zip**
5507 Brooks Street		Montclair	CA	91763
Phone	**Title**			
909-447-7040	Vice President			
Description of Duties				
Managed all operations of the company				

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

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

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

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 # NONE. **Provide all the following *where applicable*:**

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

Provide explanation below:

NONE

Original Signature (electronic, copies or stamps not accepted)

10/9/2025

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.

Kristina McIntosh

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2025

Date

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

State of CALIFORNIA, ss. County of SAN BERNARDINO

I, KRISTINA M. MCINTOSH, 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

10/10/2025

Date

Subscribed and Sworn to before me this 10TH day of OCTOBER 2025

Notary Public Signature

L. L. CORTESE
COMM. # 2434341
NOTARY PUBLIC - CALIFORNIA
SAN BERNARDINO COUNTY
COMM. EXPIRES JAN. 15, 2027

MGC1 MGC1

(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: Schraders Medical Supply, Inc. MDEG License # (if applicable): MP00951

Physical Address: 5507 Brooks Street

City: Montclair State: CA Zip: 91763

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 9094477040 Website: www.schradersms.com

Licensing Company Email: kmcintosh@schradersms.com

Section 2: Personal Information

First: Kristina Middle: M Last: McIntosh

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 91784

Telephone: [redacted] Email: kmcintosh@schradersms.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 Lutheran University		01/1998-02/2000	
Address	**City**	**State**	**Zip**
60 W. Olsen Road	Thousand Oaks	CA	91360
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Cal Poly Pomona		06/1990-06/1992	
Address	**City**	**State**	**Zip**
3801 W. Temple Avenue	Pomona	CA	91768
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Citrus College		06/1987-06/1989	
Address	**City**	**State**	**Zip**
1000 W. Foothill Blve	Glendora	CA	91741
Diploma/Degree obtained, if any			
Associates of Science			

School Name		From - To (MM/YY – MM/YY)	
Danbury High School		1984-1987	
Address	**City**	**State**	**Zip**
3 Clapoard Road	Danbury	CT	06811
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
2012-Current	[redacted]	[redacted]	[redacted]	91784
From - To (MM/YY – MM/YY)				Zip
2018 - 2020				91711
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Schraders Mediacal Supply, Inc.			09/2008 - Current	
Business Address	**City**		**State**	**Zip**
5507 Brooks Street	Montclair		CA	91763
Phone	**Title**		**Number of Employed Hours**	
909-367-6494	President		35,360	
Description of Duties				
Manage 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: 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 # NONE. **Provide all the following *where applicable*:**

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

Provide explanation below:

NONE

Original Signature (electronic, copies or stamps not accepted)

12/9/2025
Date

I, Kristina McIntosh **, certify that as the MDEG Administrator for**

Schraders Medical Supply, 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.

Kristina McIntosh

Print Name (First, Last)

K. McIntosh

Original Signature (electronic, copies or stamps not accepted)

10/9/25

Date

Board Use Only	Date Received: 10/27/25

Schraders
Medical Supply, Inc.

November 25, 2025

Re: Detailed Description of duties for the MDEG Administrator Application
For Schraders' Medical Supply, Inc.

I, Kristina McIntosh, President of Schraders' Medical Supply, Inc. have completed the MDEG Application for the Nevada State Board of Pharmacy to be the MDEG Administrator. I have been with Schraders' for over 17 years and currently hold a California HMDR Exemptees license (#21123) as well as California State Board of Pharmacy Designated Representative License for Wholesaler (#EXC22695).

I have a full understanding of the products we carry and sell, especially those that are under Rx and wholesaler requirements.

We have procedure in place in our ERP system we use for all our inventory and shipping that all Rx items are monitored daily and Exemptees sign off before these products are shipped.

Please let me know if you need any additional information.

Regards,

Kristina McIntosh
President

5507 Brooks Street | Montclair | CA 91763 | 800-258-9145 | Fax 909-447-7030

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*	M P03055	☐ 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: United States Medical Supply, LLC

MDEG Physical Address: 8200 NW 33rd Street, Suite #200

City: Doral State: FL Zip: 33122

Mailing Address (if different from physical address): 7000 Cardinal Place - QRA Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: (305) 436-6033 Website: www.usmed.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Joshua Newmark

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: N/A
	Telephone: N/A

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))
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: 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): US Med Acquisition, Inc. (Parent Company of United States Medical Supply, LLC)

Corporation Name: Cardinal Health Inc. (Ultimate Holding Company)

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 614-757-5000 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

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

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

Keegan David Chamberlain

Print Name of Authorized Person Submitting Application

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

02/20/2025

Date

Board Use Only	Date Received: 2/24/25	Amount: $500 CK 109247

Nevada BOP DME Application for
United States Medical Supply, LLC ("USMS")

Section 3: List of all Medicare and Medicaid Provider Numbers

1. That certain PTAN No. 1129690001, issued to USMS by the Centers for Medicare & Medicaid Services.

2. That certain PTAN No. 1129690004, issued to USMS by the Centers for Medicare & Medicaid Services.

3. That certain PTAN No. 1129690002, issued to USMS by the Centers for Medicare & Medicaid Services.

4. That certain Alabama Medicaid Provider No. 009710090, issued to USMS by the Alabama Medicaid Agency.

5. That certain Alaska Medicaid Provider No. 1021915, issued to USMS by the Alaska Medicaid Health Enterprise.

6. That certain Arkansas Medicaid Provider No. 132224741, issued to USMS by the Arkansas Department of Human Services.

7. That certain Arizona Medicaid Provider No. 773607, issued to USMS by the Arizona Health Care Cost Containment System.

8. That certain California Medicaid Provider No. 800314528, issued to USMS by the California Department of Health Care Services.

9. That certain Colorado Medicaid Provider No. 87804573, issued to USMS by the Colorado Department of Health Care Policy and Financing.

10. That certain Connecticut Medicaid Provider No. 003100443, issued to USMS by the Connecticut Medical Assistance Program.

11. That certain Delaware Medicaid Provider No. 200094623, issued to USMS by the Delaware Health and Social Services Division of Medicaid & Medical Assistance.

12. That certain Florida Medicaid Provider No. 015194700, issued to USMS by the Florida Agency for Health Care Administration.

13. That certain Georgia Medicaid Provider No. 000762649A, issued to USMS by the Georgia Department of Community Health.

14. That certain Hawaii Medicaid Provider No. 008487, issued to USMS by the Hawaii Department of Human Services.

15. That certain Idaho Medicaid Provider No. M8072347, issued to USMS by the Idaho Department of Health and Welfare.

16. That certain Illinois Medicaid Provider No. 650670195001, issued to USMS by the Illinois Department of Healthcare and Family Services.

17. That certain Indiana Medicaid Provider No. 200149910A, issued to USMS by the Indiana Family and Social Service Administration.

18. That certain Iowa Medicaid Provider No. 0715532, issued to USMS by the Iowa Department of Health and Human Services.

19. That certain Kansas Medicaid Provider No. 100298320A, issued to USMS by the State of Kansas.

20. That certain Kentucky Medicaid Provider No. 90612292, issued to USMS by the Kentucky Department for Medicaid Services.

21. That certain Louisiana Medicaid Provider No. 1699829, issued to USMS by the Louisiana Bureau of Health Services Financing.

22. That certain Maine Medicaid Provider No. 186950000, issued to USMS by the Maine Department of Health and Human Services.

23. That certain Maryland Medicaid Provider No. 019502200, issued to USMS by the Maryland Department of Health.

24. That certain Michigan Medicaid Provider No. 2722665, issued to USMS by the Michigan Department of Health and Human Services.

25. That certain Michigan Medicaid Provider No. 1881039790, issued to USMS by the Michigan Department of Health and Human Services

26. That certain Mississippi Medicaid Provider No. 440477, issued to USMS by the Mississippi Division of Medicaid.

27. That certain Missouri Medicaid Provider No. 628723603, issued to USMS by the Missouri Department of Human Services.

28. That certain Montana Medicaid Provider No. 0562462, issued to USMS by the Montana Department of Public Health and Human Services.

29. That certain Nebraska Medicaid Provider No. 10029124100, issued to USMS by the Nebraska Department of Health and Human Services.

30. That certain Nevada Medicaid Provider No. 100506764, issued to USMS by the Nevada Department of Health and Human Services.

31. That certain New Hampshire Medicaid Provider No. 3107751, issued to USMS by the New Hampshire Department of Health and Human Services.

32. That certain New Jersey Medicaid Provider No. 0516881, issued to USMS by the New Jersey Department of Human Services.

33. That certain New Mexico Medicaid Provider No. 45974314, issued to USMS by the New Mexico Human Services Department.

34. That certain New York Medicaid Provider No. 02756861, issued to USMS by the New York State Department of Health.

35. That certain North Carolina Medicaid Provider No. 1811097504, issued to USMS by the North Carolina Department of Health and Human Services.

36. That certain North Carolina Medicaid Provider No. 650670195, issued to USMS by the North Carolina Department of Health and Human Services.

37. That certain North Dakota Medicaid Provider No. 1461730, issued to USMS by the North Dakota Department of Health and Human Services.

38. That certain Ohio Medicaid Provider No. 2050006, issued to USMS by the Ohio Department of Medicaid.

39. That certain Oklahoma Medicaid Provider No. 200064720A, issued to USMS by the Oklahoma Health Care Authority.

40. That certain Oregon Medicaid Provider No. 028158, issued to USMS by the Oregon Department of Human Services.

41. That certain Pennsylvania Medicaid Provider No. 0072690800002, issued to USMS by the Pennsylvania Department of Human Services.

42. That certain Rhode Island Medicaid Provider No. 969001, issued to USMS by the Rhode Island Department of Human Services.

43. That certain South Carolina Medicaid Provider No. DM0953, issued to USMS by the South Carolina Department of Health and Human Services.

44. That certain South Dakota Medicaid Provider No. 9167870, issued to USMS by the South Dakota Department of Social Services.

45. That certain Tennessee Medicaid Provider No. 4582037, issued to USMS by the Tennessee Division of TennCare.

46. That certain Texas Medicaid Provider No. 151534801, issued to USMS by Texas Health and Human Services.

47. That certain Utah Medicaid Provider No. 1700889227, issued to USMS by the Utah Department of Health and Human Services.

48. That certain Vermont Medicaid Provider No. 1011832, issued to USMS by the Department of Vermont Health Access.

49. That certain Virginia Medicaid Provider No. 010092850, issued to USMS by the Virginia Department of Medical Assistance Services.

50. That certain Washington Medicaid Provider No. 2218005, issued to USMS by the Washington Department of Social and Health Services.

51. That certain West Virginia Medicaid Provider No. 227344000, issued to USMS by the West Virginia Bureau for Medical Services.

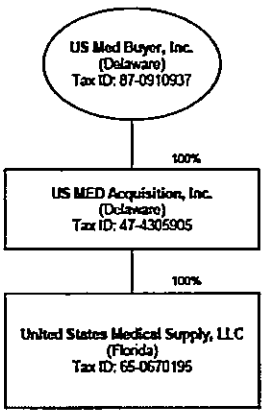
52. That certain Wisconsin Medicaid Provider No. 100050169, issued to USMS by the Wisconsin Department of Health Services.

53. That certain Wyoming Medicaid Provider No. 121587600, issued to USMS by the Wyoming Department of Health.

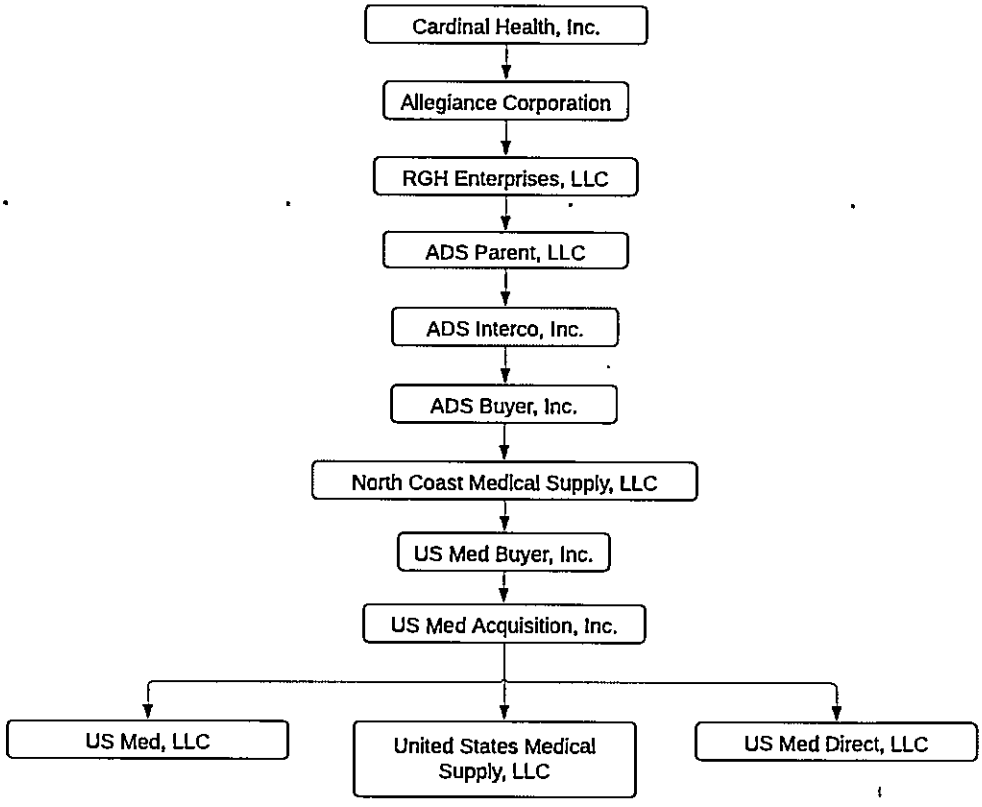
Attachment A

USMS – Entity Application Information (Pre-Close)

Ownership Chart



Cardinal Health –Legal Entity Structure (Post-Close)



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2025

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

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

PRODUCER Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	**CONTACT NAME:** **PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105 **E-MAIL ADDRESS:**
INSURED Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A:** XL Insurance America Inc — 24554 **INSURER B:** XL Specialty Insurance Co — 37885 **INSURER C:** Greenwich Insurance Company — 22322 **INSURER D:** Indian Harbor Insurance Company — 36940 **INSURER E:** **INSURER F:**

COVERAGES **CERTIFICATE NUMBER:** 570113739408 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			RGD943716720	06/30/2025	06/30/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY In SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RAD943716820	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI25A SIR applies per policy terms & conditions	06/30/2025	06/30/2026	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512520 (AOS) RWR943512620 (WI)	06/30/2025 06/30/2025	06/30/2026 06/30/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000
D	E&O - Professional Liability - Primary			RGD943797706 E&O SIR applies per policy terms & conditions	06/30/2025	06/30/2026	Loss Limit	$5,000,000

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

The Professional Liability policy is claims Made.

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570113739408

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER See Certificate Number: 570113739408	
CARRIER See Certificate Number: 570113739408 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142407 (AK)	06/30/2025	06/30/2026		
	OTHER							
B	Excess Workers Compensation			RWE943514320 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2025	06/30/2026	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570113739408	
CARRIER: See Certificate Number: 570113739408 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Evidence of Coverage

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

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

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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insured Listing

Named Insured Listing includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Acuity GPO, LLC
ADS Parent, LLC
ADS Interco, Inc.
ADS Buyer, Inc.
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health (Shanghai) Medical Devices Co., Ltd.
Cardinal Health 100, LLC
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 134, LLC
Cardinal Health 135, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 23 Funding, LLC
Cardinal Health 23, LLC
Cardinal Health 242, LLC
Cardinal Health 247, Inc.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570113739408	
CARRIER: See Certificate Number: 570113739408 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Named Insureds Continued

Cardinal Health 249, LLC
Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BV
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Global Contracting Company Limited
Cardinal Health Holding International, Inc.
Cardinal Health Holdings Hungary Kft.
Cardinal Health International India Pvt. Ltd.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health K.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.a.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Cooperatie U.A.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Panama, S. de R.L.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Switzerland 515, GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal MED Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S. de R.L. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Convertors de Mexico S. de R.L. de C.V.
Cordis Corporation
Cornerstone Rheumatology LP
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S. de R.L. de C.V.
Experience East, LLC
Flexible Stenting Solutions, LLC
GastroGPO, LLC
Gastrologix, LLC
Generic Drug Holdings, LLC
Griffin Capital, LLC
HDG Acquisition, LLC
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies, LLC
Instant Diagnostic Systems, Inc.
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd.
Kinray I, LLC
KPR U.S., LLC
Leader Drugstores, Inc.
Ludlow Technical Products Canada, Ltd.

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insureds Continued

Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
MosaicGPO, LLC
mscripts Holdings, LLC
mscripts, LLC
Nautic Specialty Networks VIII-A Bocker, LLC
Navista Investments, LLC
Navista Network Holding, LLC
Navista Network, LLC
North Coast Medical Supply, LLC DBA Advanced Diabetes Supply
One Cloverleaf, LLC
OptiFreight Holdings, LLC
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Precision Point Specialty, LLC
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
ScalaMed Pty Ltd
Sierra Radiopharmacy, L.L.C.
SN Buyer, LLC
SN Funding, LLC
SN Intermediate, Inc.
SOAR Network, LLC
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
Specialty Networks Consulting, LLC
Specialty Networks Research, LLC
Specialty Networks Urology Registry, LLC
Specialty Networks, LLC
The Harvard Drug Group, L.L.C.
Traverse GPO, LLC
United Rheumatology NY IPA I, LLC
United Rheumatology, LLC
United States Medical Supply, LLC
US Med, LLC
United States Med Direct, LLC
UR Nice, LLC
UroGPO, LLC
US Med Buyer, Inc.
US Med Acquisition, Inc.
Velocare, LLC
Wavemark Cyprus Pvt. Ltd.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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State of Florida
Department of State

I certify from the records of this office that UNITED STATES MEDICAL SUPPLY, LLC is a limited liability company organized under the laws of the State of Florida, filed on August 10, 2015, effective May 15, 1996.

The document number of this limited liability company is L15000134708.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on January 23, 2025, 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 Fifth day of February, 2025



Secretary of State

Tracking Number: 8347928981CU

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

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

Exhibit A

Listing of Officers and Directors

Officers (Effective July 28, 2025)

1. John Romano – President
2. Neil Vangala – Vice President
3. John Blakeley – Vice President

Directors (Effective July 28, 2025)

1. Brett Carlson
2. Neil Vangala
3. John Blakeley
4. John Romano
5. Fred Pettijohn
6. David Kerr

View current license information at: Floridahealthfinder.gov

LICENSE #: 1313231
CERTIFICATE #: 26596

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 UNITED STATES MEDICAL SUPPLY, 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:

UNITED STATES MEDICAL SUPPLY, LLC
8200 NW 33rd St
Ste 200
Doral, FL 33122-1942
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 11/12/2023

EXPIRATION DATE: 11/11/2025

Jason Weida, 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)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: United States Medical Supply, LLC — MDEG License # (if applicable): MP03055

Physical Address: 8200 NW 33RD ST STE 200

City: Doral — State: FL — Zip: 33122

Mailing Address (if different from physical address): Attn: Licensing; 8200 NW 33RD ST STE 200

City: Doral — State: FL — Zip: 33122

Telephone: 305-436-6033 — Website: www.usmed.com

Licensing Company Email: Licensing@usmed.com

Section 2: Personal Information

First: Marali — Middle: Rebecca — Last: Samudio

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

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

Mailing Address: Attn: Licensing; 8200 NW 33RD ST STE 200

City: Doral — State: FL — Zip: 33122

Telephone: 877-345-5813 — Email: Licensing@usmed.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)	
Florida Gulf Coast Univeristy		06/24-05/25	
Address	**City**	**State**	**Zip**
10501 FGCU BLVD S	Ft Myers	FL	33965
Diploma/Degree obtained, if any			
Masters of Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Florida International University		08/08-05/10	
Address	**City**	**State**	**Zip**
10555 W Flager St	Miami	FL	33174
Diploma/Degree obtained, if any			
Bachelors of Arts in International Buisness			
School Name		From - To (MM/YY – MM/YY)	
Address	City	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
06/15-present	[redacted]	[redacted]	[redacted]	33029
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
USMED			05/25-present	
Business Address		**City**	**State**	**Zip**
8200 NW 33rd ST STE 200		Miami	FL	33122
Phone	**Title**		**Number of Employed Hours**	
877-345-5813	Senior Director of RCM		3120	
Description of Duties				
Managed the RCM cycle of the back end of billing and collections for DME products (DRS, CGM, Pumps)				

Business Name			From - To (MM/YY – MM/YY)	
Clinical Medical Services			04/13-04/24	
Business Address		**City**	**State**	**Zip**
3700 Commerce Pkwy		Miramar	FL	33025
Phone	**Title**		**Number of Employed Hours**	
8442154264	Senior Director of Revenue Cycle Management		18720	
Description of Duties				
Managed the daily operations pertaining to the RCM cycle of DME, Home Care Services and Infusion Pharmacy under an integrated model.				

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

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

9/09/2025
Date

I, Marali Samudio, **certify that as the MDEG Administrator for**

United States Medical Supply, LLC,

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

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

Marali Samudio
Print Name (First, Last)

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

09/09/2025
Date

Board Use Only	Date Received:

CardinalHealth

June 10, 2025

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

RE: Notice of Discipline
United States Medical Supply, LLC
Doral, FL
Nonresident License No. MP03055

Dear Madam or Sir,

We are writing to inform the Nevada State Board of Pharmacy of disciplinary action taken against United States Medical Supply, LLC's ("US MED") Utah Class E DME Pharmacy License by the State of Utah, Department of Commerce, Division of Occupational and Professional Licensing.

The US MED signed a Citation to resolve an issue of failing to provide timely notification of a Change in Designated Representative (DR) for this facility. A copy of the Citation instating this discipline is enclosed. Receipt of US MED's acceptance of the citation was confirmed by Utah on June 9, 2025. US MED was required to pay a small administrative fine.

The delay in notification was unintentional and was the result of an administrative oversight stemming from Cardinal Health's recent acquisition of United States Medical Supply, LLC. The oversight and DR change were reported to the State of Utah as soon as discovered. Please know that under Cardinal Health's ownership, any future changes will be submitted to regulatory bodies according to state reporting requirements.

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

Sincerely,

Keegan Chamberlain,
Director of Quality and Regulatory Affairs

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
ATTN: Citation Coordinator
160 East 300 South
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Telephone: (801) 530-6628
Fax: (801) 530-6511
Website: www.dopl.utah.gov

049072

CITATION

ISSUED TO: United States Medical Supply, LLC		
PROFESSION: Class E DME Pharmacy	LICENSE #: 13532483-1714	CASE #: 161334
DOB: / / N/A	DL #: N/A	SSN/EIN #: 65-0670195
BUSINESS ADDRESS: 8200 Northwest 33rd Street Suite #200	CITY: Miami	STATE: FL ZIP: 33122
BUSINESS PHONE: (800) 787-6331	BUSINESS EMAIL: licensing@usmed.com	
HOME ADDRESS: N/A	CITY: N/A	STATE: N/A ZIP: N/A
HOME PHONE: N/A	HOME EMAIL: N/A	
LOCATION OF OFFENSE: United States Medical Supply, LLC 8200 Northwest 33rd Street Miami, FL 33122		

DATE OF OFFENSE: 5 / 2 / 2025 DATE ISSUED: 5 / 14 / 2025

OFFENSE CODE	DESCRIPTION
R156-17b-502(21)	(21) failing to provide consulting pharmacist, designated representative, responsible party, PIC, RDPIC, or DMPIC information to the Division within 30 days of a change in consulting pharmacist, designated representative, responsible party, PIC, RDPIC or DMPIC;

REMARKS: On 5/2/2025, the Division received notification of a Change in Designated Representative (DR) for the above facility occurring on 8/2/2024, which is 243 days outside of the 30-day reporting window. An investigation was opened. Upon investigation, it was corroborated that the change in DR did occur on 8/2/2024.

Fine Pursuant to R156-17b-402(85)

PERSON SERVED: Certified Mail 9589 0710 5270 2161 9950 31 SERVED BY: Zackary Christensen

☑ FINE $ 300.00 ☑ CEASE AND DESIST ORDER

I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE.

RECIPIENT'S SIGNATURE — DATE: 06/06/2025

I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BE[ST] OF MY KNOWLEDGE AND BELIEF.

INVESTIGATOR'S SIGNATURE

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

RECIPIENT COPY

Kristy Langston

From: Martin, LaToyia <latoyia.martin@cardinalhealth.com>
Sent: Tuesday, November 4, 2025 6:23 AM
To: Kristy Langston
Subject: RE: MDGE Ownership Change application (MP03091) (MP03055) (MP00897)

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

Good morning Kristy,

I apologize for the delay I was working with our HR to obtain the position requirements and responsibilities for Marali's Director job role.

This facility is a corporate location only; there are no products on site. In Marali's role the responsibilities include but not limited to completing all post-shipment activities necessary to bill payers and/or customers, collect and apply payments, overcome denials, and resolve credit balances. DME product knowledge is critical to fulfil this role's responsibilities related to overseeing collections; payer reimbursement processes and sharing product knowledge in the various revenue cycles. In addition, Marali is responsible for complying with the laws and regulations as they pertain to the services provided by the Company and promptly reporting any information regarding a know or suspected violation of any applicable laws, regulations standards and company policy.

Please let me know if you have any additional questions or concerns.

Thank you,

CardinalHealth

LaToyia M. Martin
Mgr, Quality Compliance
7000 Cardinal Place, QRA – Facility Licensing
Dublin, OH 43017
614.757.8789 tel

I am *Essential to care*

From: Kristy Langston <klangston@pharmacy.nv.gov>
Sent: Wednesday, September 10, 2025 2:20 PM
To: Martin, LaToyia <latoyia.martin@cardinalhealth.com>
Subject: RE: MDGE Ownership Change application (MP03091) (MP03055) (MP00897)

External Email – Please use caution before opening attachments or clicking links

Confirming receipt. Can you please have Ms. Samudio provide a resume or a statement regarding her experience with the medical products? The current information regarding her duties pertain mostly to billing and revenue cycles. The Board will want to know that she has working knowledge of the medical device products.

Thank you,

Kristy Langston
Licensing Supervisor
Nevada State Board of Pharmacy
(775) 850-1440
klangston@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Martin, LaToyia <latoyia.martin@cardinalhealth.com>
Sent: Tuesday, September 9, 2025 11:12 AM
To: Kristy Langston <klangston@pharmacy.nv.gov>
Subject: RE: MDGE Ownership Change application (MP03091) (MP03055) (MP00897)

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

Great thank Kristy, I was able to access it. Also please see attached the MDEG Administrator application for MP03055. Please let me know if anything additional is needed.

Thank you,

LaToyia M. Martin
Mgr, Quality Compliance

Nevada BOP DME Application for
United States Medical Supply, LLC

List of all Officers and Directors

Officer/Director Name	Title
Robert Evan Schlissberg	President
Keegan David Chamberlain	Director
John Henry Martin Jr.	SVP, Tax
Brent Matthew Withrow	Asst. Treasurer
Anthony F. Alvarez	Secretary

Cardinal Health - Medical Distribution,
Quality & Regulatory Affairs
7000 Cardinal Place
Dublin OH 43017
cardinalhealth.com
614.553.3076 tel

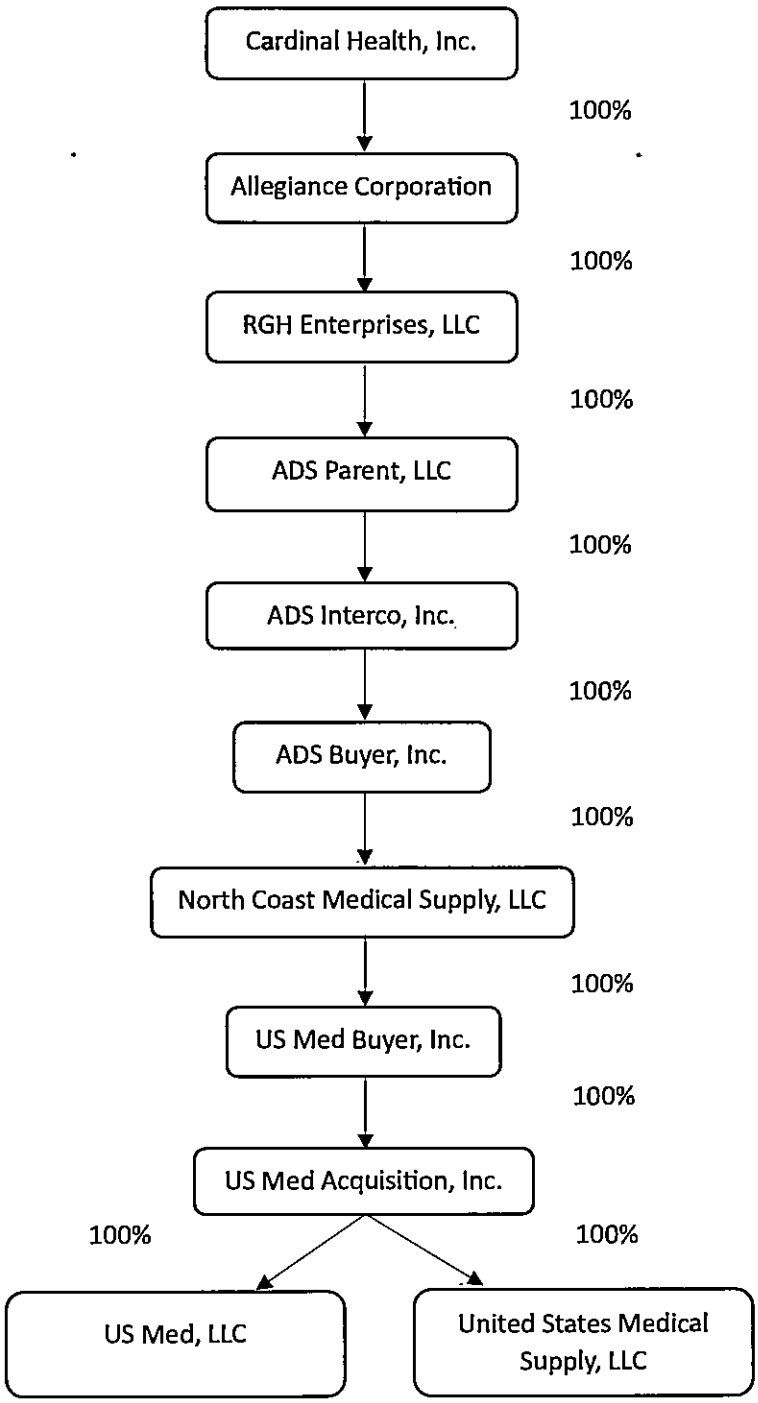
licensure@cardinalhealth.com email

CardinalHealth

Top 4 Corporation Shareholders

Name	Percentage of Ownership
Vanguard Fiduciary Trust Co.	12.65 %
BlackRock Advisors LLC	9.478 %
STATE STREET CORPORATION	5.600 %
Geode Capital Management LLC	2.359 %

Post-Closing Organizational Chart



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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Firefly Supply LLC dba Henry Schein Marketplace

Physical Address: 2500 Leaphart Rd, Suite H

City: West Columbia State: SC Zip: 29169

Mailing Address (if different from physical address): 135 Duryea Rd, E-355

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Website: www.fireflysuppy.com

Name of Designated Representative (DR): Matthew Longman

Licensing Company Email: licensure@henryschein.com DR Email: matthew.longman@henryschein.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 Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Broker

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

Provide explanation below:

Mark Tuttle

Original Signature (electronic, copies or stamps not accepted)

9/30/25

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: Please see attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Henry Schein, Inc.

Mailing Address: 135 Duryea Road, E-355

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Email: licensure@henryschein.com

Contact Person Name: Regulatory Affairs Department / Pamela Griffin

Date of SEC Registration: see 10-K | SEC Registration Number: See 10-K | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001 01 2024.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.

Firefly Supply LLC dba Henry Schein Marketplace

Facility Name

Mark Hillebrandt

Print Name of Authorized Person Submitting Application

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

9/30/25

Date

Board Use Only	Date Received: 10/16/25	Amount: $1000 CK 0082089403

Corporate Managers and Officers
Firefly Supply LLC
FEIN: 85-3255716

Parent Company
Firefly Holdco LLC
FEIN: 85-3262615

State of Formation
Delaware

Managers

Michael Ettinger
Mark Hillebrandt
Ronald South

Officers

Mark Hillebrandt	Vice President
Ciprian Tamas	Vice President
Matthew Longman	Vice President
Laura Jadezuk	Vice President, Global Tax
Michael Amodio	Vice President and Treasure
Jennifer Ferrero	Secretary


Henry Schein, Inc.
(Delaware Corporation)
Tax ID: 11-3136595
Publicly Traded on NASDAQ - HSIC
SAS Holdco, Inc.
(Delaware Corporation)
Tax ID: 46-0861386
100% Owned by Henry Schein, Inc.
Firefly Holdco LLC
(Delaware Limited Liability Company)
Tax ID: 85-3262615
Sole Member is SAS Holdco, Inc.
Firefly Supply LLC
(Delaware Limited Liability Company)
Tax ID: 85-3255716
Sole Member is Firefly Holdco LLC


Firefly Holdco LLC
(Delaware Limited Liability Company)
Tax ID: 85-3262615
Firefly Supply LLC
(Delaware Limited Liability Company)
Tax ID: 85-3255716
100% Owned by Firefly Holdco LLC

Section 3: Top Four Suppliers

Firefly Supply LLC, doing business as Henry Schein Marketplace (HSM), will operate as a broker facilitating transactions involving human over-the-counter (OTC) drugs, prescription medical devices, and OTC medical devices. HSM's role is limited to connecting authorized buyers—including licensed practitioners, hospitals, pharmacies, and wholesaler distributors—with qualified sellers such as manufacturers and wholesale distributors.

The following are potential sellers on the marketplace:

Office Depot
2200 Old Germantown Road
Delray Beach, FL 33445

Office Max
263 Shuman Boulevard
Naperville, IL 60563

Brasseler U.S.A. Dental, LLC
One Brasseler Blvd
Savannah, GA 31406

Brasseler U.S.A Medical
One Brasseler Blvd
Savannah, GA 31406

Ownership Information
(in lieu of Personal History Application)

Firefly Supply LLC was formed as a Limited Liability Company with the Secretary of State of Delaware on 09/30/2020. Firefly Supply LLC is a sole member of and 100% owned by Firefly Holdco LLC. Firefly Supply LLC nor Firefly Holco LLC have individual shareholders/owners owning more than 10% of the business.

Firefly Holdco LLC was formed as a Limited Liability Company with the Secretary of State of Delaware on 09/30/2020.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIREFLY SUPPLY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIREFLY SUPPLY LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2020.

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3778724 8300

SR# 20254355446

Authentication: 205125330

Date: 10-23-25

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

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

2025-2026

Firefly Supply LLC
Henry Schein Marketplace
2500 Leaphart Road, Suite H
West Columbia, SC 29169

PY .23493 PWD

Wholesale/Distributor

License Expires on
06/30/2026

Michael K. Bedenbaugh, Chair

Kayce Shealy, Board Executive

Mary Douglass Smith, Vice Chair

Effective Date
09/23/2025

To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx

License must be displayed publicly.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/07/2025

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

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

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Berkshire Hathaway Specialty Ins Company	22276
INSURER B:	QBE Specialty Insurance Company	11515
INSURER C:	ProAssurance Specialty Insurance Company	17400
INSURER D:	Liberty Insurance Corporation	42404
INSURER E:	Liberty Mutual Fire Ins Co	23035
INSURER F:		

INSURED
Henry Schein, Inc.,
Subsidiaries & Affiliates
135 Duryea Road
Melville NY 11747 USA

COVERAGES **CERTIFICATE NUMBER:** 570114253008 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
E	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER	Y	Y	TB2621093363035	06/01/2025	06/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $20,000,000 Excluded
E	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	AS2-621-093363-045	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
D	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			TH7621093363075	06/01/2025	06/01/2026	EACH OCCURRENCE AGGREGATE	$15,000,000 $15,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WA762D093363015 AOS WC7621093363025 WI	06/01/2025	06/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
C	Products Liability			N25NY380022 Claims Made	06/01/2025	06/01/2026	Each Occurrence Aggregate	$10,000,000 $10,000,000

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

CERTIFICATE HOLDER

Henry Schein, Inc.
Subsidiaries & Affiliates
135 Duryea Road
Melville NY 11747 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570114253008

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570114253008	
CARRIER: See Certificate Number: 570114253008 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
B	E&O - Miscellaneous Professional-Primary			130003732 Cyber Liab/Tech& E&O SIR applies per policy terms & conditions	12/01/2024	12/01/2025	Limit of Liability	$10,000,000
A	Fiduciary Liability - Primary			47EPC31399304 SIR applies per policy terms & conditions	11/01/2024	11/01/2025	Aggregate Limit	$10,000,000

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Aon Risk Services Northeast, Inc.		Henry Schein, Inc.,
POLICY NUMBER		
See Certificate Number: 570114253008		
CARRIER	NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570114253008		

ADDITIONAL REMARKS

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

Named Insureds

Ace Southern Surgical Solutions
Ace Surgical Supply Company, Inc.
AEP MPE Holdings, LLC
All Star Orthodontics
BIOHORIZONS IMPLANT SYSTEMS, INC.
Camlog
CB Healthcare Consulting GmbH
Cleanpac Inc
DenMat Holdings, LLC
Dental Instrument Sales & Service, LLC
Dental Practice Transitions
Dentrix Dental Systems
eAssist Inc.
eAssist Publishing LLC
Edge Endo
Exan Enterprises
Firefly Supply LLC
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
Hand Piece Parts & Repair, Inc.
Hayes Handpiece Franchises, Inc.
HealthFirst
Henry Schein, Inc
Henry Schein and Schvadent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein MSO, LLC
Henry Schein One, LLC
Henry Schein Practice Solutions
Henry Schein Services GmbH
Henry Schein, Supply
HF Acquisition Co. LLC
HSG-S Corp
Impromed, LLC.
Insource, Inc.
Lighthouse 360, Inc.
Midway Dental Supply LLC
My Care Supplies, LLC
NAR Medical Depot LLC
NAR Training LLC
North American Rescue LLC and TQM, LLC
ORTHO2 LLC
Ortho Organizers, Inc.
Ortho Technology, Inc.
Precision One Medical Inc.
Prism Medical Products
RXWORKS, INC.
Sesame Communications
Southern Anesthesia & Surgical Inc.
Shield HealthCare
TDSC, Inc.
The Custom Milling Center, Inc.
US Endodontics
Vulcan Custom Dental
Zahn Dental Company, Inc.
Zahn/Darby Lab

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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. 015223993

Application/License No. _____

FIREFLY SUPPLY LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2500 Leaphart Rd., Suite H Columbia, SC 29169 (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 ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 5, 2025 (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 5th day of February, 2025.

APPLICANT/PRINCIPAL
FIREFLY SUPPLY LLC

COMPANY

Authorized Representative

SURETY
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 Aklima Noorhassan

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Frances A Rodriguez
NV Non-Resident License # 3349643

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: 8210937- 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, Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Jennifer L. Jakaitis, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter, Frances Rodriguez, Valorie Spates, Susan A. Welsh, Beverly A. Woolford

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 6th day of November, 2023.

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 6th day of November, 2023 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 Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 5th day of February, 2025.

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, 2023

Assets	
Cash and Bank Deposits	$1,850,245,073.00
*Bonds – U.S Government	$3,859,565,383.00
*Other Bonds	$21,048,805,773.00
*Stocks	$19,937,271,802.00
Real Estate	$122,228,711.00
Agents' Balances or Uncollected Premiums	$8,208,660,427.00
Accrued Interest and Rents	$186,906,667.00
Other Admitted Assets	$15,677,869,683.63
Total Admitted Assets	**$70,891,553,519.63**

Liabilities	
Unearned Premiums	$10,298,963,305.00
Reserve for Claims and Claims Expense	$28,848,537,243.00
Funds Held Under Reinsurance Treaties	$360,714,151.00
Reserve for Dividends to Policyholders	$1,310,198.00
Additional Statutory Reserve	$296,126,000.00
Reserve for Commissions, Taxes and Other Liabilities	$7,622,413,466.63
Total	**$47,428,064,363.63**
Special Surplus Funds	$209,508,757.00
Capital Stock	$10,000,075.00
Paid in Surplus	$13,834,867,488.00
Unassigned Surplus	$9,409,112,836.00
Surplus to Policyholders	$23,463,489,156.00
Total Liabilities and Surplus	**$70,891,553,519.63**

* 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 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, 2023, 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, 2024.

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Timothy A. Mikolajewski

Timothy A. Mikolajewski, Assistant Secretary

JMS-1262/LMIC

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: Firefly Supply LLC dba Henry Schein Marketplace — MDEG License # (if applicable): _____

Physical Address: 2500 Leaphart Rd, Suite H

City: West Columbia — State: SC — Zip: 29169

Mailing Address (if different from physical address): 135 Duryea Road, E-355

City: Melville — State: NY — Zip: 11747

Telephone: 631-843-5500 — Website: _____

Licensing Company Email: licensure@henryschein.com

Section 2: Personal Information

First: Matthew — Middle: Edward — Last: Longman

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

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

Mailing Address: [redacted]

City: Irmo — State: SC — Zip: [redacted]

Telephone: [redacted] — Email: matthew.longman@henryschein.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 South Carolina		08/2017 - 05/2019	
Address	**City**	**State**	**Zip**
1244 Blossom Street, Suite 106	Columbia	SC	29208
Diploma/Degree obtained, if any			
Master in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of South Carolina		08/2001 - 05/2006	
Address	**City**	**State**	**Zip**
1244 Blossom Street, Suite 106	Columbia	SC	29208
Diploma/Degree obtained, if any			
Bachelor of Science and Marketing			

School Name		From - To (MM/YY – MM/YY)	
Dutch Fork High School		08/1997 - 05/2001	
Address	**City**	**State**	**Zip**
1400 Old Tamah Rd	Irmo	SC	29063
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
06/2023 - Present	[redacted]	Irmo	SC	[redacted]
From - To (MM/YY – MM/YY)		City	State	
03/2010 - 06/2023	[redacted]	Chapin	SC	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Firefly Supply LLC			06/2024 - Present	
Business Address		**City**	**State**	**Zip**
2600 Leaphart Road, Suite H		West Columbia	SC	29169
Phone	**Title**		**Number of Employed Hours**	
803-318-4144	General Manager 3rd Party Marketplaces		2920	
Description of Duties				
Responsible for on-site management of nonprescription drug and medical device distribution including overseeing the regulatory compliance, inventory management, warehouse operations, record keeping and customer service.				

Business Name			From - To (MM/YY – MM/YY)	
Southern Anesthesia & Surgical, Inc.			05/2018 - 06/2024	
Business Address		**City**	**State**	**Zip**
1 Southern Ct		West Columbia	SC	29169
Phone	**Title**		**Number of Employed Hours**	
800-624-5926	VP of Strategic Sales		12,072	
Description of Duties				
On-site management for the medical product wholesale distribution center. Included overseeing operations such as receiving, storage, distribution, record keeping, customer service and regulatory compliance with federal and state regulat				

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

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

10/21/25
Date

I, Matthew Longman, **certify that as the MDEG Administrator for**

Firefly Supply LLC dba Henry Schein Marketplace,

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

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

Matthew Longman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/28/25
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: Firefly Supply LLC dba Henry Schein Markeplace

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 2500 Leaphart Rd, Suite H

City: West Columbia State: SC Zip: 29169

Mailing Address (if different from physical address): 135 Duryea Rd, E-355

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Website: www.fireflysupply.com

Licensing Company Email: licensure@henryschein.com

Section 2: Personal Information

First: Matthew Middle: Edward Last: Longman

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

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

Mailing Address: [redacted]

City: Irmo State: SC Zip: [redacted]

Telephone: [redacted] Email: matthew.longman@henryschein.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 South Carolina		08/2017 - 05/2019	
Address	**City**	**State**	**Zip**
1244 Blossom Street, Suite 106	Columbia	SC	29208
Diploma/Degree obtained, if any			
Master in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of South Carolina		08/2001 - 05/2006	
Address	**City**	**State**	**Zip**
1244 Blossom Street, Suite 106	Columbia	SC	29208
Diploma/Degree obtained, if any			
Bachelor of Science and Marketing			

School Name		From - To (MM/YY – MM/YY)	
Dutch Fork High School		08/1997 - 05/2001	
Address	**City**	**State**	**Zip**
1400 Old Tamah Rd	Irmo	SC	29063
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
06/2023 - Present	[redacted]	Irmo	SC	[redacted]
03/2010 - 06/2023		Chapin	SC	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Firefly Supply LLC			06/2024 - Present	
Business Address		City	State	Zip
2500 Leaphart Rd, Suite H		West Columbia	SC	29169
Phone	Title		Number of Employed Hours	
803-318-4144	VP and General Manager 3rd Party Marketplaces		1,440	
Description of Duties				
Responsible for onsite management of nonprescription drug and medical device distribution including overseeing the regulatory compliance, inventory management, warehouse operations, record keeping, and customer service.				

Business Name			From - To (MM/YY – MM/YY)	
Southern Anesthesia & Surgical, Inc.			05/2018 - 06/2024	
Business Address		City	State	Zip
1 Southern Ct		West Columbia	SC	29169
Phone	Title		Number of Employed Hours	
800-624-5926	VP		12,072	
Description of Duties				
Responsible for day-to-day operations such as receiving, storage, distribution, recordkeeping, customer service, and regulatory compliance with applicable federal and state regulations and laws of Rx and non-Rx drugs and medical device				

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

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

Matt Lorenzen

Original Signature (electronic, copies or stamps not accepted)

10/3/25

Date

I, Matthew Longman, **certify that as the designated representative for**

Firefly Supply LLC dba Henry Schein Marketplace,

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.

Matthew Longman

Print Name (First, Last)

Matt Longman

Original Signature (electronic, copies or stamps not accepted)

10/3/25

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 Longman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/3/25

Date

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

State of South Caroline, ss. County of Richland

I, Matthew Longman Pamela Griffin, 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

10/3/25

Date

Subscribed and Sworn to before me this 3 day of October 2025

Notary Public Signature

PAMELA H. GRIFFIN NOTARY PUBLIC MY COMMISSION EXPIRES 7/9/2031 SOUTH CAROLINA

(Seal)

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Employee	Title
Matthew Longman	Vice President

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended December 28, 2024

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	**11-3136595**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

135 Duryea Road
Melville, New York
(Address of principal executive offices)
11747
(Zip Code)
(631) 843-5500
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.
Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐
Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).
YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 29, 2024, was approximately $8,092,479,000.

As of February 18, 2025, there were 124,176,781 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 28, 2024) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With 93 years of experience distributing health care products, we have built a vast base of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York and employ approximately 25,000 people. Approximately 49% of our workforce is based in the United States and 51% outside of the United States. Our operations or affiliates are located in 33 countries and territories. Our broad global footprint has evolved over time through organic growth as well as through the contribution from our strategic acquisitions.

We stock a comprehensive selection of more than 300,000 branded products and Henry Schein corporate brand products through our main distribution centers. Our infrastructure, including over 5.4 million square feet of space in 36 strategically located distribution centers and 0.5 million square feet of space in 15 manufacturing facilities around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs, which we believe is a competitive advantage.

During the fourth quarter of our fiscal year ended December 28, 2024, we revised our reportable segments to align with how the Chairman and Chief Executive Officer manages the business, assesses performance and allocates resources. Our revised reportable segments consist of: (i) Global Distribution and Value-Added Services; (ii) Global Specialty Products; and (iii) Global Technology.

Global Distribution and Value-Added Services includes distribution to the global dental and medical markets of national brand and corporate brand merchandise, as well as equipment and related technical services. This segment also includes value-added services such as financial services, continuing education services, consulting and other services. This segment also markets and sells under our own corporate brand, a portfolio of cost-effective, high-quality consumable merchandise. Global Specialty Products includes manufacturing, marketing and sales of dental implant and biomaterial products; and endodontic, orthodontic and orthopedic products and other health care-related products and services. Global Technology includes development and distribution of practice management software, e-services, and other products, which are distributed to health care providers.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to recent Company developments.

Industry

The distribution and value-added services industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations ("DSOs"), medical group purchasing organizations ("GPOs"), health maintenance organizations ("HMOs"), hospital systems or integrated delivery networks ("IDNs").

Due in part to the limited capacity of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The distribution and value-added services industry should benefit from favorable long-term macro trends that should help stimulate patient traffic and demand for products and services. This includes an aging population, increased health care awareness and the importance of preventive care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting, as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of HMOs, group practices, other managed care accounts and collective buying groups such as DSOs and GPOs, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and value-added products and services. In the dental distribution market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical distribution market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians and patients in their homes.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Nuent Group AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Within Global Specialty Products, our primary competitors include Straumann, Envista, Zimvie, and Dentsply Sirona.

With regard to our dental software, we compete against numerous companies, including the Eaglesoft division of Patterson Companies, Inc., Carestream Dental LLC, Centaur Software Development Co Pty Ltd. (d.b.a. dental4windows, dental4web), Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack), Curve Dental, LLC., the NextGen division of Quality Systems, Inc., eClinicalWorks and Epic Systems Corporation. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Medical, Weave Communications, Inc., and Solutionreach, Inc. Many of these competitors connect to our software platforms through our API program.

Manufacturing and Raw Materials

We manufacture certain of our products for our specialty businesses (oral surgery solutions including dental implants, endodontics, and orthopedics) at our 15 company manufacturing sites. We also outsource certain manufacturing to third parties. We purchase our raw materials from various third-party suppliers. No single supplier is material; however, raw materials may be sourced from a single supplier or a limited number of suppliers for reasons of quality assurance, regulatory requirements, cost, and availability.

We believe that we have a readily available supply of raw materials and components sourced from various suppliers, for our significant products.

We may experience shortages of raw materials or purchased components. In recent periods, we have experienced increased costs and shortages of purchased components, which had a negative impact on our profit margins and on our sales for certain product categories, due to our inability to fully satisfy demand.

Competitive Strengths

We have 93 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and that reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* Our field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* We market to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, tradeshows, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies include an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2024, our top 10 Global Distribution and Value-Added Services suppliers and our single largest supplier accounted for approximately 25% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our 36 strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

Global Distribution and Value-Added Services

- *Consumable merchandise and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We stock a comprehensive selection of more than 300,000 branded products and Henry Schein corporate brand products through our main distribution centers. We also market and sell our own corporate brand portfolio of cost-effective, high-quality consumable merchandise products.

- *Home health business.* We distribute homecare medical products, including incontinence, urology, ostomy, enteral nutrition, advanced wound, and diabetes supplies, as well as continuous glucose monitoring devices. These products are delivered directly to patients in their homes, providing convenience and accessibility while supporting patient care and adherence to treatment plans.

- *Value-added products and services.* We offer a broad range of value-added solutions, including continuing education programs for practitioners, and consulting services. Our suite of technology-driven tools and expert advisory services helps health care professionals enhance practice efficiency and improve patient outcomes.

- *Repair services.* We have 129 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our technicians provide installation and repair services for dental handpieces, dental and medical small equipment, table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Global Specialty Products

- *Dental implants and digital solutions.* We develop, manufacture, market and distribute a broad portfolio of dental implants, prosthetic components, instruments and digital workflow solutions for implant-based tooth restorations. With research and development and manufacturing facilities in the United States, Switzerland, Germany, Brazil and France, we serve customers with various global and regional implant brands across a wide range of price segments. Supported by our specialized sales force, we market our products and solutions in approximately 90 countries, directly to dental practices and surgical specialists via our sales subsidiaries and our network of international third-party and Henry Schein distribution partners.

- *Biomaterials.* We market and distribute a broad portfolio of biomaterials for dental tissue regeneration. The product portfolio primarily consists of a broad range of privately branded allograft, xenograft, and synthetic biomaterials. Our dedicated biomaterial specialists support our direct implant sales force and Henry Schein oral surgery-focused distribution channels.

- *Orthodontics.* We develop, manufacture, and distribute a comprehensive range of orthodontic products, including brackets, braces, aligners, and accessories. In collaboration with leading clinicians, our research and development teams drive innovation to enhance patient care. With manufacturing facilities in the

Unted States, Mexico, and France, we serve dental practices in over 70 countries through our specialized sales force, international partners, and the Henry Schein distribution network.

- *Endodontics.* We develop, manufacture, market and distribute a complete portfolio of endodontic products across multiple brands catering to both endodontic specialists and general practitioners. This includes stainless steel and NiTi shaping files, irrigation solutions, endodontic power equipment, sealers, and root repair materials. Leveraging our research and development and manufacturing facilities in the United States, Switzerland, and Brazil we focus on delivering meaningful innovation to help advance endodontic care, provide advanced training and education through a network of training centers and digital services, and serve our customers through multiple brands and multiple channels addressing all segments of the market. By investing in dedicated endo-specific competencies and resources to support our different sales channels, we are successfully marketing our products and brands in over 90 countries.

- *Orthopedics.* We develop, manufacture and distribute innovative implants and instruments that are designed to treat injuries, diseases and disorders of the limbs, joints and related tissues in the upper and lower extremities. We also provide surgical accessories, including blades, burs, drills, a variety of pins and wires to support orthopedic surgical procedures, and a portfolio of specialized instruments designed to simplify implant removal and preserve patient bone-stock during revision arthroplasty procedures. We employ an extensive global network of independent sales agencies and direct sales specialists, and we partner closely with IDNs and GPOs. The majority of our revenue is generated in the United States market, with the remaining revenue coming from Canada and countries in Latin America, Europe and Asia Pacific region.

- *Other.* We also source or manufacture other medical and dental health care products and services that are sold to customers, including handpiece and small equipment, rotary, hand instruments, and repair services, restoratives and preventives, as well as certain other health care-related consumable merchandise products and services.

Global Technology

- We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, e-Prescribe medications and prescription solutions, sourcing third party patient payment plans, and transition services and training and education programs for practitioners. We have technical representatives supporting customers using our practice management solutions and services.

  As of December 28, 2024, we had an active user base of approximately 100,000 practices and 321,000 consumers, including users of AxiUm®, Dentally®, Dentrix Ascend®, DentalVision®, Dentrix® Dental Systems, EXACT®, Gesden®, Jarvis Analytics®, Julie® Software, Oasis, Officite™, OrisLine®, PBS Endo®, Power Practice® Px and subscriptions for Demandforce®, Sesame, and Lighthouse 360® for dental practices and DentalPlans.com® for dental patients.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

- Exceptional order fulfillment. We ship an average of approximately 142,000 cartons daily.

- Comprehensive ordering process. Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Certain of our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our Global Distribution and Value-Added Services, Global Specialty Products, and Global Technology reportable segments:

	December 28, 2024	December 30, 2023	December 31, 2022
Global Distribution and Value-Added Services:			
Dental merchandise [1]	37.3%	38.8%	37.7%
Dental equipment [2]	13.6	13.5	13.5
Value-added services [3]	1.8	1.6	1.2
Total Dental	52.7	53.9	52.4
Medical [4]	32.2	31.7	34.4
Total Global Distribution and Value-Added Services:	84.9	85.6	86.8
Global Specialty Products [5]	11.4	10.8	10.1
Global Technology [6]	5.0	4.9	4.3
Eliminations	(1.3)	(1.3)	(1.2)
Total	100.0%	100.0%	100.0%

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, PPE products, and our own corporate brand of consumable merchandise.
(2) Includes dental chairs, delivery units and lights, digital dental laboratories, X-ray supplies and equipment, equipment repair and high-tech and digital restoration equipment.
(3) Consists of financial services on a non-recourse basis, continuing education services for practitioners, consulting and other services.
(4) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE products and vitamins.
(5) Includes manufacturing, marketing and sales of dental implant and biomaterial products; and endodontic, orthodontic and orthopedic products and other health care-related products and services.
(6) Consists of practice management software, e-services, and other products, which are distributed to health care providers.

Business Strategy

Our mission is to provide innovative, integrated health care products and services; and to be trusted advisors and consultants to our customers - enabling them to deliver the best quality patient care and enhance their practice management efficiency and profitability. Our BOLD+1 Strategic Plan consists of the following:

- **Build ("B")** Complementary software, specialty, and services businesses for high growth
- **Operationalize ("O")** One Distribution to deliver exceptional customer experience, increased efficiency, and growth
- **Leverage ("L")** One Schein to broaden and deepen relationships with our customers
- **Drive ("D")** Digital transformation for our customers and for Henry Schein
- **+1** Create Value for our stakeholders

To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over one million customers worldwide and we intend to increase sales to our existing customer base and enhance or secure our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.

- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As health care settings shift, we remain committed to serving these practitioners and providing them with the products and services they need.

- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. We have significant cross-selling opportunities between our dental software users and our dental customers, and opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value-added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.

- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2024 and 2034, the population of people aged 45 and older is expected to grow by approximately 10%. Between 2024 and 2044, this age group is expected to grow by approximately 18%. This compares with expected total U.S. population growth rates of approximately 4% between 2024 and 2034 and approximately 6% between 2024 and 2044.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution and manufacturing companies.

For information on revenues and long-lived assets by geographic area, see Note 4 – Segment and Geographic Data of "Notes to Consolidated Financial Statements."

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine), purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshows where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant in all material respects with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. When we discover situations of non-compliance we seek to remedy them and bring the affected area back into compliance.

Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, manufacturing, importation, exportation, marketing, sale and promotion of pharmaceuticals and/or medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, manufacturing activities, and as part of our specialty home medical supplies businesses that distribute and sell medical equipment and supplies directly to patients. Federal, state and certain

foreign governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and anti-corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Certain of our businesses involve pharmaceuticals and/or medical devices, including orthopaedic, in vitro diagnostic devices, software regulated as a medical device, and sales of medical equipment and supplies directly to patients, that are paid for by third parties and/or patients and must operate in compliance with a variety of burdensome and complex coding, billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial health care reimbursement programs.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010 (as amended, the "ACA").

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, importation, storage, handling and disposal of hazardous or potentially hazardous substances; "forever chemicals" such as per-and polyfluoroalkyl substances; amalgam bans; pricing disclosures; supply chain transparency around labor practices; and safe working conditions. In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices, medical supplies and/or medical treatments or services, are ongoing. For example, the Centers for Medicare & Medicaid Services' ("CMS") 2024 durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS") reimbursement schedule, which was effective January 1, 2024, reduced the DMEPOS reimbursement rates for non-rural suppliers, such as us, by removing the Coronavirus Aid, Relief, and Economic Security ("CARES") Act relief rates in effect during the COVID-19 pandemic. These and other laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

Our businesses are generally subject to numerous laws and regulations that could impact our financial performance, and failure to comply with such laws or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the manufacturing and/or distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), Section 361 of the Public Health Service Act and Section 401 of the Consolidated Appropriations Act of the Social Security Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce or internationally, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 regulates pharmaceutical supply chain requirements and pre-empts certain state laws. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"),

establishes a national electronic, interoperable system to identify and trace certain prescription drugs as they are distributed in the United States that went into effect on November 27, 2023. The law's track and trace requirements applicable to manufacturers, wholesalers, third-party logistics providers (e.g., trading partners), repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and, as stated, continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

Those DSCSA requirements that were scheduled to change on November 27, 2023, and include requiring trading partners to provide, receive and maintain documentation about products and ownership only "electronically" (and not via paper), were subject to a one-year "stabilization period" announced by the FDA through two guidance documents in late August 2023. The FDA permitted the stabilization period to accommodate an additional year, until November 27, 2024, to allow trading partners to implement, troubleshoot and mature their electronic (versus paper), interoperable systems, during which time the FDA did not intend to take action to enforce the requirements for the interoperable, electronic, package level product tracing. Additionally, the FDA announced that it did not intend to take action to enforce the portion of the FDC Act with respect to drug product that was introduced in a transaction into commerce by the product's manufacturer or repackager before November 27, 2024, and for subsequent transactions of such product through the product's expiry. The FDA stated this stabilization period was intended to avoid disruption to the supply chain and ensure continued patient access to drug products as trading partners move towards full implementation of the DSCSA's enhanced drug security requirements. The FDA again extended the stabilization period in late 2024 as follows: (1) manufacturers and repackagers: May 27, 2025; (2) wholesale distributors: August 27, 2025; (3) dispensers with 26 or more pharmacists and technicians: November 27, 2025; and (4) small dispensers: November 27, 2026. The FDA stated that these continued exemptions apply to any product transacted by eligible trading partners who have initiated their "systems and processes, as described in section 582(g)(1) of the FD&C Act," including electronic DSCSA data connections with immediate trading partners by November 27, 2024. The additional time extends to trading partners throughout the pharmaceutical distribution supply chain who subsequently engage in a transaction including such product. The FDA also stated that, for the purposes of these exemptions, eligible trading partners are those who have initiated their systems and processes by successfully completing data connections with their immediate trading partners, and those trading partners who initiated processes including documentation of efforts to establish data connections, but were not able to fully complete these processes.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs") and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility, and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. The FDA issued a proposed rule establishing wholesaler and 3PL national standards for licensing and other requirements in February 2022, but that rule has not yet been finalized. In addition, with respect to our specialty home medical supplies business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare, Medicaid, and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system for medical devices. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also

require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database (GUDID). The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reprocessors and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses. The FDA also released a final rule in February 2024 to amend, effective February 2026, certain device current good manufacturing practice requirements in 21 CFR Part 820 (Quality System Regulation) to align more closely with the international consensus standard (ISO 13485) specific for device quality management systems requirements (QMSR) used by other countries.

As a distributor of controlled substances, we are required, under the Controlled Substances Act, to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture, relabel, and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of human organs, as defined in the regulations, for valuable consideration, while generally permitting payments for the reasonable costs incurred in their procurement, processing, storage and distribution. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own health care systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all member states, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or lack of efficacy.

EU Regulation No. 1223/2009 of 30 November 2009 *on cosmetic products* requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturers, importers and distributors. It includes

market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material and medical devices to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, health care professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in the EUDAMED database, which comprises several modules that are not yet fully functional. In order not to hinder the mandatory use of EUDAMED by the functional delay of a single module, the new Regulation No. 2024/1860 of 13 June 2024 has therefore amended Article 34 of the EU MDR to organize a gradual commissioning of the various modules of EUDAMED, once they have been independently audited and declared operational by means of a Commission notice published in the Official Journal of the European Union. In this case, the obligations and requirements relating to the concerned electronic modules of EUDAMED will apply six months after the date of publication of the notice. These changes came into force on July 9, 2024; and
- as amended by the above-mentioned Regulation No. 2024/1860, contains specific provisions in the event of interruption or discontinuation of supply of a device.

In particular, the EU MDR imposes strict requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance.

Regulation 2023/607 of the European Parliament and of the Council of March 15, 2023 *amending Regulations (EU) 2017/745 and (EU) 2017/746 as regards the transitional provisions for certain medical devices and in vitro diagnostic medical devices* has, notably, extended the EU MDR transitional periods applicable to certain medical devices that have been assessed and/or certified under the Directive No. 93/42/EEC of 1993 *concerning medical devices* ("EU Medical Device Directive"). Subject to certain conditions, medical devices that (i) obtained a certificate under the EU Medical Device Directive from May 25, 2017, (ii) which was still valid on May 26, 2021, and (iii) has not been subsequently withdrawn may, for the moment, continue to be placed on the market or put into service until December 31, 2027 for higher risk devices or December 31, 2028 for medium and lower risk devices. Nevertheless, EU MDR requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date (i.e., since May 26, 2021).

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 *concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals*, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 *on classification, labelling and packaging of substances and mixtures* (recently amended by Regulation No. 2024/2865 of October 23, 2024, whose provisions come into force

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Achieve Life Sciences, Inc.

Physical Address: 22722 29th Dr SE, Suite 100, Office 173

City: Bothell State: WA Zip: 98021

Mailing Address (if different from physical address): 22722 29th Dr SE, Suite 100

City: Bothell State: Washington Zip: 98021-4420

Telephone: 425-686-1500 Website: https://achievelifesciences.com

Name of Designated Representative (DR): Benjamin Mansour

Licensing Company Email: statelicensing@achievelifesciences.co DR Email: bmansour@achievelifesciences.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		☐ Others:

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Achieve Life Sciences, Inc.

Corporation Name: Achieve Life Sciences, Inc.

Mailing Address: 22722 29th Dr SE, Suite 100

City: Bothell State: Washington Zip: 98021-4420

Telephone: 425-686-1500 Email: statelicensing@achievelifesciences.com

Contact Person Name: Benjamin L. Mansour

Date of SEC Registration: 03/22/1995	SEC Registration Number: 0000949858	Stock Exchange Symbol: ACHV

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

This is in response to Question # 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

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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.

Achieve Life Sciences, Inc.
Facility Name

Mark Oki
Print Name of Authorized Person Submitting Application

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

20 OCT 2025
Date

Board Use Only	Date Received: 11/17/25	Amount: $1,000.00 4641

ACHIEVE
LIFE SCIENCES

Description of Operations

Achieve Life Sciences, Inc. (Achieve) a Virtual Manufacturer. Achieve's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies and Wholesalers by their Third-Party Logistics Provider, Cardinal Health 105, LLC. who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Fareva, Amboise
Zone Industrielle, 29 Route Des Industries
Poce-sur-Cisse, France 37530
FDA Establishment Number: 3000234005

Contact Person: Eric Mao
Contact Number: 33-(0) 247 307 618

Fareva manufactures Achieve's product and packages finished product. At no time does Fareva own the product, contract with Achieve's customers, invoice, nor sell an Achieve product. Achieve's products are not Controlled Substances.

Labeler Code:
85058

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health 105, LLC acts as Achieve's Third Party Logistics (3PL) provider to manage the storage and distribution of Achieve's product throughout the United States. Cardinal Health 105, LLC address is:
501 Mason Rd
LaVerge, TN 37086

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

Achieve's records are stored at Cardinal Health 105, LLC.

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, December 16, 2024 1:35 PM
To: Sarah Telzrow <stelzrow@achievelifesciences.com>
Subject: Labeler Code Request Approved

[EXTERNAL] This message originated from outside of your organization.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 16-DEC-2024
Labeler DUNS: 118024923
Labeler Name: Achieve Life Sciences, Inc.
Labeler Code Assigned: 85058

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).

ACHIEVE
LIFE SCIENCES

Company Information

Achieve Life Sciences, Inc.
22722 29th Dr SE, Suite 100, Office 173
Bothell, WA 98021
425-686-1500
Website: https://achievelifesciences.com/
E-mail: statelicensing@achievelifesciences.com

FEIN: 95-4343413
State of Formation: Delaware
Date Incorporated: 3/22/1995

Ownership Information

Achieve Life Sciences, Inc. is a publicly traded company on the NASDAQ stock exchange under the symbol ACHV.

Officers

Jaime Xinos, Chief Commercial Officer
Business Address: 22722 29th Dr. SE, Suite 100, Office 173
Business Phone: 309-323-1607

Mark Kiyoto Oki, Chief Financial Officer
Business Address: 22722 29th Dr. SE, Suite 100, Office 173
Business Phone: 425-686-1500

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACHIEVE LIFE SCIENCES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACHIEVE LIFE SCIENCES, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 1995.

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2481601 8300

SR# 20254163331

Authentication: 204932646

Date: 10-02-25

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

Washington State Department of Health

This organization
Achieve Life Sciences, Inc.
is authorized by Chapter RCW 18.64
to have a
Pharmaceutical Manufacturer License

Operated by **Achieve Life Sciences, Inc.**

Located at **22722 29th Dr SE Ste 100, Ofc 173**
Bothell, WA 98021-4420

Controlled Substance: No

Credential Number
PHMF.FX.70005315

Secretary

Status
Active

Effective Date
09/02/2025

Expiration Date
09/30/2026

THIS LICENSE IS NON-TRANSFERABLE

Washington State Department of HEALTH

Facility Search

Search

Search

Facility Information

NEW SEARCH RESULTS

Facility Name: Achieve Life Sciences, Inc.
Address: 22722 29th Dr SE Ste 100, Ofc 173, Bothell, WA. 98021-4420
Owner's Name: Achieve Life Sciences, Inc.
License #: PHMF.FX.70005315
Facility Status: ACTIVE
Facility Type: Pharmaceutical Manufacturer License
License Expires On: 09/30/2026

If you find any errors in this description, please complete the Feedback form and send it to us.

Achieve License Tracker				
Licensing State	License Type	License Number	Issue Date	Expiration Date
Washington	Manufacturer	PHMF.FX.70005315	9/4/2025	9/30/2026

ACHIEVE
LIFE SCIENCES

WA facility – List of Employees

[redacted]

Confidential Information - Do Not Distribute
The content of this document is confidential and is not to be used beyond its intended use.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15 (d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2024

Or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15 (d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Commission File Number 033-80623

Achieve Life Sciences, Inc.

(Exact name of the registrant as specified in its charter)

Delaware	**95-4343413**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

22722 29th Drive SE, Suite 100, Bothell, WA 98021

1040 West Georgia Street, Suite 1030, Vancouver, B.C. V6E 4H1
(Address of principal executive offices, including zip code)

(604) 210-2217
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Exchange on Which Registered
Common Stock, par value $0.001 per share	ACHV	The Nasdaq Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act:
None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act.). Yes ☐ No ☒

As of June 30, 2024, the aggregate market value of the registrant's Common Stock held by non-affiliates of the registrant was $144,081,005 computed with reference to the price at which the Common Stock was last sold on June 28, 2024. As of March 11, 2025, 34,685,072 shares of the registrant's Common Stock were outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Registrant's Definitive Proxy Statement for its 2025 Annual Meeting of Stockholders ("Proxy Statement"), to be filed within 120 days of the Registrant's fiscal year ended December 31, 2024, is incorporated by reference into Part III of this Annual Report on Form 10-K.

Auditor Name: PricewaterhouseCoopers LLP Auditor Location: Vancouver, Canada Auditor Firm ID: 271

Achieve Life Sciences, Inc.

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PART I

References in this Form 10-K to "Achieve Life Sciences," "Achieve," the "Company," "we," "us" or "our" refer to Achieve Life Sciences, Inc. and its wholly owned subsidiaries. The information in this Annual Report on Form 10-K contains certain forward-looking statements, including statements related to clinical trials, regulatory approvals, markets for our products, new product development, capital requirements and trends in our business that involve risks and uncertainties. Our actual results may differ materially from the results discussed in the forward-looking statements. Factors that might cause such a difference include those discussed in "Business," "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations," as well as those discussed elsewhere in this Annual Report on Form 10-K.

Forward-Looking Statements

This Annual Report on Form 10-K contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements involve a number of risks and uncertainties. We caution readers that any forward-looking statement is not a guarantee of future performance and that actual results could differ materially from those contained in the forward-looking statement. These statements are based on current expectations of future events. Such statements include, but

are not limited to, statements about future financial and operating results, plans, objectives, expectations and intentions, costs and expenses, interest rates, outcome of contingencies, financial condition, results of operations, liquidity, business strategies, cost savings, objectives of management and other statements that are not historical facts. You can find many of these statements by looking for words like "believes," "expects," "anticipates," "estimates," "may," "should," "will," "could," "plan," "intend" or similar expressions in this Annual Report on Form 10-K or in documents incorporated by reference into this Annual Report on Form 10-K. We intend that such forward-looking statements be subject to the safe harbors created thereby. Examples of these forward-looking statements include, but are not limited to:

- progress and preliminary and future results of any clinical trials;
- anticipated regulatory filings and U.S. Food and Drug Administration, or FDA, responses, recommendations, requirements or additional future clinical trials;
- our ability to raise additional capital as needed to fund our planned development and commercialization efforts and repay our existing debt;
- the potential benefits and differentiated profile, FDA approval, commercialization and commercial market for cytisinicline;
- the performance of, and our ability to obtain sufficient supply of cytisinicline in a timely manner from, third-party suppliers and manufacturers;
- timing and plans for the expansion of our focus to develop cytisinicline for other forms of nicotine dependence;
- timing and amount of future contractual payments, product revenue and operating expenses;
- market acceptance of our products and the estimated potential size of these markets; and
- our expectations regarding the impact of the macroeconomic and geopolitical environment, including fluctuating inflation, interest and tariff rates, increased volatility in the debt and equity markets, instability in the global banking system, global health crises and pandemics and geopolitical conflict, and their potentially material adverse impact on our business and the execution of our preclinical studies and clinical trials.

These forward-looking statements are based on the current beliefs and expectations of our management and are subject to significant risks and uncertainties. If underlying assumptions prove inaccurate or unknown risks or uncertainties materialize, actual results may differ materially from current expectations and projections. Factors that might cause such a difference include those discussed in Item 1A "Risk Factors," as well as those discussed elsewhere in the Annual Report on Form 10-K.

You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this Annual Report on Form 10-K or, in the case of documents referred to or incorporated by reference, the date of those documents.

All subsequent written or oral forward-looking statements attributable to us or any person acting on our behalf are expressly qualified in their entirety by the cautionary statements contained or referred to in this section. We do not undertake any obligation to release publicly any revisions to these forward-looking statements to reflect events or circumstances after the date of this Annual Report on Form 10-K or to reflect the occurrence of unanticipated events, except as may be required under applicable U.S. securities law. If we do update one or more forward-looking statements, no inference should be drawn that we will make additional updates with respect to those or other forward-looking statements.

Summary of Risk Factors

An investment in our common stock involves various risks, and prospective investors are urged to carefully consider the matters discussed in the section titled "Risk Factors" prior to making an investment in our common stock. These risks include, but are not limited to, the following:

- Substantial doubt exists as to our ability to continue as a going concern. Our ability to continue as a going concern is subject to material uncertainty and dependent on our success at raising additional capital sufficient to meet our obligations on a timely basis. If we fail to obtain additional financing when needed, we may be unable to complete the development, regulatory approval and commercialization of our product candidate.
- We have incurred substantial debt, which could impair our flexibility and access to capital and adversely affect our financial position, and our business would be materially adversely affected if we are unable to service our debt obligations.

- Cytisinicline is currently our sole product candidate and there is no guarantee that we will be able to successfully develop and commercialize cytisinicline.
- The development and commercialization of our product candidate is dependent upon securing sufficient quantities of cytisinicline from trees and other plants, which grow outside of the United States in a limited number of locations.
- We currently exclusively rely on Sopharma AD, or Sopharma, to manufacture cytisinicline for use in clinical trials. We plan to engage other third parties for our manufacturing processes, including to manufacture future supply of cytisinicline on a commercial scale, if approved. Our commercialization of cytisinicline could be stopped, delayed or made less profitable if Sopharma fails to obtain approval of government regulators, fails to provide us with sufficient quantities of product or fails to do so at acceptable quality levels or prices.
- We plan to submit a New Drug Application, or NDA, to the U.S. Food and Drug Administration, or FDA, for the marketing approval of cytisinicline as a drug therapy in treating nicotine dependence for smoking cessation, based largely on data from our completed Phase 3 ORCA-2 and ORCA-3 clinical trials and the ongoing ORCA-OL trial; however, there can be no assurance that the data from our clinical trials will ultimately support an NDA filing or that the FDA will grant marketing approval of cytisinicline without additional clinical or nonclinical studies, or at all.
- If we do not obtain the necessary regulatory approvals in the United States and/or other countries, we will not be able to sell cytisinicline.
- Cytisinicline may cause undesirable side effects or have other properties that could delay or prevent regulatory approval, limit the commercial viability of an approved label, or result in significant negative consequences following marketing approval, if any.
- It is difficult to evaluate our current business, predict our prospects and forecast our financial performance and growth.
- We face substantial competition, and our competitors may discover, develop or commercialize products faster or more successfully than us.

ITEM 1. BUSINESS

OVERVIEW OF OUR BUSINESS AND RECENT DEVELOPMENTS

We are a late-stage clinical specialty pharmaceutical company with a sole mission to address the global nicotine dependence epidemic in combustible cigarette and e-cigarette usage through the development and commercialization of cytisinicline. There are an estimated 29 million adults in the United States alone who smoke combustible cigarettes and an estimated 11 million adults in the United States who utilize e-cigarettes. Tobacco use is currently the leading cause of preventable death and is responsible for more than eight million deaths worldwide and nearly half a million deaths in the United States annually. More than 87% of lung cancer deaths, 61% of all pulmonary disease deaths, and 32% of all deaths from coronary heart disease are attributable to smoking and exposure to secondhand smoke.

While nicotine e-cigarettes are thought to be less harmful than combustible cigarettes, they remain highly addictive and can deliver harmful chemicals which can cause lung injury or cardiovascular disease. In 2024, 1.6 million high school and middle school students reported using e-cigarettes. Research shows adolescents who have used e-cigarettes are seven times more likely to become smokers one year later compared to those who have never used e-cigarettes. Recently, the U.S. Food and Drug Administration, or FDA, granted Breakthrough Therapy Designation for cytisinicline for nicotine e-cigarette, or vaping, cessation. Breakthrough Therapy Designation is a process that expedites the development and review of new drugs and biologics that are intended to treat serious or life-threatening conditions and have preliminary clinical evidence indicating substantial improvement over existing therapies. Currently, there are no FDA approved drug therapies indicated specifically as an aid to nicotine e-cigarette cessation. We believe cytisinicline represents a unique opportunity to significantly impact global health by addressing the considerable unmet need among millions of smokers and e-cigarettes users.

We expect to file a New Drug Application, or NDA, with the FDA for treatment of nicotine dependence for smoking cessation at the end of the second quarter of 2025. If approved, cytisinicline will become the first new prescription medicine in nearly two decades for smoking cessation. We believe cytisinicline is differentiated from existing smoking cessation treatments given its combination of efficacy, well-tolerated safety profile, and a shorter therapy duration, as demonstrated in clinical trials. Dependent on availability of funding, we intend to initiate Phase 3 clinical development of cytisinicline for nicotine dependence for e-cigarettes/vaping in the first half of 2026, which we expect to complete approximately 12 months after initiation, and may explore additional indications for the treatment of nicotine dependence in the future.

Cytisinicline as our Product Candidate

Our product candidate, cytisinicline, is a naturally occurring, plant-based alkaloid. In 2018, the U.S. Adopted Names Council adopted cytisinicline as the non-proprietary, or generic, name for the substance also known as cytisine.

Cytisinicline is structurally similar to nicotine and has a well-defined, dual-acting mechanism of action, being both a receptor agonist and antagonist. It is believed to work in treating nicotine dependence for smoking and e-cigarette cessation by interacting with nicotine receptors in the brain by reducing the severity of withdrawal symptoms, and reducing the reward and satisfaction associated with nicotine products. Cytisinicline is an investigational product candidate being developed for treatment of nicotine dependence and has not been approved by the FDA for any indication in the United States.

Cytisinicline as a 25-day downward titration regimen is an established smoking cessation treatment that has been approved and marketed in Central and Eastern Europe by Sopharma AD, or Sopharma, for over 20 years. It is estimated that over 20 million people have used Sopharma's cytisinicline product to help treat nicotine dependence. We have developed an improved dosage, formulation, and simpler treatment schedule. The administration of our cytisinicline has demonstrated robust efficacy with minimal levels of adverse events in two randomized placebo-controlled Phase 3 studies. We have an exclusive license and a supply agreement with Sopharma for the development and commercialization of cytisinicline outside of Sopharma's territories, which are predominately located in Central and Eastern Europe.

Cytisinicline Mechanism of Action

Cytisinicline binds with high affinity to the alpha-4 beta-2, or $\alpha4\beta2$, nicotinic acetylcholine receptors in the brain. The $\alpha4\beta2$ nicotinic receptor is a well-understood target in dependence. When nicotine binds to this receptor, it causes dopamine to be released in the mid-brain, reinforcing the dopamine reward system. This receptor has been implicated in the development and maintenance of nicotine dependence. Cytisinicline is believed to act as a partial agonist/antagonist binding to $\alpha4\beta2$ nicotinic receptors in the brain and is thought to have two potential consequences in treating nicotine dependence. First, the partial agonism maintains some release of

dopamine (albeit at a very reduced level than that stimulated by nicotine) and therefore reduces nicotine craving, and second, the partial antagonism prevents nicotine binding so that nicotine no longer induces the same pleasure or reward stimulation.

Cytisinicline Opportunity

We have an exclusive license and supply agreement with Sopharma for the development and commercialization of cytisinicline outside of Sopharma's territory, which consists of certain countries in Central and Eastern Europe, Scandinavia, North Africa, the Middle East and Central Asia, as well as Vietnam.

We are developing cytisinicline as a drug therapy in treating nicotine dependence for smoking cessation and e-cigarette cessation which would address the limitations of both prescription drugs and of Over-the-Counter, or OTC, products.

We believe that a substantial market exists in the United States, European Union, or EU, and the rest of the world for a new, safe and effective smoking cessation treatment. We believe cytisinicline is differentiated from existing smoking cessation treatments given its combination of robust efficacy, minimal frequency of side effects and optional shorter course of therapy, as shown in two randomized placebo-controlled Phase 3 studies. Our goal is to obtain approval from the FDA and from other regulatory agencies for the sale and distribution of cytisinicline in the United States and subsequently to other countries outside of Sopharma's territory.

OVERVIEW OF OUR REGULATORY PROGRESS AND CLINICAL PHASE 3 PROGRAM

Overview of Regulatory Progress

Smoking Cessation Indication

In June 2017, we filed an Investigational New Drug Application, or IND, with the FDA, for evaluation of cytisinicline as a treatment for smoking cessation. This IND included required non-clinical toxicology studies that were sponsored by the National Center for Complementary and Integrative Health, or NCCIH, a division of the NIH and by the National Cancer Institute, or NCI, to assist in our IND for investigating cytisinicline as a smoking cessation treatment.

In May 2018, we held an end of Phase 2 meeting with the FDA to review and receive guidance on our Phase 3 clinical program and overall development plans to support an NDA for the 25-day downward titration cytisinicline regimen. The FDA recommended to consider evaluating higher dosing, a more simplified daily regimen, and possible longer dosing in our development program. This FDA review also included our plans and their recommendations for non-clinical studies, standard drug-to-drug interaction and reproductive/teratogenicity studies. Detailed plans for chronic toxicology, carcinogenicity studies, and additional clinical studies regarding a maximum tolerated dose, renal impairment, QT interval prolongation, longer term exposure and adequate demonstration of safety and efficacy from planned randomized, placebo-controlled, Phase 3 clinical trials were also discussed.

In December 2018, we announced that the FDA agreed with our Initial Pediatric Study Plan, specifically, providing a full waiver for evaluating cytisinicline in a pediatric population. The reasons for the full waiver were based on the low numbers of children smoking under the age of 12 and the logistical difficulties of recruiting treatment-seeking smokers in the adolescent age group. The agreed upon Initial Pediatric Study Plan is expected to be included as part of our future application for marketing approval of cytisinicline.

In November 2019, we held a type C meeting with the FDA to review results from our Phase 2 ORCA-1 study and our revisions to the Phase 3 clinical program using a simplified 3 mg tablet administered three times a day, or TID, dosing schedule. The FDA agreed that the 3 mg TID dosing schedule was acceptable for our Phase 3 clinical program. In March 2019, we had also initiated our Phase 1 clinical study to assess for dose limiting adverse effects, or AEs, that would define the maximum tolerated dose, or MTD, for a single administered oral dose of cytisinicline. Because dose limiting AEs for the MTD could not be reached per protocol definitions in the study, the results were reviewed with the FDA at this November 2019 Type C meeting, with an agreement that further escalation beyond the single 30 mg dose was not required in the study.

Additional NCCIH and NCI sponsored non-clinical toxicology studies that evaluated reproductive toxicology and company sponsored non-clinical toxicology studies that evaluated longer cytisinicline exposure beyond one month to at least three months for support in initiating our Phase 3 clinical program were submitted in 2020. This allowed the initiation of our two Phase 3 clinical trials in the fourth quarter of 2020 and first quarter of 2022.

Additional plans for our Phase 1 studies regarding pharmacokinetics, or PK, assessments for subjects with renal impairment and evaluations for possible QT interval prolongation, which were first discussed with the FDA as part of the end of Phase 2 meeting in 2018, were followed by more detailed review and agreement with the FDA during 2022 and 2023. These studies have now been completed.

During 2022 and 2023, we had several Type C and Type D meetings with the FDA regarding the adequacy of our completed nonclinical studies, overall clinical pharmacology information, manufacturing product information, and our Integrated Safety Summary, or ISS, analysis plans for a future NDA submission.

In the fourth quarter of 2023, we initiated our pre-NDA discussions with the FDA regarding the adequacy of our efficacy and safety information for proceeding with an NDA submission. The FDA expressed support for an NDA submission based on adequate data to assess for efficacy from our two completed randomized and controlled Phase 3 trials. In addition, the FDA advised that long-term exposure data to assess for safety beyond 12 weeks would be needed to adequately assess safety risks given that the FDA views smoking cessation drugs as products for chronic, repeated, and intermittent use as patients may relapse and require subsequent courses of treatment over a lifetime. In the first quarter of 2024, we reached agreement with the FDA that a single, open-label study evaluating the long-term safety effects of cytisinicline will be sufficient to complete the requirement and enable an NDA submission anticipated at the end of the second quarter of 2025.

E-cigarette (vaping) Cessation Indication

In July 2021, we announced that we were awarded a grant from the National Institute on Drug Abuse, or NIDA, of the National Institutes of Health, or NIH, to evaluate the use of cytisinicline as a treatment for cessation of nicotine e-cigarette use. This initial grant award was utilized to complete critical regulatory activities for the submission of a second IND to the FDA for evaluation of cytisinicline as a treatment for nicotine e-cigarette cessation, or vaping cessation. In November 2021, we announced that the FDA had completed their review and accepted this IND to investigate cytisinicline in this population.

In the third quarter of 2024, we received Breakthrough Therapy Designation from the FDA for cytisinicline for nicotine e-cigarette, or vaping, cessation. Breakthrough Therapy Designation is designed to expedite the development and review of drugs that are intended to treat serious conditions when preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over available therapies. It provides product sponsors the ability to receive an FDA cross-disciplinary project management team for interactive communications with senior managers and expert reviewers from FDA to expedite the development of a product.

In December 2024, we announced completing our end-of-Phase 2 meeting with the FDA to review and receive guidance on our proposed Phase 3 clinical program for a future supplemental NDA submission, or sNDA. We obtained FDA agreement on a proposed single Phase 3 study design for cytisinicline treatment in vaping cessation and on the additional requirements for submitting an sNDA, to expand cytisinicline for the treatment for vaping cessation. The FDA was in alignment on the proposed Phase 3 study design, including the inclusion/exclusion criteria, primary and secondary efficacy objectives, definition of vaping abstinence with biochemical verification, and other overall study assessments. The FDA agreed that one well-controlled Phase 3 trial, in addition to our completed Phase 2 ORCA-V1 trial and the safety exposure data from our ongoing ORCA-OL trial, would be sufficient for a vaping cessation indication as an sNDA.

Non-Clinical Program Supportive of IND and Phase 3 Clinical Development

Non-clinical toxicology studies were sponsored by the NCCIH and by the NCI, to assist in our IND for investigating cytisinicline as a smoking cessation treatment. We filed this IND for cytisinicline with the FDA in 2017, which included the NCCIH sponsored non-clinical studies. Additional NCCIH and NCI sponsored non-clinical toxicology studies that evaluated reproductive toxicology were later submitted in support of our Phase 3 program.

In December 2017, we initiated a series of drug metabolism, drug-to-drug interaction, and transporter studies of cytisinicline and results from these studies were announced in June 2018. These studies demonstrated that cytisinicline has no clinically significant interaction with any of the hepatic enzymes commonly responsible for drug metabolism nor clinically significant interaction with drug transporters. This suggests that cytisinicline may be administered with other medications without the need to modify the dose of any co-administered medications.

In addition, company sponsored non-clinical toxicology studies that evaluated longer cytisinicline exposure beyond one month to at least three months were submitted in 2020 prior to initiating our Phase 3 studies.

Non-clinical toxicology studies that are required for an NDA, including two longer-term chronic toxicology studies and two carcinogenicity studies, have been completed and submitted to the FDA.

Ongoing Company-Sponsored Clinical Trial

Ongoing Open Label ORCA-OL Trial

In May 2024 we initiated the ORCA-OL open label exposure trial. The trial is designed to provide long-term cytisinicline safety exposure data from subjects who currently smoke or use nicotine e-cigarettes and will receive cytisinicline treatment for up to one year. Cumulative 6-month exposure data from this study is required for submission of our cytisinicline NDA.

ORCA-OL is designed to evaluate the long-term exposure of 3 mg cytisinicline treatment dosed three times daily in U.S. adults who want to quit smoking or vaping. In October 2024, we announced that the trial completed enrollment of 479 subjects at 29 clinical trial sites across the United States. We enrolled subjects who had previously participated in the ORCA-program studies. Participants were contacted to enroll in the ORCA-OL study if they were currently using either, or both, combustible cigarettes or nicotine containing e-cigarettes (vaping). Subjects receive cytisinicline treatment and are monitored for safety events for up to one year. The primary endpoint is frequency of serious adverse events, or SAEs. Other safety and efficacy outcomes will be collected.

Based on agreement with the FDA to follow ICH E1 guidance for longer-term safety exposure for pharmaceuticals, results of the ORCA-OL trial are expected to meet the FDA requirement to provide safety data on a minimum of 300 subjects treated with cytisinicline for a cumulative period of six months as part of the anticipated NDA submission. Subsequently, data on at least 100 subjects treated for a total cumulative period of one year will be provided prior to potential product approval. ORCA-OL is being conducted at 29 clinical trial sites across the United States, all of which participated in previous ORCA-program clinical trials.

In January 2025, we announced that the ORCA-OL trial had reached the goal of at least 300 subjects completing six months of cumulative cytisinicline treatment. The safety data from the 300 subjects treated with cytisinicline for a cumulative period of six months will be in included in our planned NDA submission at the end of the second quarter of 2025.

CLINICAL DEVELOPMENT PROGRAM

Company-Sponsored Completed Phase 1 Trials

Food Effect Phase 1 Trials

In August 2017, we initiated our IND with a Phase 1 clinical study evaluating the effect of food on the bioavailability of cytisinicline in normal healthy volunteers. We completed the food effect study and announced the results in November of 2017 demonstrating similar bioavailability of cytisinicline in fed and fasted subjects.

In 2018, Sopharma commercially launched a newly formulated cytisinicline tablet with improved shelf life in their territories. In May 2018, we initiated a study to evaluate the effect of food on the bioavailability of cytisinicline in volunteer smokers using this new formulation and data results were announced in September 2018. The study demonstrated similar bioavailability of cytisinicline in fed and fasted subjects. Cytisinicline was extensively absorbed after oral administration with maximum cytisinicline concentration levels observed in the blood within less than two hours with or without food. Total excretion levels of cytisinicline also remained equivalent in both the fed and fasted states.

In 2023, we evaluated our planned commercial 3 mg formulated cytisinicline tablet in a 2-part Phase 1 clinical study with the first part evaluating the effect of food on the bioavailability of the 3 mg tablet in volunteer smokers. The study demonstrated similar bioavailability of cytisinicline in fed and fasted subjects and total excretion levels of cytisinicline also remained equivalent in both the fed and fasted states.

In all Phase 1 Food Effect studies, cytisinicline was well tolerated.

Other Phase 1 Safety Trials

In October 2017, we initiated a clinical study assessing the repeat-dose PK and pharmacodynamics, or PD, effects of 1.5 mg and 3 mg cytisinicline in 26 healthy volunteer smokers when administered over the 25-day downward titration regimen as marketed by Sopharma in their territories. Final results were presented at the Annual Meeting of the Society for Research on Nicotine and Tobacco, or SRNT, in February 2019. All 26 subjects completed the study. Predictable increases in plasma cytisinicline concentrations were observed with increasing unit dosing from 1.5 mg to 3 mg. Smokers in the study were not required to have a designated or predetermined quit date. Overall, subjects had an 80% reduction in cigarettes smoked, 82% reduction in expired CO, and 46% of the subjects achieved biochemically verified smoking abstinence by day 26. Subjects who received 3 mg cytisinicline over the 25 days

had a trend for higher smoking abstinence compared to subjects who received 1.5 mg cytisinicline. The AEs observed were mostly mild with transient headaches as the most commonly reported event. No serious adverse effects, or SAEs, were observed in the study.

In March 2019, we initiated a clinical trial to evaluate the dose limiting AEs that would define the maximum tolerated dose, or MTD, for a single administered oral dose of cytisinicline. This study evaluated smokers who received one single dose of cytisinicline. The starting dosage of cytisinicline was 6 mg and was to be increased in separate groups of subjects for each escalated dose level until defined stopping criteria (based on the occurrence of dose-limiting AEs) were reached. A safety review after each dose level was performed by an independent Data Safety Monitor Committee, or DSMC, before escalation to the next dose level. Six dose levels were pre-planned with 21 mg cytisinicline as the highest dose level. When the MTD was not reached at 21 mg, the study was amended to evaluate doses up to 30 mg, as recommended by the DSMC. At this 30 mg dose, the stopping criteria of dose-limiting AEs were still not met, but the DSMC recommended stopping the study since the frequency of gastrointestinal symptoms were approaching an MTD level. The results were reviewed with the FDA, with an agreement that further escalation beyond the single 30 mg dose was not required. This Phase-1 study fulfills an FDA requirement to evaluate potential safety issues in the event patients exceed a recommended single dose outside of a clinical trial setting.

Three additional Phase 1 clinical studies were conducted in 2022 and 2023 for the NDA: one pharmacokinetics, or PK, study to evaluate for any increased cytisinicline blood levels in subjects who have various levels of renal impairment; another PK study to determine various remaining PK parameters for the 3 mg TID cytisinicline regimen, including the timing of steady state dosing; and a cardiac safety study to evaluate for any effects of cytisinicline on QT interval prolongation. All 3 studies have been completed.

The renal impairment study demonstrated that cytisinicline is excreted unchanged in urine and the pharmacokinetics of cytisinicline are dependent on renal function. Cytisinicline was generally observed to be well tolerated in subjects with varying degrees of renal impairment compared to subjects with normal renal function.

The PK study demonstrated that the 3mg cytisinicline TID dosing regimen reached steady state cytisinicline pharmacokinetics by the second day of TID administration.

The cardiac safety QT/QTc study evaluating therapeutic and supratherapeutic high doses of cytisinicline demonstrated that cytisinicline has no clinically relevant effect on QT interval prolongation or cardiac repolarization.

Company-Sponsored Completed Phase 2 Trials

Phase 2b ORCA-1 Trial for Smoking Cessation

We conducted the Phase 2b ORCA-1 dose selection trial, which was initiated in October 2018 and evaluated 254 smokers in the United States. The trial evaluated both 1.5 mg and 3 mg doses of cytisinicline on the standard declining titration schedule as well as a more simplified TID dosing schedule, both over 25 days. The trial was randomized and blinded to compare the effectiveness of the cytisinicline doses and schedules to respective placebo groups. All subjects were treated for 25 days, provided behavioral support, and followed up for an additional four weeks to assess smoking abstinence.

The primary endpoint in the study was the reduction in daily smoking, a self-reported measure. Three of the four cytisinicline treatment arms demonstrated a statistically significant improvement, $p<0.05$, compared to placebo. The fourth arm trended to significance ($p= 0.052$). Across all treatment arms, over the 25-day treatment period, subjects on cytisinicline experienced a 74-80% median reduction in the number of cigarettes smoked, compared to a 62% reduction in the placebo arms.

The secondary endpoint of the trial was a 4-week continuous abstinence rate, which is the more relevant endpoint for regulatory approval. All cytisinicline treatment arms showed significant improvements in abstinence rates compared to the placebo arms. Notably, the 3 mg TID cytisinicline arm demonstrated a 50% abstinence rate at week 4, compared to 10% for placebo ($p<0.0001$) and a continuous abstinence rate, weeks 5 through 8, of 30% for cytisinicline compared to 8% for placebo ($p= 0.005$). Smokers in the 3 mg TID arm had an Odds Ratio, or OR, of 5.04 (95% CI: 1.42, 22.32) for continuous abstinence from week 5 to week 8, compared with placebo, meaning, smokers receiving 3 mg cytisinicline TID were five times more likely to stop smoking compared to smokers receiving placebo.

At week 4, all four cytisinicline arms also demonstrated statistically significant ($p<0.05$) reductions in expired carbon monoxide, or CO, a biochemical measure of smoking activity. Expired CO levels had declined by a median of 71-80% in the cytisinicline treatment arms, compared to only 38% in the placebo arms.

Cytisinicline was well-tolerated with no SAEs reported. The most commonly reported (>5%) adverse events, or AEs, across all cytisinicline treatment arms versus placebo arms were abnormal dreams, insomnia, upper respiratory tract infections, and nausea. In

the 3 mg TID treatment arm versus placebo arms, the most common AEs were abnormal dreams, insomnia, and constipation (each 6% vs 2%), upper respiratory tract infections (6% vs 14%), and nausea (6% vs 10%), respectively. Compliance with study treatment was greater than 94% across all arms.

A summary of AEs reported in subjects in the ORCA-1 trial is included in the table below.

	TID		**Declining Titration**		**Pooled**	
	1.5 mg (n=52)	**3.0 mg (n=50)**	**1.5 mg (n=51)**	**3.0 mg (n=50)**	**Cytisinicline (n=203)**	**Placebo (n=51)**
At least 1 AE	20 (39%)	21 (42%)	29 (57%)	23 (46%)	93 (46%)	24 (47%)
URTI	5 (10%)	3 (6%)	3 (6%)	2 (4%)	13 (6%)	7 (14%)
Abnormal dreams	4 (8%)	3 (6%)	4 (8%)	7 (14%)	18 (9%)	1 (2%)
Nausea	1 (2%)	3 (6%)	5 (10%)	3 (6%)	12 (6%)	5 (10%)
Insomnia	4 (8%)	3 (6%)	3 (6%)	4 (8%)	14 (7%)	1 (2%)
Headache	6 (12%)	2 (4%)	1 (2%)	1 (2%)	10 (5%)	2 (4%)
Fatigue	3 (6%)	1 (2%)	1 (2%)	2 (4%)	7 (3%)	2 (4%)
Constipation	1 (2%)	3 (6%)	0 (0%)	0 (0%)	4 (2%)	1 (2%)

The outcome of the ORCA-1 trial was the selection of 3 mg TID for Phase 3 development. Overall, the 3 mg dose administered TID demonstrated the best overall safety and efficacy when compared to other doses and administrations studies in ORCA-1. The results from ORCA-1 study were published in the journal Nicotine and Tobacco Research in 2021.

Phase 2 ORCA-V1 Trial for E-cigarette (Vaping) Cessation

In June 2022, following NIDA/NIH review of completed regulatory and clinical operational milestones plus acceptance of the IND by the FDA, we announced that we were awarded the next grant funding from NIDA in the amount of approximately $2.5 million. The full grant award of $2.8 million covered approximately half of the total ORCA-V1 clinical study costs. The Primary Investigators for the grant were Dr. Cindy Jacobs, our President and Chief Medical Officer, and Dr. Nancy Rigotti, Professor of Medicine at Harvard Medical School and Director, Tobacco Research and Treatment Center, Massachusetts General Hospital.

In June 2022, we announced the initiation of the Phase 2 ORCA-V1 clinical trial. In April 2023, we reported positive topline results showing a statistically significant vaping cessation benefit for cytisinicline-treated participants in the ORCA-V1 trial.

ORCA-V1 evaluated 160 adults who used e-cigarettes on a daily basis at five clinical trial locations in the United States. ORCA-V1 participants were randomized to receive 3 mg cytisinicline three times daily or placebo for 12 weeks in combination with standard cessation behavioral support.

The primary endpoint for ORCA-V1 was biochemically verified continuous abstinence from nicotine e-cigarette use, measured during the last 4 weeks of treatment. Subjects who received 12 weeks of cytisinicline treatment had 2.64 times higher odds, or likelihood, to

have quit vaping during the last four weeks of treatment compared to subjects who received placebo (p=0.04). The vaping cessation rate during weeks 9 through 12 was 31.8% for cytisinicline compared to 15.1% for placebo. A benefit in favor of cytisinicline was consistently observed across the secondary endpoints. Additionally, a cessation benefit was observed for cytisinicline across clinical trial sites and participant demographics such as age, gender, race, or whether they had smoked cigarettes in the past.

Cytisinicline was well tolerated and no SAEs were reported. Similar rates of AEs were observed between treatment arms (54.7% in the placebo arm vs. 50.9% in the cytisinicline arm). The most commonly reported (>5%) AEs in the placebo arm, in order of frequency, were nausea, COVID-19 infection, headache, anxiety, and upper respiratory tract infection. In the cytisinicline arm, >5% AEs reported, in order of frequency, were sleep disturbances, anxiety, headache, fatigue, and upper respiratory tract infection.

ORCA-V1 trial results were presented at the Society for Research on Nicotine and Tobacco, or SRNT, European Annual Meeting in September 2023, the SRNT U.S. Annual Meeting in March 2024, the Society of General Internal Medicine U.S. Annual Meeting in May 2024 and final study results were published in the Journal of the American Medical Association, or JAMA, Internal Medicine in May 2024.

Company-Sponsored Phase 3 Clinical Trials for Smoking Cessation Indication

Completed Phase 3 ORCA-2 Trial

In April 2022, we announced positive topline results for the Phase 3 ORCA-2 clinical trial. ORCA-2 was initiated in October 2020 and evaluated the efficacy and safety of 3 mg cytisinicline dosed three times daily compared to placebo in 810 adult smokers at 17 clinical sites in the United States. ORCA-2 participants were randomized to one of three study arms to determine the smoking cessation efficacy and safety profile of cytisinicline when administered for either 6 or 12 weeks, compared to placebo. All subjects received standard behavioral support and were assigned to one of the following groups:

- Arm A: 12 weeks of placebo
- Arm B: 6 weeks of cytisinicline, followed by 6 weeks of placebo
- Arm C: 12 weeks of cytisinicline

The ORCA-2 study had two independent primary endpoints that evaluated for successful smoking cessation for both 6-week and 12-week durations of cytisinicline treatment, compared to placebo. The primary endpoints for ORCA-2 were biochemically verified continuous smoking cessation measured during the last 4 weeks of each treatment duration. Both the 6- and 12-week cytisinicline treatments demonstrated significantly better quit rates than placebo with ORs of 8.0 and 6.3, respectively.

- Subjects who received 12 weeks of cytisinicline treatment had 6.3 times higher odds, or likelihood, to have quit smoking during the last 4 weeks of treatment compared to subjects who received placebo (p<0.0001). The abstinence rate during weeks 9-12 was 32.6% for cytisinicline compared to 7.0% for placebo.
- Subjects who received 6 weeks of cytisinicline treatment had 8.0 times higher odds, or likelihood, to have quit smoking during the last 4 weeks of treatment compared to subjects who received placebo (p<0.0001). The abstinence rate during weeks 3-6 was 25.3% for cytisinicline compared to 4.4% for placebo.

The secondary endpoints measured continuous smoking abstinence after treatment out to 24 weeks. Both the 6- and 12-week secondary endpoints for continuous abstinence demonstrated significantly better quit rates for cytisinicline treated subjects than placebo. The continuous abstinence rate from week 9 to 24 was 21.1% for the 12-week cytisinicline arm compared to 4.8% for placebo, with an OR of 5.3 (p<0.0001). The continuous abstinence rate from week 3 to 24 was 8.9% for the 6-week cytisinicline arm compared to 2.6% for placebo, with an OR of 3.7 (p=0.0016).

A third secondary endpoint compared the two cytisinicline treatment arms and evaluated for an increased risk in relapse from week 6 to week 24 when subjects were switched to placebo during week 6 to week 12 (Arm B) instead of receiving cytisinicline for another 6 weeks during week 6 to week 12 (Arm C). The analysis showed that there was no increased risk of smoking relapse in subjects who had successfully quit smoking by week 3 through week 6 if they received placebo instead of continuing cytisinicline from week 6 to week 12.

Cytisinicline was well tolerated with no treatment-related SAEs reported. The most commonly reported AEs (occurring greater than 5% overall in the study) for placebo, 6-week cytisinicline, and 12-week cytisinicline are shown in the following table:

	Placebo	6-Weeks Cytisinicline	12-Weeks Cytisinicline
Insomnia	4.8%	8.6%	9.6%
Abnormal Dreams	3.0%	8.2%	7.8%
Headaches	8.1%	6.7%	7.8%
Nausea	7.4%	5.9%	5.6%

Additional analyses from the ORCA-2 trial were presented at the SRNT annual meeting in March 2023 and final study results were published in JAMA in July 2023.

Completed Phase 3 ORCA-3 Trial

In May 2023, we announced positive topline results for our Phase 3 ORCA-3 clinical trial. ORCA-3 was initiated in January 2022 and was a confirmatory Phase 3 trial required for registrational approval of cytisinicline in the United States and had the same design as the Phase 3 ORCA-2 trial. This Phase 3 trial evaluated the efficacy and safety of 3 mg cytisinicline dosed three times daily compared to placebo in 792 adult smokers at 20 clinical sites. ORCA-3 participants were randomized to one of three study arms to evaluate cytisinicline administered for either 6 or 12 weeks, compared to placebo. All subjects received standard behavioral support and were assigned to one of the following groups:

- Arm A: 12 weeks of placebo
- Arm B: 6 weeks of cytisinicline, followed by 6 weeks of placebo
- Arm C: 12 weeks of cytisinicline

The primary outcome measure of success in the ORCA-3 trial was biochemically verified continuous smoking cessation during the last four weeks of treatment in the 6 and 12-week cytisinicline treatment arms compared with placebo. Each treatment arm was compared independently to the placebo arm. Secondary outcome measures were conducted to assess continued smoking abstinence rates through six months from the start of study treatment.

Primary endpoint:

- Subjects who received 12 weeks of cytisinicline treatment had 4.4 times higher odds, or likelihood, to have quit smoking during the last 4 weeks of treatment compared to subjects who received placebo ($p<0.0001$). The smoking cessation rate during weeks 9 through 12 was 30.3% for cytisinicline compared to 9.4% for placebo.
- Subjects who received 6 weeks of cytisinicline treatment had 2.85 times higher odds, or likelihood, to have quit smoking during the last 4 weeks of treatment compared to subjects who received placebo ($p=0.0008$). The smoking cessation rate during weeks 3 through 6 was 14.8% for cytisinicline compared to 6% for placebo.

Secondary endpoint:

- The continuous smoking cessation rate from week 9 to week 24 was 20.5% for the 12-week cytisinicline arm compared to 4.2% for placebo, with an odds ratio of 5.79 ($p<0.0001$).
- The continuous smoking cessation rate from week 3 to week 24 was 6.8% for the 6-week cytisinicline arm compared to 1.1% for placebo, with an odds ratio of 6.25 ($p=0.0006$).

The third secondary endpoint compared the two cytisinicline treatment arms for an increased risk in relapse from week 6 to week 24 when subjects were switched to placebo during week 6 to week 12 (Arm B) instead of receiving cytisinicline for another 6 weeks during week 6 to week 12 (Arm C). The analysis showed that there was no increased risk of smoking relapse in subjects who had successfully quit smoking by week 3 through week 6 and switched to placebo.

ORCA-3 subjects had an average age of 53 years, smoked a median of 20 cigarettes per day at baseline, and had a median smoking history of 36 years with 4 prior quit attempts.

Similar to ORCA-2 findings, cytisinicline was well-tolerated with no treatment-related SAEs reported. The most commonly reported (>5% overall) AEs for placebo, 6-week cytisinicline, and 12-week cytisinicline are shown in the following table:

	Placebo	6-Weeks Cytisinicline	12-Weeks Cytisinicline
Insomnia	7.6%	11.0%	11.9%
Abnormal Dreams	5.7%	9.1%	7.7%
Nausea	7.3%	9.5%	6.9%
Headaches	6.1%	7.6%	8.5%

OVERVIEW OF SMOKING CESSATION MARKET AND TREATMENT OPTIONS

Overview of the Tobacco Epidemic

Smoking remains the leading cause of preventable death worldwide and in the United States. The World Health Organization, or WHO, estimates that there are approximately 1.3 billion tobacco users globally and that tobacco kills more than 8 million people each year. More than 7 million of those deaths are the result of direct tobacco use, while around 1.3 million are the result of non-smokers being exposed to second-hand smoke. In the United States alone, cigarette smoking is responsible for more than 480,000 deaths every year, or about one in five deaths.

The Centers for Disease Control and Prevention, or CDC, estimates that the annual cost of smoking related illnesses in the United States is more than $600 billion in direct medical care and lost productivity. Over 16 million people in the United States are living with a disease caused by smoking. Among these diseases are cancer, heart disease, stroke, lung diseases, diabetes and chronic obstructive pulmonary disease which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases and problems of the immune system, including rheumatoid arthritis. More than 87% of lung cancer deaths, 61% of all pulmonary disease deaths, and 32% of all deaths from coronary heart disease are attributable to smoking and exposure to secondhand smoke according to the CDC. Tobacco smoking is highly addictive, and research suggests that nicotine may be as addictive as heroin, cocaine and alcohol. The CDC estimates that more people in the United States are addicted to nicotine than any other drug and reports that, historically, nearly 70% of smokers desired to quit and 55% made an attempt to do so in the prior year. Despite the high number of attempts, fewer than one in ten people are successful in their attempt to quit each year. Additionally, up to 60% of people who quit smoking relapse in the first year.

One increasingly popular alternative to smoking is the use of e-cigarettes, or vaping, which deliver liquid nicotine into a mist or vapor which is inhaled. This method of consumption avoids the chemicals that are associated with cigarette smoke but may have other associated health and safety issues. The emerging use of e-cigarettes is contributing to the growing population of people who are addicted to nicotine.

According to data from the National Health Interview Survey, published by the CDC in May 2023, it is estimated that more than 11 million adults in the United States used e-cigarettes in 2021.

A study that we conducted and that was presented at the 2021 SRNT Annual Meeting, showed results from surveying approximately 500 users of nicotine vaping devices or e-cigarettes with approximately 73% of participants responding that they intend to quit vaping within the next three to 12 months. Of those who intended to quit even sooner, within the next 3 months, more than half stated they would be extremely likely to try a new prescription product to help them do so. Further, survey data published in JAMA Network Open in 2021, found that 61% of adult vape users overall endorsed future plans to quit. Intentions to quit were highest, reported at 66%, in those survey participants who were former cigarette smokers and currently using vape devices.

We believe that cytisinicline, if approved, could be the first prescription drug indicated for vape and e-cigarette users who are ready to quit their nicotine dependence.

Overview of Smoking Cessation Marketplace & Treatments

According to DelveInsight's 2020 report "Smoking Cessation Market Insights, Epidemiology and Market Forecast", global revenues for prescription smoking cessation therapies are estimated to reach $5.6 billion by 2030. In 2023, approximately 8 million prescriptions were written for smoking cessation in the United States alone.

Only two non-nicotine, prescription treatments for smoking cessation are currently available in the United States: "varenicline" (formerly marketed by Pfizer as Chantix) and "bupropion" (formerly marketed by GlaxoSmithKline as Zyban). Both are currently available as generic formulations. Varenicline requires a minimum three-month treatment period and bupropion is recommended for a period between seven and 12 weeks. While both have been proven effective in aiding smoking cessation, they are also associated with significant side effects and early discontinuations from treatment. Varenicline's labeling indicates elevated instances of nausea, abnormal dreams, constipation, flatulence, and vomiting may be experienced by varenicline-treated patients compared to placebo-treated patients, and buproprion's product label discloses potential adverse reactions including insomnia, rhinitis, dry mouth, dizziness, nervous disturbance, anxiety, nausea, constipation, arthralgia and seizures. High uptake into the brain combined with activity at "off target" receptors could be responsible for varenicline's adverse event profile.

In June 2021, Pfizer Inc. halted the distribution of Chantix (varenicline) after heightened levels of a nitrosamine impurity, called N-nitroso-varenicline, which were above the FDA's acceptable daily intake limit, were found in some lots of Chantix pills. Long-term use of products with N-nitroso-varenicline may be associated with a potential increased cancer risk in humans. In September 2021, Pfizer announced a nationwide recall in the United States of all lots of Chantix and have also withdrawn the product in other countries around the globe. Prior to market withdrawal and launch of generic Chantix (varenicline), global sales of branded Chantix peaked at $1.1 billion. Of those sales, approximately 75% were attributable to the U.S. market.

The vast majority of OTC smoking cessation aids are NRTs. NRTs come in many forms, including gums, lozenges and patches, and have been shown to be less effective than prescription drugs. For example, a Cochrane Group independent database review of nicotine receptor partial agonists published in 2016 compared varenicline with a number of NRTs and varenicline has been proven to be more effective than the NRTs, as demonstrated in head-to-head studies.

We believe that cytisinicline represents a unique opportunity to significantly impact global health by addressing the considerable unmet need among millions of smokers and e-cigarettes users. If approved by the FDA, it stands to become the first new prescription medicine in nearly two decades aimed at aiding individuals in overcoming nicotine dependence. With its product profile, cytisinicline is positioned to offer a novel solution characterized by robust efficacy in our clinical trials, without the burdensome side effects which have hindered compliance and adoption with current treatments. Additionally, its dosing flexibility with a 6 or 12-week regimen, along with its natural derivation, is perceived favorably by certain potential patients.

LICENSE & SUPPLY AGREEMENTS

Sopharma

In 2009 and 2010, we entered into a license agreement, or the Sopharma License Agreement, and a supply agreement, or the Sopharma Supply Agreement, with Sopharma. Pursuant to the Sopharma License Agreement, we were granted access to all available manufacturing, efficacy and safety data related to cytisinicline, as well as a granted patent in several European countries including Germany, France and Italy related to oral dosage forms of cytisinicline. Additional rights granted under the Sopharma License Agreement include the exclusive use of, and the right to sublicense, the trademark Tabex in all territories—other than certain countries in Central and Eastern Europe, Scandinavia, North Africa, the Middle East and Central Asia, as well as Vietnam, where Sopharma or its affiliates and agents already market Tabex—in connection with the marketing, distribution and sale of products. Under the Sopharma License Agreement, we agreed to pay a nonrefundable license fee. In addition, we agreed to make certain royalty payments equal to a mid-teens percentage of all net sales of Tabex branded products in our territory during the term of the Sopharma License Agreement, including those sold by a third party pursuant to any sublicense which may be granted by us. We have agreed to cooperate with Sopharma in the defense against any actual or threatened infringement claims with respect to Tabex. Sopharma has the right to terminate the Sopharma License Agreement upon the termination or expiration of the Sopharma Supply Agreement. The Sopharma License Agreement will also terminate under customary termination provisions including bankruptcy or insolvency and material breach. To date, any amounts paid to Sopharma pursuant to the Sopharma License Agreement have been immaterial.

A cross-license exists between us and Sopharma whereby we grant to Sopharma rights to any patents or patent applications or other intellectual property rights filed by us in Sopharma territories.

On May 14, 2015, we and Sopharma entered into an amendment to the Sopharma License Agreement. Among other things, the amendment to the Sopharma License Agreement reduced the royalty payments payable by us to Sopharma from a percentage in the mid-teens to a percentage in the mid-single digits and extended the term of the Sopharma License Agreement until May 26, 2029.

On July 28, 2017, we and Sopharma entered into the amended and restated Sopharma Supply Agreement. Pursuant to the amended and restated Sopharma Supply Agreement, for territories as detailed in the licensing agreement, we will exclusively purchase all of our cytisinicline from Sopharma, and Sopharma agrees to exclusively supply all such cytisinicline requested by us, and we extended the term to 2037. In addition, we will have full access to the cytisinicline supply chain and Sopharma will manufacture sufficient cytisinicline to meet a forecast for a specified demand of cytisinicline for the five years commencing shortly after the commencement

of the agreement, with the forecast to be updated regularly thereafter. Each of us and Sopharma may terminate the Sopharma Supply Agreement in the event of the other party's material breach or bankruptcy or insolvency.

Share Purchase Agreement

On May 14, 2015, we entered into a Share Purchase Agreement with Sopharma to acquire 75% of the outstanding shares of Extab Corporation for $2.0 million in cash and $2.0 million in a deferred payment, contingent on regulatory approval of cytisinicline by the FDA or the European Medicines Agency. The fair value of the contingent consideration on the acquisition date was nil. The contingent consideration liability is measured at fair value in our financial statements (see Note 2 "Significant Accounting Policies, Sopharma Share Purchase Agreement Contingent Consideration" in the accompanying consolidated Financial Statements).

University of Bristol

In July 2016, we entered into a license agreement with the University of Bristol, or the University of Bristol License Agreement. Under the University of Bristol License Agreement, we received exclusive and nonexclusive licenses from the University of Bristol to certain patent and technology rights resulting from research activities into cytisinicline and its derivatives for use in smoking cessation, including a number of patent applications related to novel approaches to cytisinicline binding at the nicotinic receptor level. Any patents issued in connection with these applications would be scheduled to expire on February 5, 2036, at the earliest.

In consideration of rights granted by the University of Bristol, we agreed to pay amounts of up to $3.2 million, in the aggregate, tied to a financing milestone and to specific clinical development and commercialization milestones resulting from activities covered by the University of Bristol License Agreement. Additionally, if we successfully commercialize product candidates subject to the University of Bristol License Agreement, we are responsible for royalty payments in the low-single digits and payments up to a percentage in the mid-teens of any sublicense income, subject to specified exceptions, based upon net sales of such licensed products.

On January 22, 2018, we and the University of Bristol entered into an amendment to the University of Bristol License Agreement. Pursuant to the amended University of Bristol License Agreement, we received exclusive rights for all human medicinal uses of cytisinicline across all therapeutic categories from the University of Bristol from research activities into cytisinicline and its derivatives. In consideration of rights granted by the amended University of Bristol License Agreement, we agreed to pay an initial amount of $37,500 upon the execution of the amended University of Bristol License Agreement, and additional amounts of up to $1.7 million, in the aggregate, tied to a financing milestone and to specific clinical development and commercialization milestones resulting from activities covered by the amended University of Bristol License Agreement, in addition to amounts under the original University of Bristol License Agreement of up to $3.2 million in the aggregate, tied to specific financing, development and commercialization milestones. Additionally, if we successfully commercialize any product candidate subject to the amended University of Bristol License Agreement or to the original University of Bristol License Agreement, we will be responsible, as provided in the original University of Bristol License Agreement, for royalty payments in the low-single digits and payments up to a percentage in the mid-teens of any sublicense income, subject to specified exceptions, based upon net sales of such licensed products. Up to December 31, 2024, we had paid the University of Bristol $125,000 pursuant to the University of Bristol License Agreement.

Unless otherwise terminated, the University of Bristol License Agreement will continue until the earlier of July 2036 or the expiration of the last patent claim subject to the University of Bristol License Agreement. We may terminate the University of Bristol License Agreement for convenience upon a specified number of days' prior notice to the University of Bristol. The University of Bristol License Agreement will terminate under customary termination provisions including bankruptcy or insolvency or its material breach of the agreement. Under the terms of the University of Bristol License Agreement, we had provided 100 grams of cytisinicline to the University of Bristol as an initial contribution.

Summary of Milestone and Contingent Obligations by Product Candidate

The following table sets forth the milestones and contingent obligations that we may be required to pay to third parties under the license and share purchase agreements described above. As described above, we will also be required to pay certain revenue-based royalties with respect to our product candidate.

Milestone Obligations to Third Parties	Amount Payable
University of Bristol	Up to $4,837,500(1)
Sopharma AD	$2,000,000(2)

(1) Payable in connection with specific financing, development and commercialization milestones.
(2) Payable contingent on regulatory approval by the FDA or EMA.

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Abeona Therapeutics Inc.

Physical Address: 6555 Carnegie Ave, 4th Floor

City: Cleveland State: OH Zip: 44103

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

City: _____ State: _____ Zip: _____

Telephone: 216-586-5554 Website: www.abeonatherapeutics.com

Name of Designated Representative (DR): Brian M. Kevany

Licensing Company Email: bkevany@abeonatherapeutics.com DR Email: bkevany@abeonatherapeutics.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: Own label distributor

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

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

This is in response to Question # 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

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: Life Technologies (ThermoFisher Scientific)
Address: 5871 Van Allen Way City: Carlsbad State: CA Zip: 92008

Name: VMR International, LLC
Address: 100 Matsonford Rd City: Radnor State: PA Zip: 19087

Name: EMD Millipore Corporation
Address: 400 Summit Drive City: Burlington State: MA Zip: 01803

Name: Global Life Sciences Solutions USA (fka Cytiva/Pall)
Address: 100 Results Way City: Marlborough State: MA Zip: 01752

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): N/A
Corporation Name: Abeona Therapeutics Inc.
Mailing Address: 6555 Carnegie Ave, 4th Floor
City: Cleveland State: OH Zip: 44103
Telephone: 216-586-5554 Email: bkevany@abeonatherapeutics.com
Contact Person Name: Carl Denny

Date of SEC Registration: 3/29/2000	SEC Registration Number: 0000318306	Stock Exchange Symbol: ABEO

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Abeona Therapeutics Inc.

Facility Name

Brendan O'Malley

Print Name of Authorized Person Submitting Application

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

10/6/2025

Date

Board Use Only	Date Received: 12/3/25	Amount: $1000 - CK 663996

An official website of the United States government Here's how you know

FDA

Home > Drug Databases > DECRS > Search Result

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Drug Establishments Current Registration Site

New Search

Search Results for *abeona*

Showing 1 to 1 of 1 entry Show 50 ent

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Abeona Therapeutics Inc.	3008334517	010614386	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK	6555 Carnegie Ave. 4th Floor, Cleveland, Ohio (OH) 44103, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Tuesday, Jul 01, 2025

New Search

Abeona Therapeutics Inc.
6555 Carnegie Ave, 4th Floor, Cleveland, OH 44103 USA

LIST OF OFFICERS

Vishwas Seshadri - Chief Executive Officer (President)

Joseph Vazzano - Chief Financial Officer (Treasurer)

Brendan O'Malley - Chief Legal Officer

Alison Hardgrove - Chief People Officer

Brian Kevany - Chief Technical Officer & Chief Scientific Officer

Madhav Vasanthavada - Chief Commercial Officer

Top 4 corporation shareholders

Name	Percentage of ownership
Nantahala Capital Management, LL	9.99
Adage Capital Management, L.P.	8.6
BlackRock, Inc.	5.8
James Russel Revocable Trust	5.3

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABEONA THERAPEUTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2025.

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.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2200172 8300

SR# 20254728594

Authentication: 205475473

Date: 12-02-25

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

Ohio Board of Pharmacy

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2027.

Abeona Therapeutics Inc.

6555 Carnegie Ave 4th Fl

Cleveland, OH 44103-4637

License Number: 0152000057

License Type: Manufacturer - Category 3

Sub-Category: MF – Manufacturer

Expiration Date: June 30, 2027

Responsible Person – Print, sign, and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
Brian M. Kevany	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request in eLicense Ohio - elicense.ohio.gov.

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

First Name	Last Name	Employment Category
Sarah	Abdelwahab	Full Time
Larissa	Adams	Full Time
Mansi	Advani	Full Time
Ali	Aljassabi	Full Time
Damon	Allen	Full Time
Lydia	Alliman	Full Time
Jonathan	Arnott	Full Time
Juliana	Ayala	Full Time
Sawyer	Baker	Full Time
Cydnie	Barrientos	Full Time
Jennifer	Bellisario	Full Time
Shriya	Bhushan	Full Time
Grace	Bizzell	Full Time
Matthew	Blackburn	Full Time
Curtis	Bordwell	Full Time
Kyla	Bournigal	Full Time
Ryan	Bournigal	Full Time
Maurice	Brandon	Full Time
Daesean	Broadwater	Full Time
Dontevion	Brown	Full Time
Robert	Brown	Full Time
Charles	Burt	Full Time
Megan	Callan	Full Time
Aaron	Cardinal	Full Time
Alyna	Cascone	Full Time
Margaret	Cedzik	Full Time
Samuel	Chamberlain	Full Time
Katharine	Chambers	Full Time
Kevin	Christopher-Boysza	Full Time
Claire	Colbaugh	Full Time
Claire	Coleman	Full Time
Michael	Coles	Full Time
Hunter	Coon	Full Time
Jessica	Corvin	Full Time
Austin	Dalton	Full Time
Michaela	Davidson	Full Time
Matthew	Davis	Full Time
Shelby	Davis	Full Time
Kysler	De Guzman	Full Time
Julie	Deja	Full Time
Andrew	Dennison	Full Time
Carl	Denny	Full Time
Dominic	DePompei	Full Time
Caleigh	Desko	Full Time
Elizabeth	Dickson	Full Time
Keith	Dilly	Full Time
Phuong Vy	Doan	Full Time
Hannah	Donkers	Full Time
Desiree	Doss	Full Time
Allegra	Dukes	Full Time
Ann	Durbin	Full Time
Sara	Elias	Full Time
Kathryn	Emerson	Full Time
Kelsey	Espinosa	Full Time
Christopher	Fields	Full Time
Kristina	Foderaro	Full Time
Joseph	Fogerty	Full Time
Alexander	Ford	Full Time
Patrick	Gailliot	Full Time
Esperanza	Garcia	Full Time
Miguel	Garcia	Full Time
Andrea	Gill	Full Time
Gregory	Gin	Full Time
Rebecca	Goldstein	Full Time
Alysha	Gonzales	Full Time
Valerie	Gonzales	Full Time
Jorge	Gonzalez Rivera	Full Time
James	Gow	Full Time
Marissa	Guzzo	Full Time
Stephanie	Hall	Full Time
Rebecca	Hamrick	Full Time
Alison	Hardgrove	Full Time
Hyeon	Harris	Full Time
Eric	Hartung	Full Time
Anna	Hastwell	Full Time
Alyx	Hazen	Full Time
Joyce	Hickman	Full Time
William	Hodges	Full Time

Taylor	Howard-McCleod	Full Time
Yu-Wen	Huang	Full Time
Doan	Huynh	Full Time
Jeffrey	Huynh	Full Time
Eyitemi	Igbene	Full Time
Angela	Iheanacho	Full Time
Kate	Imhoff	Full Time
Benjamin	Ingersoll	Full Time
Vanessa	Jablonowski	Full Time
Zoe	Jaras	Full Time
Arline	Joachim	Full Time
Iesha	Jones	Full Time
Daniel	Kalinin	Full Time
Martin	Kapinski	Full Time
Daniel	Kellerman	Full Time
Brian	Kevany	Full Time
Matthew	Klos	Full Time
Emily	Kotlar	Full Time
Navneet	Kour	Full Time
Olga	Kourennaia	Full Time
Kathy	Kresmery	Full Time
Keegan	Kwiatt	Full Time
Steven	La	Full Time
Victor	Lau	Full Time
Yuexin	Li	Full Time
Daniel	Liberator	Full Time
Violeta	Lopez	Full Time
Joshua	Lung	Full Time
Spencer	Machesky	Full Time
Tamala	Mack	Full Time
Adolf Benedick	Malala	Full Time
Carmen	Maldonado	Full Time
Christina	Marotta	Full Time
Briana	Martinez-Ng	Full Time
Nicholas	Massaro	Full Time
Ryan	Matjasic	Full Time
Shane	McAnerney	Full Time
Beau	McGranahan	Full Time
Michael	McLaughlin	Full Time
Sara	Melton	Full Time
Garett	Merdes	Full Time
Clare	Mewhinney	Full Time
Abby	Meyer	Full Time
Steven	Milosic	Full Time
Paula	Miroewski	Full Time
Aminah	Mohamed Bouna	Full Time
Edwin	Montanez Cruz	Full Time
Amanda	Moore	Full Time
Rosibel	Morales-Castro	Full Time
Diva	Moronkeji	Full Time
Sean	Murello	Full Time
Benjamin	Nagle	Full Time
Leah	Nash	Full Time
Al	Nchinda	Full Time
Nele	Neckebroeck	Full Time
Devin	Neu	Full Time
Trung	Nguyen	Full Time
Erika	Nies	Full Time
John	Nissen	Full Time
Natascha	Nolet	Full Time
Barbara	Nyklel	Full Time
Brendan	O'Malley	Full Time
Jacob	Ondash	Full Time
Jose	Oquendo	Full Time
Lynn	Oreskovich	Full Time
Dagmar	Ostermann-Held	Full Time
Juan	Otero	Full Time
Lukas	Padegimas	Full Time
Ashwini	Pal	Full Time
James	Parrish	Full Time
Jahanvi	Patel	Full Time
Monil	Patel	Full Time
Snehal	Patel	Full Time
Daniel	Pereksta	Full Time
Christopher	Pierce	Full Time
Ben	Podany	Full Time
Jason	Polak	Full Time
Gina	Ponzani	Full Time
Max	Prexta	Full Time

Shammiah	Reed	Full Time
Jason	Repasy	Full Time
Paul	Repasy	Full Time
Isabella	Reyes	Full Time
Alexa	Riedel	Full Time
Edgar	Rivera	Full Time
Yeisa	Rivera	Full Time
Clarisse	Rogat	Full Time
Kaleigh	Rogers	Full Time
Daria	Rotnov	Full Time
Ela Keziah	Sanchez	Full Time
Margaret	Sargent	Full Time
Kassandra	Scott	Full Time
Robert	Scott	Full Time
Vishwas	Seshadri	Full Time
Chris	Shalaty	Full Time
Andrew	Shen	Full Time
Maksim	Sinyuk	Full Time
Natalia	Sinyuk	Full Time
Nakry	Sisowath	Full Time
Ishaam	Smith	Full Time
Suzanne	Spayd	Full Time
Kayla	Staeble	Full Time
Matthew	Starkey	Full Time
Emily	Starr	Full Time
Mary	Steben	Full Time
Ashley	Stevens	Full Time
Heather	Stitely	Full Time
Kuppan Chetty	Subramaniyan	Full Time
Sean	Syed	Full Time
Gabriel	Szalay	Full Time
Anthony	Szuch	Full Time
Brittany	Tatum	Full Time
Brandy	Thompson	Full Time
Natasha	Towne	Full Time
Paul	Troiano	Full Time
Stephanie	Underkofler	Full Time
Madhav	Vasanthavada	Full Time
Joseph	Vazzano	Full Time
Valeria	Velez	Full Time
Sylvester	Verhoff	Full Time
Radames	Villanueva	Full Time
Yvette	Von Loh	Full Time
Todd	Weatherbie	Full Time
Raytricia	Weatherless	Full Time
Dominic	Weber	Full Time
Gary	Weber	Full Time
Arthur	Weldon	Full Time
William	White	Full Time
Ethan	Whiteford	Full Time
Lauren	Whiteford	Full Time
Ashley	Widdows	Full Time
Rachel	Wiegand	Full Time
Paul	Wille	Full Time
Ben	Willis	Full Time
Melissa	Wilson	Full Time
Lily	Witlicki	Full Time
Gabrielle	Wolf	Full Time
Morgan	Wolfe	Full Time
Ryan	Wolford	Full Time
Amy	Wright	Full Time
Jordan	Wright	Full Time
Michael	Wu	Full Time
Tabitha	Yates	Full Time
Elizabeth	Zampedro	Full Time
Veronica	Zdolshek	Full Time
Robert	Gadamian	Consultant/Contractor
Matthew	Goff	Consultant/Contractor
Stacey	Agbonze	Consultant/Contractor
Nicholas	Kendra	Consultant/Contractor
Amanda	Leleszi	Consultant/Contractor
Reagan	McClain	Consultant/Contractor
Amanda	Truesdale	Consultant/Contractor
John	Taylor	Consultant/Contractor
Adi	Eldar-Lissai	Consultant/Contractor
Susan	Schneider	Consultant/Contractor

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of report (Date of earliest event reported): November 12, 2025

ABEONA THERAPEUTICS INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-15771**	**83-0221517**
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

6555 Carnegie Ave, 4th Floor
Cleveland, OH 44103
(Address of principal executive offices) (Zip Code)

(646) 813-4701
(Registrant's telephone number, including area code)

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (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))

Title of Each Class	Trading Symbol	Name of each exchange on which registered
Common Stock, $0.01 par value	**ABEO**	**The Nasdaq Capital Market**

Securities registered pursuant to Section 12(b) of the Act:

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02. Results of Operations and Financial Condition.

On November 12, 2025, Abeona Therapeutics Inc. issued a press release regarding its financial results for the quarter ended September 30, 2025. The full text of the press release is filed as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein.

The information in Item 2.02 of this Current Report on Form 8-K and Exhibit 99.1 attached hereto shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Press release dated November 12, 2025
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

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.

Abeona Therapeutics Inc.
(Registrant)

By: */s/ Joseph Vazzano*
Name: Joseph Vazzano
Title: Chief Financial Officer

Date: November 12, 2025

Exhibit 99.1



Abeona Therapeutics® Reports Third Quarter 2025 Financial Results and Corporate Updates

- First anticipated ZEVASKYN® patient treatment shifted to 4Q 2025 following implementation of optimized release assay -

- Strong and growing patient demand and treatment site network, along with broad market access provide foundation for sustainable commercial success -

- $207.5M in cash, cash equivalents, restricted cash and short-term investments as of September 30, 2025 expected to fund operations for over two years -

CLEVELAND, Nov. 12, 2025 – Abeona Therapeutics Inc. (Nasdaq: ABEO) today reported financial results and business highlights for the third quarter of 2025 and shared recent operational progress.

"We are scaling the ZEVASKYN launch to meet patient needs," said Vish Seshadri, Chief Executive Officer of Abeona. "We have strong and growing patient demand. Despite a one-quarter shift in patient starts, we remain steadfast in our 2026 launch goals. Our conviction is built on our expanding treatment site network and powerful momentum from the patient and caregiver community."

Recent Developments

ZEVASKYN (prademagene zamikeracel)

- **Product release assay optimized; patient treatment anticipated to start in 4Q'25:** During the third quarter, Abeona manufactured a full batch of drug product following patient biopsy collection in August 2025. Although the Company produced bonafide drug product, it could not be released because a rapid sterility assay, mandated by the FDA as a release assay during the final stage of the Biologics License Application (BLA) review, initially yielded a false positive result for sterility. The Company immediately implemented a temporary pause on collecting patient biopsies and worked diligently to optimize the release assay to ensure reliable results and avoid any unnecessary future lot rejections. Upon completion of assay optimization and the necessary regulatory submission for its implementation, Abeona resumed biopsy collection in November 2025. The Company now anticipates commercial product treatment starting in the fourth quarter of 2025.
- **Patients at the first two Qualified Treatment Centers (QTCs) are actively advancing through process for ZEVASKYN treatment; Patient demand growing, reflecting unmet need for ZEVASKYN:** Of the more than a dozen initial patients identified at the first two QTCs, Abeona has already received ZEVASKYN product order forms (ZPOFs) for 12 patients and they are in the process of scheduling treatments. ZEVASKYN demand has more than doubled at QTCs, with approximately 30 eligible patients now identified.
- **Strategic expansion of the QTC network with three activated centers and others progressing through onboarding:** With the recent activation of Children's Hospital Colorado (CHCO), a highly recognized epidermolysis bullosa (EB) center, there are now three activated ZEVASKYN treatment centers along with Lurie Children's Hospital of Chicago and Lucile Packard Children's Hospital Stanford. Several additional centers across the US are in various stages of site onboarding.

- **Strong early access momentum; focused on driving continued payer engagement and provider readiness:** Following ZEVASKYN approval, there has been a steady cadence of coverage decisions from commercial health plans that account for approximately 60 percent of all RDEB patients. Policies covering ZEVASKYN have been published by all major commercial payers including United Healthcare, Cigna, Aetna, Anthem, and most Blue Cross Blue Shield plans, that account for 80 percent of lives covered by commercial insurance, signaling broad and early market acceptance. In addition, the Centers for Medicare and Medicaid Services (CMS) has established a permanent Healthcare Common Procedure Coding System (HCPCS) J-code for ZEVASKYN, J3389 (Topical administration, prademagene zamikeracel, per treatment), effective January 1, 2026.

Other corporate updates

- **Pipeline program ABO-503 selected for FDA Rare Disease Endpoint Advancement (RDEA) Pilot Program:** ABO-503 gene therapy for X-linked retinoschisis (XLRS) has been selected to participate in the FDA RDEA Pilot Program. As part of the RDEA program, Abeona will have opportunities for enhanced communication and collaboration with the FDA, including frequent advice and regular ad-hoc conversations to accelerate the development and validation of product-specific novel efficacy endpoints for Abeona's XLRS program.
- **Strengthened management team with appointment of Head of Clinical Development & Medical Affairs:** Abeona appointed James A. Gow, MD, MBA, MS, MHCM, as the Senior Vice President, Head of Clinical Development & Medical Affairs. Dr. Gow has over 20 years of industry experience in clinical development and medical affairs and is a recognized expert in gene therapy, especially in ophthalmology.

Financial Results

Cash, cash equivalents, restricted cash and short-term investments totaled $207.5 million as of September 30, 2025. The current cash position, without accounting for anticipated revenue from ZEVASKYN, is expected to be sufficient to fund current and planned operations for over two years.

Research and development (R&D) spending for the three months ended September 30, 2025 was $4.2 million, compared to $8.9 million for the same period of 2024. The reduction in R&D expense was primarily due to costs capitalized into inventory and select costs, such as engineering runs and other production costs, reclassified as selling, general, and administrative (SG&A) following FDA approval of ZEVASKYN. SG&A expenses were $19.3 million for the three months ended September 30, 2025, compared to $6.4 million for the same period of 2024. In addition to the reclassification of select R&D expenses to SG&A, the increase in SG&A reflects increased headcount and professional costs associated with the commercial launch of ZEVASKYN.

Net loss was $(5.2) million for the third quarter of 2025, or $(0.10) per basic and diluted common share. Net loss in the third quarter of 2024 was $(30.3) million, or $(0.63) per basic and diluted common share.

Conference Call Details

The Company will host a conference call and webcast on Wednesday, November 12, 2025, at 8:30 a.m. ET, to discuss the financial results and corporate progress. To access the call, dial 877-545-0523 (U.S. toll-free) or 973-528-0016 (international) and Entry Code: 922481 five minutes prior to the start of the call. A live, listen-only webcast and archived replay of the call can be accessed on the Investors & Media section of Abeona's website at https://investors.abeonatherapeutics.com/events. The archived webcast replay will be available for 30 days following the call.

About Abeona Therapeutics

Abeona Therapeutics Inc. is a commercial-stage biopharmaceutical company developing cell and gene therapies for serious diseases. Abeona's ZEVASKYN® (prademagene zamikeracel) is the first and only autologous cell-based gene therapy for the treatment of wounds in adults and pediatric patients with recessive dystrophic epidermolysis bullosa (RDEB). The Company's fully integrated cell and gene therapy cGMP manufacturing facility in Cleveland, Ohio serves as the manufacturing site for ZEVASKYN commercial production. The Company's development portfolio features adeno-associated virus (AAV)-based gene therapies for ophthalmic diseases with high unmet medical need. Abeona's novel, next-generation AAV capsids are being evaluated for a variety of devastating diseases. For more information, visit www.abeonatherapeutics.com.

ZEVASKYN®, Abeona Assist™, Abeona Therapeutics®, and their related logos are trademarks of Abeona Therapeutics Inc.

Forward-Looking Statements

This press release contains certain statements that are forward-looking within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, and that involve risks and uncertainties. We have attempted to identify forward-looking statements by such terminology as "may," "will," "believe," "anticipate," "expect," "intend," "potential," and similar words and expressions (as well as other words or expressions referencing future events, conditions or circumstances), which constitute and are intended to identify forward-looking statements. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, numerous risks and uncertainties, including but not limited to, our ability to successfully commercialize and market ZEVASKYN, including manufacturing sufficient batches of ZEVASKYN to meet demand; the therapeutic potential of ZEVASKYN; whether the unmet need and market opportunity for ZEVASKYN are consistent with the Company's expectations; continued interest in our rare disease portfolio; our ability to enroll patients in clinical trials; the outcome of future meetings with and inspections by the FDA or other regulatory agencies, including those relating to preclinical programs and to the cGMP manufacturing of ZEVASKYN; the ability to achieve or obtain necessary regulatory approvals for our pre-clinical programs; the impact of any changes in the financial markets and global economic conditions, including those resulting from changes to U.S. trade policy, such as current or future tariffs; risks associated with data analysis and reporting; and other risks disclosed in the Company's most recent Annual Report on Form 10-K and subsequent periodic reports filed with the Securities and Exchange Commission. The Company undertakes no obligation to revise these forward-looking statements or to update them to reflect events or circumstances occurring after the date of this press release, whether as a result of new information, future developments or otherwise, except as required by the federal securities laws.

Contacts:

Investor and Media
Greg Gin
VP, Investor Relations and Corporate Communications
Abeona Therapeutics
ir@abeonatherapeutics.com

Investor
Lee M. Stern
Meru Advisors
lstern@meruadvisors.com

ABEONA THERAPEUTICS INC. AND SUBSIDIARIES
Condensed Consolidated Statements of Operations and Comprehensive Income
(In thousands, except share and per share amounts)
(Unaudited)

	For the three months ended September 30,		For the nine months ended September 30,	
	2025	2024	2025	2024
Revenues:				
License and other revenues	$ —	$ —	$ 400	$ —
Costs and expenses:				
Cost of sales	$ 488	$ —	$ 488	$ —
Royalties	—	—	100	—
Research and development	4,216	8,941	20,100	25,366
Selling, general and administrative	19,314	6,404	46,249	22,173
Total costs and expenses	24,018	15,345	66,937	47,539
Loss from operations	(24,018)	(15,345)	(66,537)	(47,539)
Interest income	1,672	1,189	4,009	3,223
Interest expense	(901)	(1,102)	(2,856)	(3,126)
Change in fair value of warrant and derivative liabilities	2,760	(15,156)	4,617	(7,530)
Gain from sale of priority review voucher, net	—	—	152,366	—
Other income	129	145	359	531
Income (loss) before income taxes	(20,358)	(30,269)	91,958	(54,441)
Income tax (benefit) expense	(15,197)	—	315	—
Net income (loss)	$ (5,161)	$ (30,269)	$ 91,643	$ (54,441)
Basic income (loss) per common share	$ (0.10)	$ (0.63)	$ 1.76	$ (1.41)
Dilutive income (loss) per common share	$ (0.10)	$ (0.63)	$ 1.35	$ (1.41)
Weighted average number of common shares outstanding:				
Basic	54,242,507	48,081,758	52,198,290	38,504,273
Dilutive	54,242,507	48,081,758	65,780,650	38,504,273
Other comprehensive income (loss):				
Change in unrealized gains related to available-for-sale debt securities	55	50	2	(18)
Comprehensive income (loss)	$ (5,106)	$ (30,219)	$ 91,645	$ (54,459)

ABEONA THERAPEUTICS INC. AND SUBSIDIARIES
Condensed Consolidated Balance Sheets
(In thousands, except share and per share amounts)
(Unaudited)

	September 30, 2025	December 31, 2024
ASSETS		
Current assets:		
Cash and cash equivalents	$ 82,884	$ 23,357
Short-term investments	124,233	74,363
Restricted cash	338	338
Inventory	4,850	—
Other receivables	1,616	1,652
Prepaid expenses and other current assets	2,209	1,143
Total current assets	216,130	100,853
Property and equipment, net	10,338	4,430
Operating lease right-of-use assets	4,086	3,552
Other assets	541	96
Total assets	$ 231,095	$ 108,931
LIABILITIES AND STOCKHOLDERS' EQUITY		
Current liabilities:		
Accounts payable	$ 5,927	$ 3,441
Accrued expenses	6,888	6,333
Current portion of long-term debt	8,889	5,926
Current portion of operating lease liability	102	823
Accrued taxes	339	—
Other current liabilities	35	64
Total current liabilities	22,180	16,587
Long-term operating lease liabilities	4,254	3,262
Long-term debt	10,862	13,037
Warrant liabilities	22,566	32,014
Total liabilities	59,862	64,900
Commitments and contingencies		
Stockholders' equity:		
Preferred stock - $0.01 par value; authorized 2,000,000 shares; No shares issued and outstanding as of September 30, 2025 and December 31, 2024, respectively	—	—
Common stock - $0.01 par value; authorized 200,000,000 shares; 52,400,415 and 45,644,091 shares issued and outstanding as of September 30, 2025 and December 31, 2024, respectively	524	457
Additional paid-in capital	892,314	856,824
Accumulated deficit	(721,615)	(813,258)
Accumulated other comprehensive income	10	8
Total stockholders' equity	171,233	44,031
Total liabilities and stockholders' equity	$ 231,095	$ 108,931

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cingulate Therapeutics LLC

Physical Address: 1901 West 47th Place, Suite 300

City: Westwood State: KS Zip: 66205

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: (913) 942-2300 Website: www.cingulate.com

Name of Designated Representative (DR): Naama Courtemanche

Licensing Company Email: ncourtemanche@cingulate.com DR Email: ncourtemanche@cingulate.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 # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	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: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Cingulate Inc.

Corporation Name: Cingulate Therapeutics LLC

Mailing Address: 1901 West 47th Place, Suite 300

City: Westwood State: KS Zip: 66205

Telephone: (913) 942-2300 Email: ncourtemanche@cingulate.com

Contact Person Name: Naama Courtemanche

Date of SEC Registration: 05/24/2021 | SEC Registration Number: 0001862150 | Stock Exchange Symbol: CING

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment B N/A - Parent company is publicly held. 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 C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment C	✓			
• **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.** See Attachment D	✓	✓	✓	✓
• **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 - See Attachment A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment E	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **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 G	✓	✓	✓	✓
• [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.

Cingulate Therapeutics LLC

Facility Name

Naama Courtemanche

Print Name of Authorized Person Submitting Application

N Cte

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

10/30/2025

Date

Board Use Only	Date Received: 11/12/25	Amount: $1000 ck. 1215

Attachment A

Nature of Business

Cingulate Therapeutics LLC "Cingulate" is a virtual manufacturer of a controlled substance. Cingulate's first product is intended to treat ADHD and is pending FDA approval. The PDUFA date is May 2026. Cingulate will use a contract manufacturer to produce its product and a third party logistics provider (3PL) to ship its product. Cingulate will not physically manufacture or ship its product at its facility. **As such, federal DEA registration is not required.** Provided below is the information for the third parties. In addition, enclosed is a copy of the 3PL's DEA registration.

Contract Manufacturer

Societal CDMO Gainesville, LLC
1300 Gould Drive, Gainesville, GA 30504
FDA Registration Number: 1035761

Third Party Logistics Provider

Prasco, LLC
6125 Commerce Court, Mason, OH 45040
DEA Registration Number: RP0356724

From: "edrls@fda.hhs.gov" <edrls@fda.hhs.gov>
Reply-To: "edrls@fda.hhs.gov" <edrls@fda.hhs.gov>
Date: Monday, September 29, 2025 at 12:51 PM
To: Naama Courtemanche <ncourtemanche@cingulate.com>
Subject: Labeler Code Request Approved

CAUTION: EXTERNAL EMAIL

Current Date: 29-SEP-2025
Labeler DUNS: 030532494
Labeler Name: Cingulate Therapeutics LLC
Labeler Code Assigned: 87144

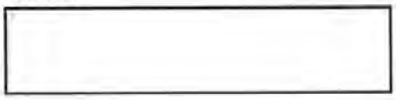
The Food and Drug Administration (FDA) has assigned the above Labeler Code to the firm. However, the Labeler Code cannot be used in any drug listing submission until you have confirmed the assignment. To complete this process, open the previous Labeler Code Request SPL file and fill in the new information (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.
Once you have confirmed the assignment, this Labeler Code shall be used to propose the National Drug Code (NDC) for assignment to all drugs you manufacture or distribute for U.S. commercial distribution. The requirements regarding the assignment of an NDC is extensively discussed in Part 207.33 of Title 21 of the Code of Federal Regulations (CFR). The NDC for each drug must be submitted as part of drug listing information submitted to FDA.
Per section 510(j)(1) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and 21 CFR Part 207 registrants that are required to register their establishment with FDA (or Private Label Distributors (PLD) acting as their authorized agent) must list each drug that it manufactures, repacks, relabels, or salvages for commercial distribution, including the appropriate NDC, no later than 3 calendar days after the initial registration of the establishment. Labeler name, physical address, email address and other contact information, type(s) of activities, and type(s) of drug(s) must be updated within 30 calendar days after any change to that information, § 207.33(c)(2). FDA uses this information for official communication regarding listing.
Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the FD&C Act or other applicable FDA regulations.

Note that receipt of this letter and assignment of an NDC does not denote approval of the establishment or the drug or any other drugs of the establishment, nor does it mean that the drug may be legally marketed.

For additional information please visit Drug Registration and Listing System or reply to this email (edrls@fda.hhs.gov).

Regards,

DRLB



Attachment C

LLC Information

Cingulate Therapeutics LLC

LLC Officers

Jennifer Callahan
Chairman, Interim Chief Executive Officer, Chief Financial Officer

Nilay Patel
Chief Legal Officer, Chief Compliance Officer, Secretary

Parent Company

Cingulate Inc.
% Ownership: 100

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CINGULATE THERAPEUTICS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CINGULATE THERAPEUTICS LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2012.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204286170

Date: 07-24-25

5242272 8300

SR# 20253458397

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

Search Again

Facility/Provider Information

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board. Note Pharmacy Technicians issued after January 1, 2019 will now have a 24- prefix for their registration number until they provide proof of passage of the PTCB or ExCPT certification examination.

General

License #:	4-126567	Status:	Active
Name or Business:	Cingulate Therapeutics LLC	Issue Date:	10/23/2025
Business Owner:	Cingulate Therapeutics LLC		
Address:	1901 W 47th Pl Ste 300 Westwood, KS 66205	Expiration Date:	6/30/2026
Classification:	Pharmacy/Facility	On Probation:	No
License Type:	Virtual Manufacturer	Discipline on File:	No Submit Complaint

Licenses

L/P/R #	Description	Effective	Issued	Expires	Status
4-126567	Manufacturer Permit	10/23/2025	10/23/2025	6/30/2026	Active

Notes

[illegible]

Kansas State Board of Pharmacy

800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@ks.gov
www.pharmacy.ks.gov

1901 W
47th Pl
Ste 300
Westwood
, KS
66205

Schedules

STATE OF KANSAS
STATE BOARD OF PHARMACY

N°

CERTIFIES

This registration Must Be Renewed Annually by

That ..... *has complied with the Pharmacy Act of the State of Kansas providing for the registration of* ***Manufacturers*** *within the State of Kansas, and is hereby granted a PERMIT as defined in K.S.A. 65-1643 of the State of Kansas under the name of*

.....

at .....

from this date until , *unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

This registration issued

KANSAS STATE BOARD OF PHARMACY

By ..... Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSIPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0356724	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-10-2025

PRASCO LLC, DBA PRASCO LABORATORIES
6125 COMMERCE CT
MASON, OH 450406723

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
RP0356724	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-10-2025

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6125 COMMERCE CT
MASON, OH 450406723

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
RP0356724	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-10-2025

PRASCO LLC, DBA PRASCO LABORATORIES
6125 COMMERCE CT
MASON, OH 450406723

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

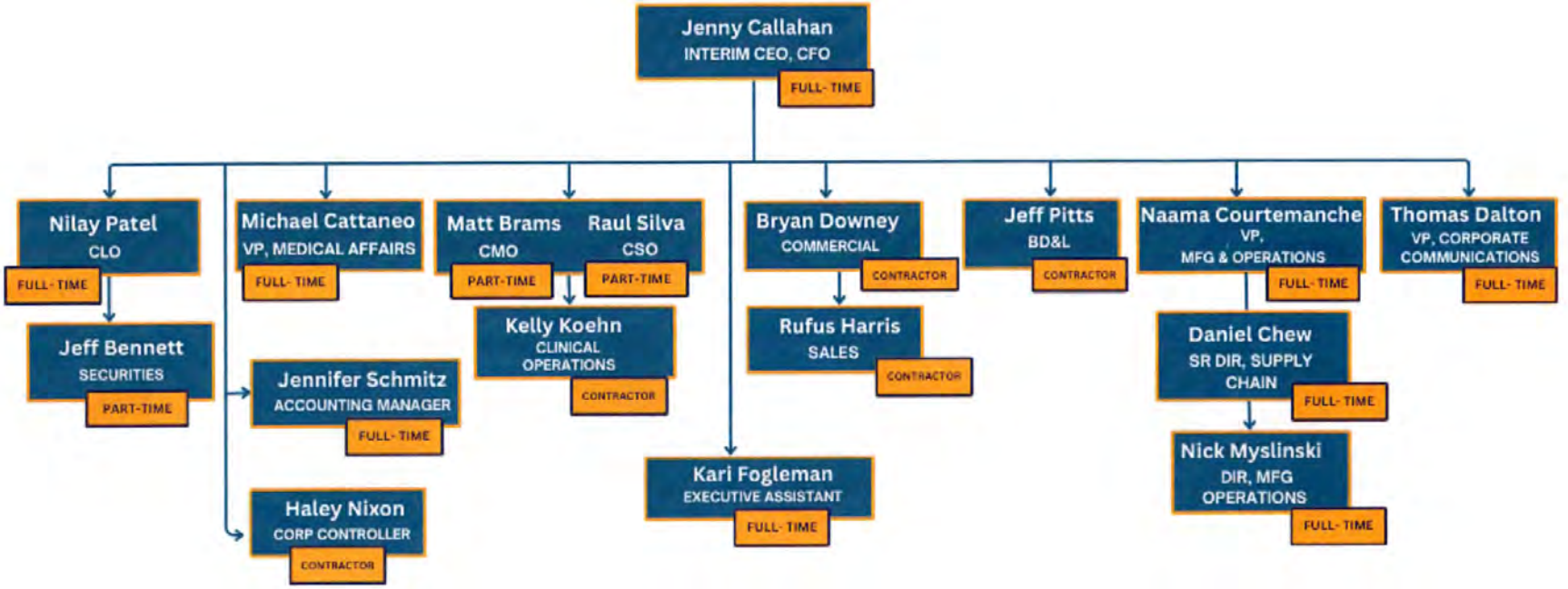
1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Aug-25

CINGULATE® ORGANIZATIONAL CHART



TOTAL FULL-TIME: 9
TOTAL PART-TIME: 3
TOTAL CONTRACTOR: 5

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2024

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 001-40874

Cingulate Inc.
(Exact name of registrant as specified in its charter)

Delaware	**86-3825535**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
1901 W. 47th Place **Kansas City, KS** (Address of principal executive offices)	**66205** (Zip Code)

(913) 942-2300
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of exchange on which registered
Common Stock, par value $0.0001 per share	CING	The Nasdaq Stock Market LLC (Nasdaq Capital Market)
Warrants, exercisable for one share of common stock	CINGW	The Nasdaq Stock Market LLC (Nasdaq Capital Market)

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by checkmark whether the registrant is a large accelerated filer, an accelerate filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐ Accelerated filer ☐

Non-accelerated filer	☒	Smaller reporting company	☒
		Emerging growth company	☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant computed by reference to the closing price of the registrant's common stock on June 30, 2024 was approximately $2.0 million. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

The number of shares outstanding of the registrant's common stock, par value of $0.0001 per share, as of March 21, 2025 was 3,768,400.

DOCUMENTS INCORPORATED BY REFERENCE

None.

Cingulate Inc.
Annual Report on Form 10-K
For the Year Ended December 31, 2024

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CAUTIONARY NOTE REGARDING FORWARD LOOKING STATEMENTS

This annual report contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, that involve substantial risks and uncertainties. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "estimate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions intended to identify statements about the future. These statements speak only as of the date of filing this annual report with the SEC and involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition and results of operations. These forward-looking statements include, without limitation, statements about the following:

- our ability to maintain compliance with the continued listing requirements of The Nasdaq Stock Market LLC ("Nasdaq");
- our lack of operating history and need for additional capital;
- our plans to develop and commercialize our product candidates;
- the timing of our planned clinical trials for CTx-1301, CTx-1302, and CTx-2103;
- the timing of our New Drug Application ("NDA") submissions for CTx-1301, CTx-1302, and CTx-2103;
- the timing of and our ability to obtain and maintain regulatory approvals for CTx-1301, CTx-1302, CTx-2103, or any other future product candidate;
- the clinical utility of our product candidates;
- our commercialization, marketing and manufacturing capabilities and strategy;
- our ability to identify strategic partnerships;
- our expected use of cash;
- our competitive position and projections relating to our competitors or our industry;
- our ability to identify, recruit, and retain key personnel;
- the impact of laws and regulations;
- our expectations regarding the time during which we will be an emerging growth company under the Jumpstart Our Business Startups Act of 2021 (the "JOBS Act");
- our plans to identify additional product candidates with significant commercial potential that are consistent with our commercial objectives; and
- our estimates regarding future revenue and expenses.

Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. You should refer to the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of this annual report for a discussion of important factors that may cause our actual results to differ materially from those expressed or implied by our forward-looking statements. We operate in an evolving environment and new risk factors and uncertainties may emerge from time to time. It is not possible for management to predict all risk factors and uncertainties. As a result of these factors, we cannot assure you that the forward-looking statements in this annual report will prove to be accurate. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. You should review the factors and risks and other information we describe in the reports we will file from time to time with the SEC.

PART I

ITEM 1. BUSINESS

Overview

We are a biopharmaceutical company using our proprietary Precision Timed Release™ ("PTR™") drug delivery platform technology to build and advance a pipeline of next-generation pharmaceutical products designed to improve the lives of patients suffering from frequently diagnosed conditions characterized by burdensome daily dosing regimens and suboptimal treatment outcomes. With an initial focus on the treatment of Attention Deficit/Hyperactivity Disorder ("ADHD") and anxiety, we are identifying and evaluating additional therapeutic areas where our PTR technology may be employed to develop future product candidates. Our PTR platform incorporates a proprietary Erosion Barrier Layer ("EBL") designed to allow for the release of drug substance at specific, pre-defined time intervals, unlocking the potential for once-daily, multi-dose tablets.

We are targeting the ADHD treatment market, with an estimated US market size of over $23 billion as of November 2023, of which $18.6 billion is attributable to stimulants. Stimulants are historically the most commonly prescribed class of medications for ADHD and accounted for approximately 88% of all ADHD medication prescriptions in the United States for the 12-months ended November 2023. By contrast, non-stimulant medications are typically employed only in the second-line or adjunctive therapy setting and accounted for approximately 12% of all ADHD medication prescriptions during that time. Extended-release, or long-acting, dosage forms of stimulant medications are most frequently deployed as the first-line treatment for ADHD and constituted approximately $16 billion of the overall ADHD market spend and accounting for 54% of all stimulant prescriptions for the 12-months ended November 2023. Most of these extended-release dosage forms are approved for once-daily dosing in the morning and were designed to eliminate the need for re-dosing during the day. However, with the current 'once-daily' extended-release dosage forms, most patients still receive a second or "booster" dose for administration later in the day (typically in the early afternoon) to achieve active-day coverage and suffer from a multitude of unwanted side effects as a result. We believe there is a significant, unmet need within the current treatment paradigm for true once-daily ADHD stimulant medications with a duration that provides entire active-day coverage combined with an improved side effect profile to better serve the numerous unmet needs of patients.

Our two proprietary, first-line stimulant medications: CTx-1301 (dexmethylphenidate) and CTx-1302 (dextroamphetamine), are being developed for the treatment of ADHD across all three patient segments: children (ages 6 -12), adolescents (ages 13-17), and adults (ages 18+). Both CTx-1301 and CTx-1302 are designed to address the key shortcomings of currently approved stimulant therapies by: providing a near immediate onset of action (within 30 minutes); offering entire 'active-day' duration; eliminating the need for 'booster/recovery' doses of additional stimulant medications; minimizing or eliminating the rebound/crash symptoms associated with early medication 'wear-off;' and providing favorable tolerability with a controlled descent of drug blood levels. Furthermore, by eliminating the 'booster' dose, we believe our product candidates will provide important societal and economic benefits: reducing the abuse and diversion associated with short-acting stimulant medications; allowing physicians to prescribe one medication versus two; allowing patients to pay for one medication versus two; and allowing payers to reimburse one medication versus two.

We completed a proof-of-concept trial in human subjects to validate our PTR platform and in October 2020, announced positive results from a Phase 1/2 study of CTx-1301 in ADHD patients establishing tolerability, comparative bioavailability, and dose proportionality of CTx-1301 versus Focalin® XR. In order to meet the pharmacology requirement for the CTx-1301 NDA submission, we completed a food effect study in October 2022, which demonstrated that CTx-1301 can be taken with or without food. In addition, per FDA guidance, we completed a food effect study utilizing CTx-1301's highest dosage strength, 50-mg, in December 2024. Final results from that study are expected by the end of April 2025.

A Phase 3 adult dose-optimization study to assess the efficacy and safety, along with onset and duration, of CTx-1301 in adults with ADHD was initiated in December 2022 and completed in June 2023. Results were presented at the 2023 Psych Congress and were presented at the 2024 American Professional Society of ADHD and Related Disorders ("APSARD") in January 2024. This Phase 3 CTx-1301study (NCT05631626) assessed efficacy and safety along with onset and duration of CTx-1301 in 21 adults (age range: 18-55 years) with ADHD in an adult laboratory classroom setting. The study did not achieve statistical significance on the primary efficacy endpoint but CTx-1301 demonstrated a trend toward significance in improving Permanent Product Measure of Performance ("PERMP") scores compared to the placebo. Clinical Global Impression Scale ("CGI-S") scores with CTx-1301 compared to placebo also showed significant improvements that were indeed statistically significant for this secondary endpoint. The treatment effect size of CTx-1301 in this trial was notable – starting at 30 minutes and demonstrated the ability of CTx-1301 to improve upon ADHD symptoms in patients over an entire active day.

In addition, we initiated two CTx-1301 Phase 3 clinical studies in pediatric and adolescent patients- a fixed dose study (NCT05286762) and a dose-optimized onset and duration study in a laboratory classroom setting (NCT05924594) – in the third quarter of 2023. Based on written communication with the Food and Drug Administration ("FDA") that further conduct of these pediatric and adolescent studies is not required for the submission of an NDA, we closed enrollment on both Phase 3 trials. We are performing the data consolidation and analytical activities for these trials. Appropriate data will be included in the 505(b)(2) NDA, which is targeted for a mid-2025 submission.

Societal CDMO, Inc., doing business as Bend Biosciences, a contract development and manufacturing organization ("CDMO"), will manufacture all clinical, registration, and commercial batches of our lead ADHD candidate, CTx-1301. Bend Bioscience produced a scalable supply of CTx-1301 for our Phase 3 trials in the manufacturing suite within Bend Bioscience's Gainesville, GA facility that is outfitted with equipment supplied by us. Bend Bioscience is currently manufacturing additional CTx-1301 product candidate material in accordance with FDA expectations.

We were issued a European patent for CTx-1301 for the treatment of ADHD on August 14, 2024. The patent application will include up to 30 European territories, including the United Kingdom. We are awaiting prosecution of patents in the US and other geographies.

We are actively seeking strategic pharmaceutical partnerships under which we would license or co-promote CTx-1301 in the United States, internationally, or both. In March 2023, we entered into a joint commercialization agreement (the "Commercialization Agreement") with Indegene, Inc. ("Indegene") in the United States. We are able to utilize Indegene for commercialization services for CTx-1301, including marketing, sales, market access and on a fee for service basis in the United States.

We plan to initiate the clinical plan for CTx-1302 (dextroamphetamine), our second investigational asset for the treatment of ADHD, as soon as 2026, pending additional capital resources.

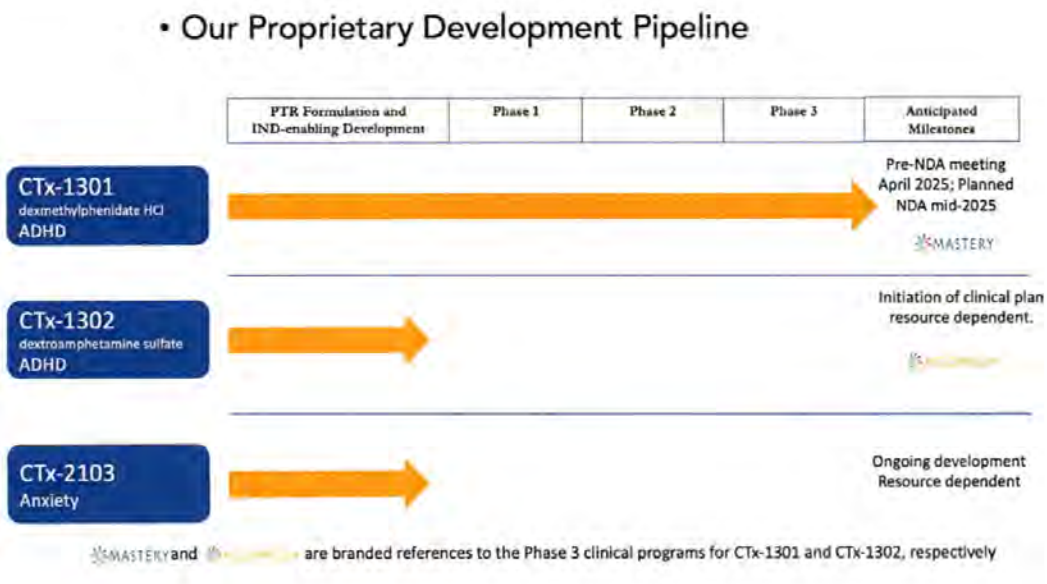
We have embarked on a program to develop CTx-2103 (buspirone), for the treatment of anxiety, which is one of the most common mental health concerns in the United States. We completed a formulation study in which the pharmacokinetics were evaluated for this trimodal tablet providing three precisely timed doses of buspirone versus one immediate release dose. In addition, scintigraphic imaging visualized transit of the tablets through the gastrointestinal tract to confirm both the site and onset of release, which will then be correlated with pharmacokinetic data to establish the full release profile of the CTx-2103 formulation. Based on the pharmacokinetic profile seen in the data, CTx-2103 achieved a triple release of buspirone. These results provided the critical information required to allow us to request a Pre-IND meeting with the FDA to discuss the design of our clinical and regulatory program for CTx-2103 which occurred in the fourth quarter of 2023. We received input from the FDA regarding the regulatory pathway for CTx-2103, and the design of clinical studies for filing of an IND. Based on this FDA feedback, we believe that we can seek and win approval of CTx-2103 under the 505(b)(2) pathway, which typically requires less time and resources than the 505(b)(1) full NDA pathway.

CTx-2103 is being designed as a novel, extended-release tablet of buspirone that incorporates our proprietary PTR™ drug delivery platform. Buspirone, an azapirone derivative and a 5-HT1A partial agonist, was the first non-benzodiazepine anxiolytic introduced for the treatment of generalized anxiety disorder. Buspirone may exhibit a decreased side-effect profile compared to other anxiolytic treatments. Unlike benzodiazepines and barbiturates, there is no associated risk of physical dependence or withdrawal with buspirone use due to the lack of effects on gamma-aminobutyric acid receptors. Furthermore, buspirone is not regulated as a controlled substance by DEA or under the Controlled Substances Act of 1970 (the "CSA").

In 2020, United States sales of buspirone in various forms accounted for over $2 billion of sales in the $5.2 billion anxiety market. CTx-2103 will be designed as a once-daily, modified-release tablet with clear differentiation and compelling advantages over standard treatment options which must be taken multiple times per day to maximize efficacy. We are in active license conversations and, pending a definitive agreement and additional capital resources, development of CTx-2103 (buspirone) for the treatment of anxiety may begin as soon as mid-2025 pending additional capital resources.

We believe that our PTR platform has the potential to provide patients and physicians with differentiated pharmaceutical treatment options that will enhance patient compliance and improve health outcomes in several additional therapeutic areas. We intend to leverage our PTR platform technology to expand and augment our clinical-stage pipeline by identifying and developing additional assets in other therapeutic areas where one or more active pharmaceutical ingredient ("APIs") need to be delivered several times a day at specific, pre-defined time intervals and released in a manner that would offer significant improvement over existing therapies. Our criteria for the selection of additional, future pipeline candidates will include the potential for $1 billion or more in peak annual sales, the potential to deliver a clearly differentiated therapeutic advantage and the potential to overcome unmet medical needs. We will consider potential in-licensing of additional assets or out-licensing the PTR platform as those opportunities arise.

Our Clinical Development Pipeline



Our Strategy

Our goal is to be a leading, innovative biopharmaceutical company focused on the development, manufacturing and commercialization of next generation pharmaceutical products that utilize our PTR drug delivery platform technology to create dosing schedules and drug release profiles that will improve the lives of patients suffering from a multitude of frequently diagnosed conditions. Key initial elements of our business strategy to achieve this goal are to:

- ***Complete development and obtain regulatory approval for CTx-1301 for the treatment of ADHD.*** In October 2020, we announced positive results from a Phase 1/2 study of CTx-1301 in ADHD patients establishing tolerability, comparative bioavailability, and dose proportionality of CTx-1301 versus Focalin® XR. A Phase 3 adult dose-optimization study to assess the efficacy and safety, along with onset and duration, of CTx-1301 in adults with ADHD was initiated in December 2022 and completed in June 2023. Results were presented at the 2024 APSARD in January 2024. In addition, we initiated two CTx-1301 Phase 3 clinical studies in pediatric and adolescent patients- a fixed dose study and a dose-optimized onset and duration study in a laboratory classroom setting – in the third quarter of 2023. Based on written communication with the FDA that further conduct of these pediatric and adolescent studies is not required for the submission of an NDA, we closed enrollment on both Phase 3 trials. We are performing the data consolidation and analytical activities for these trials. In addition, per FDA guidance, we completed a food effect study utilizing CTx-1301's highest dosage strength, 50-mg, in December 2024. Appropriate data will be included in the NDA, targeted for a mid-2025 submission.

- ***Successfully commercialize CTx-1301.*** We are actively seeking strategic pharmaceutical partnerships under which we would license or co-promote CTx-1301 in the United States, internationally, or both, to ensure successful commercial launches if we receive FDA approval for CTx-1301. Should we be unable to identify an appropriate pharmaceutical partnership, if we receive FDA approval for CTx-1301, pursuant to the Commercialization Agreement, Indegene would provide commercialization services for CTx-1301, including marketing, sales and market access on a fee for service basis. In addition, we are now focusing on third party logistics services to ensure commercial availability.

- ***Advance clinical trials for CTx-2103 for the treatment of anxiety.*** In September 2022, we announced that data from the human formulation study for CTx-2103 demonstrated its ability to deliver a single administration of triple-release buspirone. We will use these results to design the clinical program for CTx-2103, which will be designed as a once-daily, multi-dose tablet with what we believe will be clear differentiation and compelling advantages over standard treatment options. Development of CTx-2103 (buspirone) for the treatment of anxiety may begin as soon as mid-2025 pending additional capital resources.

- ***Advance development of CTx-1302 for the treatment of ADHD.*** We plan to initiate a clinical plan for CTx-1302 (dextroamphetamine), our second investigational asset for the treatment of ADHD, as soon as 2026 pending additional capital resources.

- ***Maximize the potential of our PTR platform to develop additional product candidates in new indications with significant unmet medical need and billion-dollar revenue potential.*** We intend to use our PTR drug delivery platform technology and the streamlined 505(b)(2) development pathway to develop additional therapeutic assets in other therapeutic areas where one or more active pharmaceutical ingredients need to be administered several times a day at specific, pre-defined time intervals and released in a manner that would offer significant improvement over existing therapies. We believe this will lead to improved patient compliance and better health outcomes. Further indications we intend to evaluate include insomnia, non-opioid pain, Alzheimer's, hypothyroidism, psychosis, depression, cardiovascular disorders, Parkinson's disease, migraine, oral oncology, xerostomia (dry mouth) and bipolar disorder, among others.

- ***Acquire or in-license additional assets or programs to complement our portfolio and/or leverage our technology.*** We continuously evaluate potential partnering opportunities or asset acquisitions that can bolster our current product candidate portfolio and provide substantial value to our organization. We intend to focus on early to mid-stage development product candidates to generate clinical data and potentially move to later stages of development and ultimately on to commercialization.

- ***Out-license our PTR platform to other companies and license our product candidates in the United States and internationally.*** We are actively seeking and evaluating opportunities to license our current assets and the PTR drug delivery platform technology to other companies looking to serve large patient populations with unmet needs and/or looking to transform multiple daily dosing to once daily administration to satisfy patient needs. We are also in on-going conversations to pursue and evaluate opportunities to license our product candidates to third parties for use in the United States and internationally.

- ***Further strengthen our intellectual property portfolio.*** We intend to continue to manage and expand our diverse intellectual property portfolio and maintain our trade secrets and know-how focused on our PTR platform, current and future pipeline candidates, and proprietary manufacturing process. We believe these activities will be critical to protect our platform and product candidates from potential competitors that may try to compete with our therapeutic assets and compression tableting approach.

- ***Capitalize on our existing cGMP expertise.*** We have developed proprietary, reliable, high output, specialized manufacturing equipment with the potential for real-time testing and release that is employed by our third-party manufacturing partner. Our process has been designed to allow for the creation of a platform that can incorporate other drug substances thus permitting expansion into additional indications and therapeutic areas. We expect that our investment in these manufacturing capabilities and equipment will substantially reduce our development timelines and overall development costs for current and future assets. We currently utilize commercial manufacturing equipment and will not require technology transfer or large scale-up processes to meet clinical or commercial manufacturing needs. Bend Bioscience, our CDMO, will manufacture all clinical, registration, and commercial batches of our lead candidate CTx-1301. Bend Bioscience has dedicated a specific manufacturing suite within its Gainesville, GA facility which is outfitted with proprietary equipment supplied by us.

Our Team

Our founders and management team have many years of experience in the biopharmaceutical space, holding management positions at leading biopharmaceutical companies, including Pfizer Inc., Novartis International AG, DuPont de Nemours, Inc. and Sanofi S.A., among others. Our team possesses substantial experience and expertise across the spectrum of drug development and commercialization of pharmaceutical products, including multiple psychiatric and nervous system products.

Shane J. Schaffer, our Co-Founder, Chairman and Chief Executive Officer, has held senior leadership roles at Pfizer Inc., Novartis International AG and Sanofi S.A. and has over 25 years of experience in drug development and commercialization. Dr. Matthew Brams, our Co-Founder and Chief Medical Officer, has over 30 years of clinical experience managing patients in the field of adult and child psychiatry and has been involved in the research, development, and evaluation of multiple ADHD medications. Dr. Raul R. Silva, our Co-Founder and Chief Science Officer, is a practicing child and adolescent psychiatrist who has served as Associate Professor and Vice Chairman of Child and Adolescent Psychiatry at NYU School of Medicine in New York City. Laurie A. Myers, our Chief Operating Officer, has held leadership positions for leading global pharmaceutical companies, including Pfizer Inc., Novartis International AG, DuPont de Nemours, Inc. and Sanofi S.A. and has over 30 years of experience in drug development, marketing and commercialization.

ADHD Overview and Drawbacks of Current Therapies

ADHD is a chronic neurobehavioral and developmental disorder that affects millions of children, adolescents and adults. In the United States, many of the children and adolescents aged 4-17 that have been diagnosed with ADHD demonstrate clinical ADHD symptoms that persist into adulthood. Adult ADHD prevalence in the United States is estimated to be significantly larger than the size of the child and adolescent segment combined. Total ADHD medication sales in the United States continue to grow with sales of all ADHD medications reaching over $23 billion for the 12-months ended November 2023.

ADHD is marked by an on-going pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning and/or development. According to the American Academy of Child and Adolescent Psychiatry, common manifestations of ADHD in children and adolescents include:

Hyperactivity: Children always seem to be in motion. A child who is hyperactive may move around touching or playing with whatever is around, or talk continually. During story time or school lessons, the child might squirm around, fidget, or get up and move around the room. Some children wiggle their feet or tap their fingers. A teenager or adult who is hyperactive may feel restless and need to stay busy all the time.

Impulsivity: Children often blurt out comments without thinking first. They may often display their emotions without restraint. They may also fail to consider the consequences of their actions. Such children may find it hard to wait in line or take turns. Impulsive teenagers and adults tend to make choices that have a small immediate payoff rather than working toward larger delayed rewards.

Inattentiveness: Inattentive children may quickly get bored with an activity if it's not something they really enjoy. Organizing and completing a task or learning something new is difficult for them. As students, they often forget to write down a school assignment or bring a book home. Completing homework can be huge challenge. At any age, an inattentive person may often be easily distracted, make careless mistakes, forget things, have trouble following instructions, or skip from one activity to another without finishing anything.

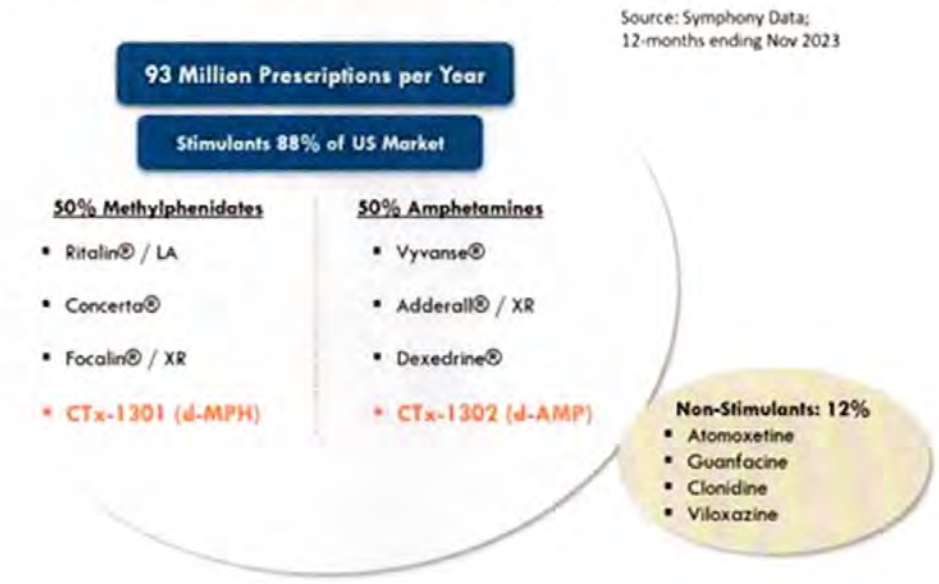
Adult ADHD patients typically suffer from restlessness, impulsivity, difficulty with time management, trouble regulating emotions and difficulty managing finances. Adults with ADHD report experiencing an internal sense of fidgetiness and restlessness and experience greater difficulty communicating with others. Upon entering the job market, many adults have difficulty gaining employment and are at increased risk of termination due to repeated tardiness or absenteeism. Additionally, adults with ADHD are more likely to exhibit a variety of comorbidities including drug and alcohol abuse, social anxiety and depression.

ADHD in both children and adults has an impact not only on the individual but on their families, friends and peers and because of its prevalence as one of the most commonly diagnosed behavioral disorders, a critical impact on society, the healthcare system and the economy at large. On a societal level, versus control groups, ADHD patients have historically experienced a higher rate of vehicle accidents, divorce, incarceration, and accidental death.

Although there is no single medical, physical, or genetic test for ADHD, qualified mental health care professionals and physicians are able to provide a diagnostic evaluation after gathering information from multiple sources including ADHD symptom checklists, standardized behavior rating scales, detailed histories of past and current functioning, and information obtained from close family members or significant others. Some practitioners will also conduct tests of cognitive ability and academic achievement in order to rule out a possible learning disability.

Stimulants are historically the most commonly prescribed class of medications for ADHD, accounting for approximately 88% of all ADHD medication prescriptions during the 12-months ended November 2023. Stimulants are Schedule II controlled substances and are believed to work by enhancing the effects of dopamine and norepinephrine neurotransmitters in the brain. Approximately 82 million stimulant prescriptions were written during the 12-months ended November 2023. In contrast, non-stimulant medications are typically deployed as second line or adjunctive therapies and accounted for 12% of all ADHD medication prescriptions during that time. Currently, the ADHD market is dominated by four main stimulant medications: Vyvanse®, Adderall® XR, Concerta®, and Focalin® XR. These products were approved and became available between 2000 and 2007 and were believed to revolutionize the ADHD treatment paradigm by finally providing a solution to avoid the late morning second dose of stimulant medication then required by ADHD patients.

$23 Billion US ADHD Market Dominated by Stimulants



Unfortunately, as designed, all four of the mostly commonly prescribed stimulant drugs deliver all the drug substance during the morning hours. As a result, most patients still require additional medication to cover the remainder of their active day. Historically, a majority of ADHD patients have required an afternoon 'booster/recovery' dose due to lack of duration, slow onset of efficacy, and the crash or rebound effects in the early afternoon. Additionally, their PK-PD release profiles are such that they leave patients significantly impaired by crash and rebound effects even while on therapy.

Patients and practitioners report, that an ideal ADHD stimulant medication would provide ***all*** of the following characteristics: entire active-day duration; immediate onset of action (within 30 minutes); ability to minimize or avoid crash / rebound effects associated with rapid decline in medication blood levels; and elimination of the need for short-acting stimulant booster/recovery doses.

ADHD Market Currently Dominated by 4 Stimulant Products

Major Unmet Medical Needs Persist

ADHD BRANDS	Approved	ATTRIBUTES		UNMET NEEDS			
		Onset	Duration (less onset)	Fast Onset of Action ≤ 30 min	Entire Active-Day Efficacy*	Minimize Crash/Rebound	Avoid Booster
Vyvanse®	2007	2 hours	12 hours	✗	✗	Data Not Available	✗
Adderall® XR	2001	1½ hours	10½ hours	✗	✗	Data Not Available	✗
Concerta®	2000	2 hours	10 hours	✗	✗	Data Not Available	✗
Focalin® XR	2005	30 mins	11½ hours	✓	✗	Data Not Available	✗

* Entire-active day efficacy defined as less than or equal to a 30 min onset of action with 14-16 hours of duration vs. placebo

The chart above is based upon the Package Inserts and Summary Basis of Approvals for the approved products.

ADHD Market Leaders Do Not Provide "Built-In Booster"

Market Leaders Stop Delivery of Medication 4-5 Hours After Administration

ADHD BRANDS	ATTRIBUTES		RELEASE PROFILES		
	Onset	Duration (less onset)	DOSE 1 / STYLE / TIME	DOSE 2 / STYLE / TIME	DOSE 3 / STYLE /TIME
Vyvanse®	2 hours	12 hours	100% PRODRUG SUSTAINED RELEASE OVER 2 – 3 HOURS	0	0
Adderall® XR (and generics)	1½ hours	10½ hours	50% IMMEDIATE RELEASE	50% IMMEDIATE RELEASE AT HOUR 4	0
Concerta® (and generics)	2 hours	10 hours	22% IMMEDIATE RELEASE	78% SUSTAINED RELEASE OVER 4-5 HOURS	0
Focalin® XR (and generics)	30 mins	11½ hours	50% IMMEDIATE RELEASE	50% IMMEDIATE RELEASE AT HOUR 4	0

The chart above is based upon the Package Inserts and Summary Basis of Approvals for the approved products.

In recent years, the FDA has approved additional stimulant medications that were designed to meet some of the remaining unmet needs. Chewables, liquids and oral disintegrating tablets have come to market as has one product with an evening dosing schedule intended to provide early morning onset. None of these products have been able to meet all of the unmet needs of ADHD patients and prescribers and consequently all have failed to gain traction as first-line agents. Furthermore, these recent stimulant medications, based on their market share, appear to offer little advantage over widely available generic products for healthcare practitioners and their patients. They have proven to be niche remedies occupying a combined 2.0% of the total ADHD prescriptions written in the United States in 2020. Thus, there is an unmet need for a true once-daily dose providing a fast onset of action, minimization or elimination of the crash/rebound, elimination of the booster/recovery dose, and most importantly, providing entire 'active-day' efficacy.

Recent Launches Lack Meaningful Clinical Innovation

Niche Delivery Platforms Have Also Failed to Overcome ALL Unmet Needs

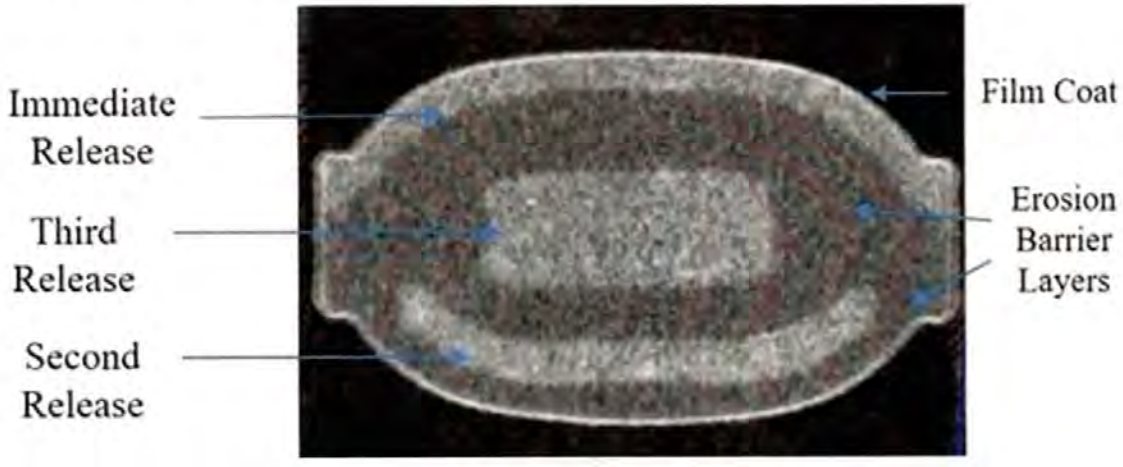
ADHD BRANDS	ATTRIBUTES[1]		UNMET NEEDS			
Product	Onset	Duration	Fast Acting (≤ 30 min)	Entire Active-Day Efficacy[2]	Avoid Crash/Rebound	Avoid Booster
Quillivant / Chew® XR	60 mins	8 hours	x	x	x	x
Mydayis®	2 up 4 hrs	16+ hours	x	x	x	Potentially
Adzenys® ER/ODT	60 mins	8-9 hours	x	x	x	x
Cotempla® XR/ODT	60 mins	10-12 hours	x	x	x	x
Aptensio® XR	60 mins	9 hours	x	x	x	x
Evekeo® / ODT	60 mins	10 hours	x	x	x	x
Dyanavel® XR Oral Susp	60 mins	13 hours	x	x	x	x
Zenzedi®	60 mins	4.5 hours	x	x	x	x
Jornay® PM (at night)	2-hour window	10-11 hours	x	x	x	x
Adhansia® XR - Discontinued	60 mins	12-13 hours	x	x	x	x
Azstarys® (summer 2021)	Failed Endpoints	Failed Endpoints	x	x	x	x

The chart above is based upon the Package Inserts and Summary Basis of Approvals for the approved products.

Our Solution: Our Proprietary Precision Timed Release Drug Delivery Platform Technology

We are developing medications capable of achieving true once-daily dosing using our internally developed PTR drug delivery platform technology. Our CTx-1301, CTx-1302 and CTx-2103 drug candidates contain three releases of active pharmaceutical ingredient combined into one small tablet dosage form (smaller than many comparable single dose ADHD products). Each release of API is separated with a proprietary EBL, a functional excipient that is designed to gradually erode throughout the day to provide controlled drug release at specific time intervals, allowing for a favorable target efficacious period.

Illustration of Our PTR Platform Film-Coated Tablet



Size Comparison of CTx-1301 Tablet versus Common ADHD and Other Medications



We believe our PTR technology affords our drug candidates the following advantages over currently available ADHD treatments:

Fast Onset. Many currently available therapies often take up to 60 minutes or longer to start working and thus can leave patients with long gaps between dosing and onset. In an effort to minimize this onset gap, patients will often wake up early to take their medication and attempt to go back to sleep until the medication takes effect. We have designed our drug candidates to be fast-acting so they can be taken in the morning when the patient starts their day, not predawn while they wait for onset.

Elimination of Need For Additional Stimulant Boosters. With entire active-day coverage, we believe our technology will eliminate the need for patients to take afternoon booster doses when their currently prescribed therapies wear off. By eliminating the need for a booster dose, we believe our candidates will cause less embarrassment for patients, especially child and adolescent patients who are often forced to take a second dose while at school surrounded by classmates and increase patient compliance especially in the ADHD population where patients are prone to forget to take the additional dose they need to get through their active day.

Lower Abuse Potential. We believe our fast onset and entire active-day solution for ADHD patients, if approved, will lower the incidence of short-acting stimulant drug abuse and diversion. We believe by eliminating the need for the short-acting stimulant booster dose, the potential for illicit sales and recreational use that often comes as a result of patients carrying short-acting Schedule II controlled substances to school or work for afternoon dosing will decrease.

Elimination Crash and Rebound Symptoms. Patients on currently available therapies may report adverse effects or a flare of ADHD symptoms as their medications wear off; these effects are termed "crash" and "rebound." Using our precise timing, ratio, and style of drug delivery, we believe our candidates provide a controlled descent of blood levels, eliminating this uncomfortable experience for patients.

Lower Cost. By providing entire active-day efficacy, our drug candidates eliminate the need for doctors to prescribe more than one medication lowering the overall cost of the condition to individual patients and within the healthcare system at large. Furthermore, generic medications in the stimulant ADHD category are not tremendously less expensive as they are in other categories of non-controlled medications. Generic stimulant medications cost anywhere from 55%-90% of the cost of their brand counterparts. We believe, if approved, our drug candidates will offer a much more cost-effective solution to patients.

Significantly Improved Tolerability. Because of the PK and PD profile of our drug, we believe patients will experience fewer treatment related adverse events associated with existing stimulant therapies including insomnia, appetite suppression, and feelings of extreme restlessness, dysphoria, irritability, fatigue, and flattening of affect.

Availability in Eight Dosage Strengths at Launch and Single-Enantiomer API Selection. Our CTx-1301 and CTx-1302 product candidates are both round film-coated tablets that we intend to provide in eight matching dosage strengths. We believe providing practitioners with the ability to properly titrate and optimize their patients' daily dosing needs is critical. By having eight dosage strengths at launch, practitioners will not have to constantly switch their patients to other medications or supplement patients with more short-acting booster medications. In addition, we believe that eight dosage strengths will allow healthcare practitioners to appropriately treat the range of patients in their practice, from early childhood through adulthood. Medications that have launched with three dosage strengths are often ignored or avoided until at least six or seven strengths are available. Both CTx-1301 and CTx-1302 contain APIs that are Schedule II controlled substances. The APIs of both product candidates utilize just one of the multiple enantiomers, which may result in improvements in potency, adverse events (Aes), and drug interactions profiles along with an enhanced therapeutic index.

Our Lead Candidate CTx-1301: Dexmethylphenidate for the Treatment of ADHD in 6 Years and Older

We believe our most advanced drug product candidate, CTx-1301, will be the first true once-daily dexmethylphenidate tablet for the treatment of ADHD, providing onset-of-action within 30 minutes and entire 'active-day' efficacy. CTx-1301 is a trimodal extended-release tablet, based on tablet-in-tablet technology, which provides three distinguishing releases of dexmethylphenidate hydrochloride at precise times, ratio, and modality of release. Our CTx-1301 release profile is as follows:

Release #1: An initial immediate-release, or IR, dose providing 35% of the total daily dose beginning within five to six minutes after administration and designed to achieve therapeutic efficacy within 30 minutes; and

Release #2: Three hours after the administration of the dosage form, the first delayed, sustained release (DR1) provides 45% of the total daily dose released over 90 minutes; and

Release #3: Seven hours after the administration of the dosage form, a second delayed, immediate release (DR2, the built-in-booster) provides 20% of the total daily dose released over approximately 30 minutes.

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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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Disc Medicine, Inc.

Physical Address: 321 Arsenal Street, Suite 101

City: Watertown State: MA Zip: 02472

Mailing Address (if different from physical address): 321 Arsenal Street, Suite 101

City: Watertown State: Massachusetts Zip: 02472

Telephone: (617) 674-9274 Website: https://www.discmedicine.com/

Name of Designated Representative (DR): Franco Pasquale

Licensing Company Email: statelicensing@discmedicine.com DR Email: fpasquale@discmedicine.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:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies, 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: 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: DE

Parent Company (if any): N/A - Disc Medicine is publicly traded

Corporation Name: Disc Medicine, Inc.

Mailing Address: 321 Arsenal Street, Suite 101

City: Watertown State: Massachusetts Zip: 02472

Telephone: (617) 674-9274 Email: statelicensing@discmedicine.com

Contact Person Name: Franco Pasquale

Date of SEC Registration:	SEC Registration Number: 0001816736	Stock Exchange Symbol: IRON

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

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

11-18-2025
Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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.

Disc Medicine, Inc.
Facility Name

Pamela Stephenson
Print Name of Authorized Person Submitting Application

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

11-18-2025
Date

Board Use Only	Date Received: 12/15/25	Amount: $1000 CK 4929

Outlook

Labeler Code Request Approved

From edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Date Mon 2025-05-12 10:01 AM
To Franco Pasquale <fpasquale@discmedicine.com>

eDRLS - Electronic Drug Registration & Listing System

Current Date: 12-MAY-2025
Labeler DUNS: 117634016
Labeler Name: Disc Medicine, Inc.
Labeler Code Assigned: 85703

√ Verified 12/10/25

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).

disc medicine

Description of Operations

Disc Medicine, Inc. is a Virtual Manufacturer based in Massachusetts. Disc Medicine's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors and Specialty Pharmacies by a Third-Party Logistics Provider who is licensed to ship pharmaceutical products into your state. Disc Medicine, Inc. is publicly traded on the NASDAQ (IRON). Disc Medicine, Inc. was incorporated in the State of Delaware on 6/25/2020.

Contract Manufacturer Information:
Disc Medicine will be using the contract manufacturer below to produce our product:

Patheon Pharmaceuticals Inc.
2110 E Galbraith Rd.
Cincinnati, OH 45237
FEIN: 1510437

At no time does Disc Medicine's Contract Manufacturer own the product, contract with Disc Medicine's customers, invoice, nor sell Disc Medicine's product. Disc Medicine's products are not Controlled Substances.

Labeler Code: 85703

Third Party Logistic information:
For distribution into the commercial supply channels, Integrated Commercialization Solutions, LLC ("ICS") acts as Disc Medicine's Third-Party Logistics (3PL) provider to manage the storage and distribution of product to Specialty Distributors and Specialty Pharmacies throughout the United States.

Integrated Commercialization Solutions, LLC
167 International Blvd.
Brooks, KY 40109

Disc Medicine's hours of operation are 8:00 am – 5:00pm EST Monday through Friday.

OWNERSHIP

Disc Medicine, Inc. is a publicly traded virtual manufacturer of pharmaceutical products located in Watertown, MA. Disc Medicine is incorporated in the state of Delaware.

COMPANY INFORMATION

Disc Medicine, Inc.
321 Arsenal Street, Suite 101
Watertown, MA 02472
Phone: (617) 674-9274
statelicensing@discmedicine.com

CORPORATE OFFICERS

John Quisel, Chief Executive Officer
321 Arsenal Street, Suite 101
Watertown, MA 02472

Jean Franchi, Chief Financial Officer
321 Arsenal Street, Suite 101
Watertown, MA 02472

Rahul Khara, Chief Legal Officer
321 Arsenal Street, Suite 101
Watertown, MA 02472

Pamela Stephenson, Chief Commercial Officer
321 Arsenal Street, Suite 101
Watertown, MA 02472

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DISC MEDICINE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MAY, A.D. 2025.

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.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203743841

Date: 05-20-25

3130802 8300

SR# 20252487057

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

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:

Disc Medicine, Inc.
321 Arsenal Street, Suite 101
Watertown, MA 02472

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200136

Type: Virtual Manufacturer

Issue Date: 09/19/2025

Expiration Date: 09/19/2026

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

An official website of the Commonwealth of Massachusetts Here's how you know

Policies and guidelines for MCSR

See the policies and guidelines for the Massachusetts Controlled Substances Registration (MCSR).

Notices & Alerts

Transitioning to a new online licensing system | *Updated Jan. 5, 2024, 09:30 am*

Beginning on January 29, 2024, Dentistry MCSR and Physician MCSR licenses issued by Massachusetts Controlled Substance Registration system will transition to an online licensing system. Learn more... (/news/transitions-to-a-new-online-licensing-system)

Issuance of MCSR to health facilities

Regulations of the Department of Public Health at 105 CMR 700.003 permit the issuance of a Massachusetts Controlled Substances Registration (MSCR) to licensed health facilities as defined in 105 CMR 700.001. A health facility includes the following:

- A hospital, hospital pharmacy, long-term care facility or clinic licensed or maintained by the Department
- A public medical institution as defined in M.G.L. c. 118E § 8
- Any institution licensed or maintained by the Department of Mental Health
- Any hospital, long-term care facility or clinic maintained by the Commonwealth
- Any ambulance service licensed by the Department to provide Advanced Life Support services

Health facilities with an MCSR are advised that such registrations are not transferable. A new MCSR is required for a change in name, ownership or address. An MCSR is valid for one year and must be kept current.

For further information, please contact the Drug Control Program.

Additional Resources

See Mass General Law Chapter 118 (https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter118)

Requirements for individuals with limited medical licenses

Regulations of the Department of Public Health at 105 CMR 700.004 (B)(5) permit residents and clinical fellows who have limited medical licenses and wish to prescribe, dispense and administer controlled substances to utilize the registration of the hospital in which he/she is employed provided the following criteria are met:

- A person must be authorized to dispense controlled substances under M.G.L. c. 112, if applicable
- Such dispensing must be done in the usual course of business or professional practice
- The hospital by whom a person is employed must verify with the Board of Registration in Medicine that the individual is permitted to dispense controlled substances
- The person must only act within the scope of his/her employment at the hospital
- The hospital must authorize the person to dispense controlled substances under the registration number of the hospital and designate a specific suffix number to the hospital's registration number preceded by a hyphen for each person authorized
- The hospital must maintain a current list of internal codes and make these codes available at all times to other registrants, the Commissioner and authorized law enforcement agencies

It should be noted that individual hospitals determine whether or not they wish to permit persons with limited licenses to use the registration of the hospital. Should a hospital determine that they do not want individuals with limited licenses to utilize the hospital's registration, the physician must apply to the Department and, where applicable, the U.S. Drug Enforcement Administration (DEA), and receive Controlled Substances Registrations for the period of time for which their limited license is issued. Upon full licensure by the Board of Registration in Medicine, a physician must then reapply to the Department, and, where applicable, to the DEA for a new full registration(s). The appropriate fee must accompany the application to the Department. The newly issued registration will not be restricted to the period of time in which the limited license was valid.

Additional Resources

See Mass General Law Chapter 112 (https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112)

Address for Individual Practitioner Massachusetts Controlled Substance Registration (MCSR) Applications and Renewals

This Circular Letter is issued by the Drug Control Program (DCP), which is part of the Bureau of Health Professions Licensure (BHPL), regarding the address to be provided in Massachusetts Controlled Substance Registration (MCSR) applications and renewals for practitioners listed in 105 CMR 700.004(A)(2).

A practitioner must have an MCSR for each location where they are responsible for the purchase and/or storage of controlled substances. The address provided for the application must be that of the location. For example, if a practitioner MCSR is used to purchase controlled substances and authorize storage at two separate practice offices, that practitioner must have two separate MCSRs, one for each such practice office. Each of the MCSR applications must list the physical address of the practice office to be covered by the MCSR.

If a practitioner is not responsible for the purchase and/or storage of controlled substances, they may use any address where DCP can direct program communications for the practitioner. For example, if a Practitioner only prescribes and administers controlled substances, they may use any address where the practitioner can be regularly reached, including the following:

- A post office box or other mail collection type location is permissible for this category of MCSR. The practitioner will be responsible for the prompt receipt and response to communications sent to such an address.
- A practitioner may also elect to use a home address, noting that all MCSR related addresses are considered public information, and will be provided in response to public records requests, unless the practitioner qualifies for a Public Records Law exemption and requests suppression of this personal information.
  Request health profession license information confidentiality benefits | Mass.gov (/how-to/request-health-profession-license-information-confidentiality-benefits)

Please direct any questions or concerns to The Drug Control Program at dcp.dph@mass.gov (mailto:dcp.dph@mass.gov).

Additional Resources

Circular Letter: DCP 23-04-116 (https://www.mass.gov/news/circular-letter-dcp-23-04-116)

Massachusetts Controlled Substance Registrations (MCSRs) for Third Party Logistics Providers, Virtual Manufacturers and Virtual Distributors

This Circular Letter is issued by the Drug Control Program (DCP), which is part of the Bureau of Health Professions Licensure, regarding registration of Third Party Logistics Providers (3PLs), Virtual Manufacturers and Virtual Distributors. The purpose is to assist registrants who conduct these kinds of operations to understand which of the three MCSRs available for virtual activities best meets the needs of their business.

1. ***Selecting the Appropriate MCSR Category***

A **Virtual Manufacturer** is a person/entity with a principal place of business in the Commonwealth of Massachusetts but which never takes physical possession of controlled substances in the Commonwealth. [1] (/news/circular-letter-dcp-23-04-117#_ftn1) An example of a Virtual Manufacturer could be a person/entity with a principal office in Massachusetts, while its manufacturing operations are located in another state. Manufacturing operations are managed or directed in Massachusetts, but no controlled substances are manufactured or stored in Massachusetts. An MCSR for virtual manufacturing would also authorize the person/entity to conduct virtual distribution of its own controlled substance products.

A **Virtual Distributor** is a person/entity with a principal place of business in Massachusetts but which never take physical possession of controlled substances in Massachusetts.[2] (/news/circular-letter-dcp-23-04-117#_ftn2) An example of a Virtual Distributor could be a person/entity with a principal office in Massachusetts, while its distribution centers, warehouses, trucking operations, etc. are all located in other states. Distribution operations are managed or directed in the Massachusetts, but no controlled substances are received or stored in Massachusetts.

A **3PL** is an entity that provides or coordinates warehousing, or other logistics services, of a product in interstate commerce on behalf of a manufacturer, wholesale distributor, or dispenser of a product, but does not take ownership of the product, nor has responsibility to direct the sale or disposition of the product. 3PLs are federally regulated under 21 U.S.C. § 360eee-3. A 3PL may choose to conduct purely virtual activities in Massachusetts , where it directs or manages from Massachusetts but does not receive or store controlled substance here. However, under current federal law, a 3PL may also employ a business model where it takes custody of controlled substances as part of the logistical arrangements being made. An example of this might be that a 3PL chooses to store controlled substances in its warehouse or distribution center located in Massachusetts as part of its operations.

The primary difference between Virtual Manufacturers/Distributors and 3PLs is that Virtual Manufacturers and Distributors never take possession of any controlled substance in Massachusetts, while a 3PL may choose to do so.

2. ***Pre-Registration Inspections***

Virtual Manufacturers and Distributors register with the Commonwealth of Massachusetts primarily because regulators in other states require that they be registered in their "home" state to conduct operations in the other state. For these registrants, no physical inspection of their premises in Massachusetts will be conducted, unless requested. If, at any point, a Virtual Manufacturer or Distributor plans to have controlled substances on site, it must register with DCP for an appropriate MCSR (e.g. manufacturer or distributor) and complete an inspection.

Federal law requires that a 3PL be registered with any state where the 3PL distributes a controlled substance to or from such state.[3] (/news/circular-letter-dcp-23-04-117#_ftn3) Federal law also bars states from licensing/registering 3PLs as wholesale distributors.[4] (/news/circular-letter-dcp-23-04-117#_ftn4) Therefore, the Drug Control Program is making a 3PL MCSR available for this kind of business. To register, a 3PL will need to certify on its initial application and any subsequent renewal applications whether it will be taking custody of controlled substances in Massachusetts. If it is taking custody in Massachusetts, an inspection will be conducted of the necessary premises. If it is registering here for purely virtual activities, no inspection will be conducted, unless requested.

Please direct any questions or concerns to the Drug Control Program: **dcp.dph@mass.gov** (mailto:dcp.dph@mass.gov).

[1] (/news/circular-letter-dcp-23-04-117#_ftnref1) M.G.L. c. 94C, §7(i); 105 CMR 700.001 (Definitions).

[2] (/news/circular-letter-dcp-23-04-117#_ftnref2) M.G.L. c. 94C, §7(i); 105 CMR 700.001 (Definitions).

[3] (/news/circular-letter-dcp-23-04-117#_ftnref3) 21 U.S.C. § 360eee-3(a).

[4] (/news/circular-letter-dcp-23-04-117#_ftnref4) 21 U.S. Code § 360eee–4(b)(2).

Additional Resources

Circular Letter: DCP 23-04-117 (https://www.mass.gov/news/circular-letter-dcp-23-04-117)

Contact

Massachusetts Controlled Substances Registration

Online

MCSR@Massmail.State.MA.US (mailto:MCSR@Massmail.State.MA.US)

Phone

(617) 973-0949 (tel:6179730949)

Fax

(617) 753-8233

Address

250 Washington Street, 3rd Floor, Boston, MA 02108

Directions (https://maps.google.com/?q=250+Washington+Street%2C+3rd+Floor%2C+Boston%2C+MA+02108)

RELATED

105 CMR 700.00: Implementation of MGL c.94C (/regulations/105-CMR-70000-implementation-of-mgl-c94c)

_(/)

All Topics (/topics/massachusetts-topics)

Site Policies (/massgov-site-policies)

Public Records Requests (/topics/public-records-requests)

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Franco Pasquale

Arlington, MA

Summary

Pharmaceutical supply chain leader with extensive business and technical experience, including contract manufacturing, clinical supply, commercial supply, and launch preparations. Proven ability to lead teams and establish strategic partnerships.

Qualifications

Education

- **Columbia University** – MBA, May-2006
- **Stevens Institute of Technology** – M.E. in Chemical Engineering, May-1998
- **University of California, Berkeley** – B.S. in Chemistry, December-1987
- **Weehawken High School** – Graduated, June-1982

Experience

- 18 Years Technical Experience (Pharmaceutical Testing, development and Manufacturing)
- 18 Years of Pharmaceutical Supply Chain experience including roles as Head of Supply Chain at three different Pharmaceutical companies and also supply chain consulting.
- See the following for details on work history including roles and responsibilities.

Work History

Disc Medicine | Watertown, MA (May 2025 – present)

Vice President, Supply Chain

- Responsible for Disc Medicine's clinical and commercial supply chain.
- Responsible for preparing Disc Medicine for its first commercial launch including implementation of the commercial packager, commercial distributor (3PL) and serialization service provider.
- Responsible for assuring supply chain security and oversight including tracking and tracing of commercial products.
- Responsible for oversight of commercial packaging and distribution (3PL) service providers.
- Responsible for assuring compliance of Disc Medicines' supply chain with cGMPs and cGDPs.
- Responsible for assuring compliance with state manufacturing or distribution licenses.

Independent Consultant | Arlington, MA (May 2019 – May-2025)

- Advised and supported biopharma companies in preparing for their first commercial drug launches, including roadmap development, budgeting, sourcing, and production planning.
- Managed clinical labeling, packaging, and logistics for a small pharma company.
- Led the sourcing effort for the supply chain module for a small pharma client's ERP system.
- Procurement and sourcing for a small biopharma.
- Led preparations for Albireo Pharma's first commercial launch in the U.S. and EU.
  - Developed the commercial supply chain roadmap, strategy, and dashboard for both regions.
  - Successfully implemented two commercial packagers, two 3PLs, and a serialization service provider, ensuring all validation activities were completed.
  - Coordinated the development of U.S. and EU commercial artwork and packaging.
  - Negotiated and executed 11 MSAs, including agreements with API manufacturers, drug product manufacturers, packagers, 3PLs, and consultants.
  - Developed and implemented commercial supply chain SOPs.
  - Enabled a successful product launch, ensuring the drug was available ahead of initial orders.

Agios Pharmaceuticals | Cambridge, MA (Aug 2015 – May 2019)

Head of Supply Chain (Clinical and Commercial)

- Led the supply chain department (15 staff members), overseeing clinical and commercial supply chain operations from raw materials to distribution.
- Built the commercial supply chain from the ground up.
- Managed supply chain operations for several clinical products across 13 suppliers.
- Partnered with CMC to select API and drug product commercial manufacturers.
- Managed a $20 million external budget.
- Successfully launched **Tibsovo** in the U.S. (July 2018).
- Ensured 600+ major material movements between CMOs with 98%+ on-time, in-full (OTIF) performance and zero losses.
- Negotiated and implemented commercial supply agreements with API, drug product, packaging, and 3PL providers.
- Led project management for state distribution licensing efforts.
- Developed and mentored high-performance leaders who advanced in their careers.

Apple Inc. | Cupertino, CA (Jun 2014 – Jul 2015)

Global Sourcing Manager, Corporate Procurement

- Managed indirect procurement services for facilities projects and Apple retail store maintenance.
- Sourced general contractors for a $200 million research facility in Japan.
- Led a remote Asia-Pacific team responsible for sourcing HVAC, electrical, plumbing, janitorial, and fixture refurbishment for Apple retail stores.
- Developed RFP templates, procurement processes, and key performance indicators (KPIs) for corporate procurement.

Onyx Pharmaceuticals | South San Francisco, CA (May 2011 – Jan 2014)

Head of Global Supply Chain and Logistics

- Directed the clinical and commercial supply chain teams (20 staff members).
- Prepared Onyx's global supply chain for commercial launches, including the successful launch of **Kyprolis** (lyophilized injectable) in the U.S.
- Developed long-term capacity and secondary sourcing strategies for commercial manufacturing.
- Managed contract manufacturers from raw materials to finished goods.
- Negotiated and executed five key commercial supply agreements.

Genentech | South San Francisco, CA (Aug-2006 – Apr 2011)

Associate Director, Clinical Contract Manufacturing

- Led a team of outsourcing professionals managing antibody-drug conjugation and drug product manufacturing (fill/finish).
- Negotiated contracts, changes, and amendments with external drug product suppliers.
- Oversaw 14 clinical drug product CMOs across 20 sites.
- Served as Project Manager for the merger integration team, transferring contract operations from Roche-Nutley to Genentech-South San Francisco.
- Established the Ex-U.S. clinical labeling, packaging, and distribution network for Genentech.

Berlex Laboratories | Wayne, NJ (Sep-1997 – Aug-2006)

Commercial Inventory Services and Outsourcing

- Led the Inventory Services and Commercial Outsourcing group.
- Directed operations teams in preparation for product launches.
- Negotiated pricing and supply agreements with vendors and contractors.
- Managed collaborations with 16 outsourcing partners.
- Oversaw production planning and inventory management for all Berlex commercial products.
- Served as the Technical Operations representative for the SAP Production Planning module implementation.
- Acted as CMC representative for a pain management development product.

Organon Inc. | West Orange, NJ (Jan-1988 – Sep-1997)

- Senior Pharmaceutical Scientist (1993 - 1997)
- Manufacturing Technology Specialist (1992 - 1993)
- Quality Control Chemist (1988 - 1992)

Employee Name
Moona Abdulkerim
Sonalee Agarwal
Gregory Alcorn
Adaeze Amaefule
Laila Amin
Jacquelyn Arria
Nanthini Arumugam
Mark Ballard
Sandra Barnard
Joseph Beaulieu
Sai Bhagat
Sima Bhatt
Michele Biscoe
Lawrence Bressler
Amanda Britko
Akshay Buch
Jillian Byrne
Steve Caffe
Marcus Carden
Roselyne Castonguay
Jason Cathelyn
Katherine Chan
John Chapin
Muhammad Chaudhry
Yue Chen
Jennifer Cheruvathur
Melanie Chin
Kevin Clarke
Erin Coffey
Trina Cokinos
Melissa D'Annibale
Adam Davey
Sairama Davuluri
Marcela De Souza Santos
Kenneth DiGioia
Emily Domann
George Durrance Jr
Lisa Ellis
Marc Emery
Jessica Falkowitz
Barbara Farrell
Anna Fogoros
Christopher Forbes

Steven Fortier
Jean Franchi
Lisa Freeman
Cate Garcia
Wendy Geil
Silvia Giannini
Molly Graham
Amy Greenwood
Andrinanda Halim
John Harrison
Michelle Henry
Nicole Henry
Traci Henry
Emily Herod
Paul Hinderliter
Gary Hoover
Haley Howell
Janel Jadia
Sanjeev Jaiswal
Alisha Josey
Rahul Kaushik
Amy Kelledes
Eva Kenneally
Rahul Khara
Melody Khorrami
Po Kong
Alison Kracunas
Ashley Leake
Georgina Lee
Chun-Yue Lee
Gene Lichtman
Hien Lieu
Guowen Liu
ReAnna Losoya
Joseph MacDougall
Heidi Mangus
Akhona Maqubela
Derek Marion
Kira Masciangelo
Amanda McGrath
Tamara McGrillen
Jestun McGuire
William McIlwain
Kristine McLarney

George Mensing
Mahaney Miller
Ian Mitchell
Daniel Monet
Dhara Moro
Mohamed Mughal
Matthew Murphy
Jainan Naik
Deepalakshmi Nellaiappan
John Noonan
Chelsea Norregaard
Megan O'Grady
Lavanya Padamati
Jennifer Pantina
Franco Pasquale
Olivia Pelletier
James Phipps
Thomas Pickens
NahJah Prescott
Elizabeth Quigley
John Quisel
Sonia Razzetti
Scott Reisman
Lorna Riach
Laura Roach
Richard Rodriguez
Angela Roster
Koy Saeteurn
Joseph Saija
William Savage
Jennifer Schlegel
Derek Sethachutkul
Michelle Shaw
Hong Shen
George Shi
Keith Shusterman
Henry Sparks
Payton Spencer
Pamela Stephenson
Nicole Sullivan
Opeyemi Tayo-Balogun
Ashley Terrell Bowie
Alison Thomas
Michael Thompson

Nicole Tignor
Diamaris Torres
Vincent Ty
Bret Umstead
Ravi Vats
Srikanth Venkatraman
Kathryn Wang
Keith White
Min Wu
Yi Xiang
Xiaolai Xu
Daphne Yang
Hua Yang
Jonathan Yu
Jingxi Zhao

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2024

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number: 001-39438

Disc Medicine, Inc.

(Exact name of registrant as specified in its charter)

Delaware	85-1612845
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
321 Arsenal Street, Suite 101 Watertown, Massachusetts	02472
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: (617) 674-9274

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 Par Value	IRON	The Nasdaq Global Market

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☒
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of Common Stock held by non-affiliates of the registrant computed by reference to the price of the registrant's Common Stock as of June 30, 2024, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $983.0 million (based on the last reported sale price on the Nasdaq Global Market as of such date).

As of February 21, 2025, there were 34,569,042 shares of the registrant's Common Stock, $0.0001 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2025 Annual Meeting of Stockholders, which the registrant intends to file with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2024, are incorporated by reference into Part III of this Annual Report on Form 10-K.

Disc Medicine, Inc.
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FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K of Disc Medicine, Inc., or the Company, contains or incorporates statements that constitute forward-looking statements within the meaning of the federal securities laws. Our forward-looking statements include, but are not limited to, statements regarding our or our management team's expectations, hopes, beliefs, intentions or strategies regarding the future. In addition, any statements that refer to projections, forecasts or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking statements. The words "anticipate," "believe," "contemplate," "continue," "could," "estimate," "expect," "intends," "may," "might," "plan," "possible," "potential," "predict," "project," "should," "will," "would" and similar expressions may identify forward-looking statements, but the absence of these words does not mean that a statement is not forward-looking. Forward-looking statements in this Annual Report on Form 10-K may include, for example, statements about:

- the initiation, timing, progress, results, and cost of our research and development programs and our current and future preclinical studies and clinical trials, including our planned APOLLO clinical trial of bitopertin, our ongoing and planned clinical trials of DISC-0974 and our planned Phase 2 clinical trial of DISC-3405, and including statements regarding the timing of initiation and completion of studies or trials and related preparatory work, the period during which the results of the trials will become available, and our research and development programs;
- our ability to efficiently discover and develop product candidates;
- our ability and the potential to successfully manufacture our drug substances and product candidates for preclinical use, for clinical trials and on a larger scale for commercial use, if approved;
- our ability to obtain funding for our operations necessary to complete further development and commercialization of our product candidates;
- our ability to seek and obtain approval for bitopertin under the U.S. Food and Drug Administration's, or FDA's, Accelerated Approval Program, including the FDA's acceptance of the APOLLO clinical study as a post-marketing confirmatory trial, the timeline for a potential New Drug Application, or NDA, submission, and whether the NDA submission will meet the standards for accelerated approval;
- our ability to obtain and maintain regulatory approval of our product candidates;
- our ability to commercialize our products, if approved;
- the pricing and reimbursement of our product candidates, if approved;
- the implementation of our business model, and strategic plans for our business and product candidates;
- the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates;
- estimates of our future expenses, revenues, capital requirements, and our needs for additional financing;
- the potential benefits of strategic collaboration agreements, our ability to enter into strategic collaborations or arrangements, and our ability to attract collaborators with development, regulatory and commercialization expertise;
- future agreements with third parties in connection with the commercialization of product candidates and any other approved product;
- the size and growth potential of the markets for our product candidates, and our ability to serve those markets;
- our financial performance;
- our ability to remediate the material weakness in our internal control over financial reporting;
- the rate and degree of market acceptance of our product candidates;
- regulatory developments in the United States and foreign countries;
- our ability to contract with third-party suppliers and manufacturers and their ability to perform adequately;
- our ability to produce our products or product candidates with advantages in turnaround times or manufacturing cost;
- the success of competing therapies that are or may become available;
- our ability to attract and retain key scientific or management personnel;
- the impact of laws and regulations;

- developments relating to our competitors and our industry;
- the impact of global economic and political developments on our business, including rising inflation and capital market disruptions, geopolitical conflicts, including the conflicts between Russia and Ukraine and in the Middle East, economic sanctions and economic slowdowns or recessions that may result from such developments which could harm our research and development efforts as well as the value of our common stock and our ability to access capital markets; and
- other risks and uncertainties, including those listed under the caption "Risk Factors."

These forward-looking statements are based on information available to us at the time of this Annual Report on Form 10-K and current expectations, forecasts and assumptions, and involve a number of judgments, risks and uncertainties. Accordingly, forward-looking statements should not be relied upon as representing our views as of any subsequent date, and we do not undertake any obligation to update forward-looking statements to reflect events or circumstances after the date they were made, whether as a result of new information, future events or otherwise, except as may be required under applicable securities laws.

The outcome of the events described in these forward-looking statements is subject to known and unknown risks, uncertainties, and other factors. As a result of a number of known and unknown risks and uncertainties, our actual results or performance may be materially different from those expressed or implied by these forward-looking statements. Factors that could cause actual results to differ include, but are not limited to, those discussed in the section titled "Risk Factors" included within Item 1A of this Annual Report on Form 10-K.

RISK FACTOR SUMMARY

Below is a summary of the principal factors that make an investment in our common stock speculative or risky. This summary does not address all of the risks that we face. Additional discussion of the risks summarized in this risk factor summary and other risks that we believe are material to our investors can be found below under the heading "Item 1A. Risk Factors" and should be carefully considered, together with other information in this Annual Report on Form 10-K and our other filings with the Securities and Exchange Commission, or SEC, before making an investment decision regarding our common stock.

- Our limited operating history may make it difficult for you to evaluate the success of our business to date and to assess our future viability.
- We have incurred significant net losses since our inception and anticipate that we will continue to incur losses for the foreseeable future.
- We have no products approved for commercial sale and have not generated any revenue from product sales.
- Our existing and any future indebtedness could adversely affect our ability to operate our business.
- We may need to raise substantial additional funding. If we are unable to raise capital when needed or on terms acceptable to us, we may be forced to delay, reduce, or eliminate some of our product development programs or commercialization efforts.
- We have not yet progressed any product candidates into a Phase 3 clinical trial and may be unable to successfully complete any additional clinical trials for any product candidates we develop. Certain of our programs are still in preclinical development and may never advance to clinical development.
- Our programs are focused on the development of therapeutics for patients with hematologic diseases, which is a rapidly evolving area of science, and the approach we are taking to discover and develop product candidates is novel and may never lead to approved or marketable products.
- Interim, top-line, initial and preliminary data from our clinical trials that we announce or publish from time to time may change as more patient data become available and are subject to confirmation, audit, and verification procedures that could result in material changes in the final data.
- If we experience delays or difficulties in the enrollment of patients in clinical trials, our receipt of necessary regulatory approvals could be delayed or prevented.
- Results from early preclinical studies and clinical trials of our programs and product candidates are not necessarily predictive of the results of later preclinical studies and clinical trials of our programs and product candidates. If we cannot replicate the results from earlier preclinical studies and clinical trials of our programs and product candidates in our later preclinical studies and clinical trials, we may be unable to successfully develop, obtain regulatory approval for and commercialize our product candidates.
- Our clinical trials or those of our future collaborators may reveal significant adverse events not seen in prior preclinical studies or clinical trials and may result in a safety profile that could inhibit regulatory approval or market acceptance of any of our product candidates.
- Some of our product candidates modulate pathways for which there are currently no approved or effective therapies, which may result in greater research and development expenses, regulatory issues that could delay or prevent approval, or discovery of unknown or unanticipated adverse effects on safety or efficacy.
- We have conducted and are currently conducting clinical trials for bitopertin in Australia and may in the future conduct additional clinical trials of our product candidates outside the United States, and the FDA and comparable foreign regulatory authorities may not accept data from such trials.
- If we are not able to obtain, or if there are delays in obtaining, required regulatory approvals for any of our product candidates, we will not be able to commercialize, or will be delayed in commercializing, such product candidates, and our ability to generate revenue will be materially impaired.
- We face substantial competition, which may result in others discovering, developing, or commercializing products before or more successfully than we do.
- If our current product candidates or any future product candidates do not achieve broad market acceptance, the revenue that we generate from our sales may be limited, and we may never become profitable.

- We rely on third parties to conduct our clinical trials for our product candidates, as well as potential investigator-sponsored clinical trials of our product candidates. If these third parties do not successfully carry out their contractual duties, comply with regulatory requirements, or meet expected deadlines, we may not be able to obtain regulatory approval for or commercialize our product candidates and our business could be substantially harmed.
- We might not realize the anticipated benefits of our current collaborations with Mabwell or NIH, or any other collaborations we enter into in the future.
- We contract with third parties for the manufacture of our product candidates for preclinical development and clinical testing, and expect to continue to do so for commercialization. This reliance on third parties increases the risk that we will not have sufficient quantities of our product candidates or products or such quantities at an acceptable cost, which could delay, prevent, or impair our development or commercialization efforts.
- If we are unable to obtain and maintain patent and other intellectual property protection for our technology and product candidates, or if the scope of the intellectual property protection obtained is not sufficiently broad, our competitors could develop and commercialize technology and drugs similar or identical to ours, and our ability to successfully commercialize our technology and drugs may be impaired, and we may not be able to compete effectively in our market.
- We may not obtain or grant licenses or sublicenses to intellectual property rights in all markets on equally or sufficiently favorable terms with third parties.
- Intellectual property rights do not guarantee commercial success of current or future product candidates or other business activities. Numerous factors may limit any potential competitive advantage provided by our intellectual property rights.
- Obtaining and maintaining regulatory approval of our product candidates in one jurisdiction does not mean that we will be successful in obtaining regulatory approval of our product candidates in other jurisdictions.
- We may seek approval from the FDA for bitopertin or any of our other current or future product candidates under the Accelerated Approval Program. If we are not able to use such program, we may be required to conduct additional clinical trials beyond those that are contemplated, which would increase the expense of obtaining, and delay the receipt of, necessary marketing approvals, if we receive them at all. In addition, even if the Accelerated Approval Program is available to us, it may not ultimately lead to expedited approval of our product candidates, or approval at all.
- Inadequate funding for the NIH, CMS, FDA, the SEC and other government agencies, including from government shut downs, or other disruptions to these agencies' operations, including significant leadership, personnel, or policy changes, could prevent new products and services from being developed or commercialized in a timely manner or otherwise prevent those agencies from performing normal business functions on which the operation of our business may rely, which could negatively impact our business.
- Our future success depends on our ability to retain key executives and experienced scientists and to attract, retain, and motivate qualified personnel.
- Adverse developments affecting the financial services industry, such as actual events or concerns involving liquidity, defaults, or non-performance by financial institutions or transactional counterparties, could adversely affect the Company's current and projected business operations and its financial condition and results of operations.
- Unfavorable global economic conditions could adversely affect our business, financial condition or results of operations.
- The market price of our common stock is expected to be volatile.
- We have incurred and will continue to incur increased costs and increased demands upon management as a result of complying with the laws and regulations affecting public companies.
- We have identified a material weakness in our internal controls over financial reporting and may identify additional material weaknesses in the future or otherwise fail to maintain an effective system of internal controls, which may result in material misstatements of our consolidated financial statements or cause us to fail to meet our periodic reporting obligations.

This section contains forward-looking statements. You should refer to the explanation of the qualifications and limitations on forward-looking statements beginning on page ii.

PART I

Except where the context otherwise requires or where otherwise indicated, the terms "Disc," "we," "us," "our," "our company," "the company," and "our business" refer to Disc Medicine, Inc. and its consolidated subsidiaries.

ITEM 1. BUSINESS

Overview

We are a clinical-stage biopharmaceutical company focused on the discovery, development, and commercialization of novel treatments for patients suffering from serious hematologic diseases. We have assembled a portfolio of clinical and preclinical product candidates that aim to modify fundamental biological pathways associated with the formation and function of red blood cells, specifically heme biosynthesis and iron homeostasis. Our current pipeline includes bitopertin for the treatment of erythropoietic porphyrias, or EPs, including erythropoietic protoporphyria, or EPP, and X-linked protoporphyria, or XLP, and Diamond-Blackfan Anemia, or DBA; DISC-0974 for the treatment of anemia of myelofibrosis, or MF, and anemia of chronic kidney disease, or CKD; and DISC-3405 (formerly MWTX-003) for the treatment of polycythemia vera, or PV, and other hematologic disorders. In addition, our preclinical programs also include DISC-0998 for the treatment of anemia associated with inflammatory diseases. Our approach to product candidate development leverages well-understood molecular mechanisms that have been validated in humans. We believe that each of our product candidates, if approved, has the potential to improve the lives of patients suffering from hematologic diseases.

Bitopertin is the lead product candidate in our heme biosynthesis modulation portfolio. Bitopertin was previously evaluated by F. Hoffmann-La Roche Ltd and Hoffmann-La Roche Inc., or collectively, Roche, in a comprehensive clinical program in over 4,000 individuals in other indications which demonstrated the activity of bitopertin as a glycine transporter 1, or GlyT1, inhibitor and its effect on heme biosynthesis. We are initially developing bitopertin for the treatment of EPs, including EPP and XLP, which are part of a group of severe diseases, known as porphyrias, caused by defects in the heme biosynthesis pathway that cause an accumulation of toxic metabolites referred to as porphyrins, resulting in skin hypersensitivity to sunlight and some types of artificial light. In June and December 2023, we presented interim data from BEACON, a Phase 2 open-label, parallel-dose clinical trial of bitopertin in EPP and XLP patients conducted at sites in Australia. In April 2024, we presented topline data from AURORA, a Phase 2, randomized, double-blind, placebo-controlled clinical trial of bitopertin in EPP patients conducted at sites in the United States. Additional analyses of the BEACON and AURORA trials were presented in June 2024 and in December 2024. In both trials, bitopertin significantly reduced the toxic metabolite, protoporphyrin IX, or PPIX, and was associated with improvements in measures of time spent in sunlight and quality of life, demonstrating a clear association between PPIX reduction and clinical endpoints. In addition, bitopertin was generally well-tolerated. All participants in AURORA and BEACON are eligible to participate in HELIOS, an ongoing open-label, long-term extension study of bitopertin in EPP and XLP. We are also planning APOLLO, a randomized, double-blind, placebo-controlled clinical trial of bitopertin in EPP and XLP patients. In our end-of-Phase 2 meeting, the U.S. Food & Drug Administration, or the FDA, agreed with the potential for reduction of PPIX to serve as a surrogate endpoint to support a potential accelerated approval of bitopertin in EPP and XLP. Under the FDA's Accelerated Approval Program, we would have the potential to submit a New Drug Application, or NDA, for bitopertin in EPP and XLP based on our existing data, and we would be required to conduct a post-marketing confirmatory clinical trial. In our Type C meeting with the FDA in December 2024, we aligned with the FDA on the design of our APOLLO post-marketing confirmatory trial. We plan to initiate the APOLLO trial by mid-2025 and anticipate submitting an NDA for accelerated approval of bitopertin in EPP and XLP in the second half of 2025. We have also entered into a collaborative research and development agreement with the National Institutes of Health, or NIH, to conduct a clinical trial of bitopertin in DBA, which began in July 2023. We are planning additional trials of bitopertin in other indications.

DISC-0974 is the lead product candidate in our iron homeostasis portfolio and was licensed from AbbVie Deutschland GmbH & Co. KG, or AbbVie. DISC-0974 is designed to suppress hepcidin production and increase serum iron levels. We completed a Phase 1 clinical trial in healthy volunteers in the U.S. in June 2022 with results showing an acceptable tolerability profile and evidence of target engagement, iron mobilization and augmented erythropoiesis. We initiated a Phase 1b/2 clinical trial in June 2022 in patients with anemia of MF, and initiated a separate Phase 1b/2 clinical trial in February 2023 in patients with non-dialysis dependent CKD and anemia. We presented interim data from both of these trials in December 2023 as well as additional interim data for anemia of MF in June 2024 and non-dialysis dependent CKD and anemia in October 2024, which additional interim data included safety data and changes in hepcidin, iron, and hemoglobin levels for additional patients, as well as longer follow-up. In December 2024, we presented additional analyses of the Phase 1b study in anemia of MF and initiated the open-label Phase 2 portion of this clinical trial in patients with anemia of MF. We expect to report initial data from this Phase 2 trial in the second half of 2025. We also expect to report data from the multiple-ascending dose, or MAD, portion of the Phase 1b trial in patients with non-dialysis dependent CKD and anemia in the second half of 2025. We are also planning additional trials of DISC-0974 in other anemias of inflammation. In addition, we are developing a preclinical anti-hemojuvelin, or HJV, monoclonal antibody, DISC-0998, which also targets hepcidin suppression and was licensed from AbbVie. DISC-0998 is designed to increase serum iron levels and

has an extended serum half-life as compared to DISC-0974. We believe this profile may be desirable in certain subsets of patients with anemia associated with inflammatory diseases.

Lastly, we are developing DISC-3405, a monoclonal antibody against Transmembrane Serine Protease 6, or TMPRSS6, that we licensed from Mabwell Therapeutics, Inc., or Mabwell. DISC-3405 is part of our iron homeostasis portfolio and is designed to induce hepcidin production and reduce serum iron levels. An IND for DISC-3405 was cleared by the FDA, and a Phase 1 clinical trial in healthy adult volunteers was initiated in October 2023. Interim data was presented from the single-ascending dose, or SAD, portion of the Phase 1 clinical trial of DISC-3405 in healthy volunteers in June 2024. We presented data from the MAD portion of the Phase 1 healthy volunteer study of DISC-3405 in December 2024. We expect to develop DISC-3405 for the treatment of PV and other hematologic disorders, and plan to initiate a Phase 2 clinical trial of DISC-3405 in PV in the first half of 2025.

Our Approach

Our goal is to continue to build and advance a portfolio of product candidates that focus on fundamental biological pathways associated with the formation and function of red blood cells. Red blood cells have the essential role of carrying oxygen via hemoglobin to all tissues and organs in the body. The biological processes that are required to maintain normal levels of functional red blood cells are complex, and a variety of congenital and acquired diseases occur due to imbalances or deficiencies in red blood cell formation and function. Two key components needed to support the formation and function of red blood cells are heme and iron. Heme is an essential part of red blood cells, and when complexed into the hemoglobin protein, it performs the vital function of transporting oxygen throughout the body. Iron is a key component of heme, and therefore both iron and heme are required for erythropoiesis, the biological process by which precursor cells in the bone marrow mature to become red blood cells. Based on previously conducted animal models and preclinical and clinical data, we believe our product candidate portfolio, by targeting fundamental pathways in red blood cell biology, has the potential to address a range of hematologic diseases in which modification of iron and heme plays a critical function.

We are focused on therapeutic approaches that modulate heme and iron to address diseases of heme biosynthesis and red blood cell production, and we target therapeutic mechanisms that have been validated in humans, through evidence from either human genetics or third-party clinical trials. For example, our lead program, bitopertin, which has been evaluated in over 4,000 individuals, has demonstrated suppression of heme biosynthesis in multiple clinical trials conducted by Roche. The targets of our iron homeostasis portfolio, HJV and TMPRSS6, have both been genetically validated in humans and shown to have a role in the regulation of hepcidin and iron homeostasis. For example, individuals with inherited loss of the HJV gene exhibit low levels of hepcidin and individuals with inherited loss of the TMPRSS6 gene exhibit elevated levels of hepcidin.

By focusing on fundamental red blood cell biology that is validated in humans, we believe that our product candidates are more likely to exhibit well-defined biological effects in clinical trials and have the potential for broad applicability across a wide range of hematologic diseases. Our current pipeline is focused on the following three approaches:

- Modulating the heme biosynthesis pathway, which is anticipated to be useful in diseases caused by excesses in toxic heme pathway metabolites, e.g., EPs;
- Increasing iron availability to red blood cell precursors, which is anticipated to have direct effects on increasing red blood cell production to correct anemia in diseases of iron restriction, e.g., anemia associated with inflammatory diseases; and
- Decreasing iron availability, which is anticipated to lower red blood cell production in diseases of excessive red cell production, e.g., PV.

Our Pipeline

We are building an innovative pipeline of product candidates that aim to modify fundamental biological pathways associated with the formation and function of red blood cells. We have obtained exclusive, worldwide licenses for the development and commercialization of bitopertin, DISC-0974, and DISC-0998, and exclusive rights for DISC-3405 and related antibodies in all territories outside of Greater China and Southeast Asia.

Clinical-Stage Product Candidates

The diagram below reflects the status of the clinical-stage product candidates, bitopertin, DISC-0974 and DISC-3405, and clinical trials that have been completed, are ongoing or are expected to initiate by the end of 2025. The timelines shown reflect our current expectations and beliefs based on our internal plans and regulatory interactions to date.



We also plan to develop bitopertin, DISC-0974 and DISC-3405 for other indications. For example, we are exploring the potential of bitopertin as a treatment for macrocytic anemias, such as DBA and certain types of myelodysplastic syndromes, or MDS, in preclinical studies and have entered into a collaborative research and development agreement with the NIH to conduct an NIH-sponsored clinical trial of bitopertin in DBA. The trial began in July 2023.

Preclinical-Stage Product Candidates

We also have preclinical-stage programs in development. This includes DISC-0998: a separate, preclinical anti-HJV monoclonal antibody, which is also designed to target hepcidin suppression and was licensed from AbbVie. DISC-0998 is designed to increase serum iron levels and has an extended serum half-life as compared to DISC-0974. We believe this profile may be desirable in certain subsets of patients with anemia associated with inflammatory diseases.

Our Strategy

Our mission is to significantly improve the lives of patients suffering from hematologic diseases by developing differentiated product candidates, including ones designed to target fundamental pathways associated with the formation and function of red blood cells. To achieve our mission, we are focused on the following key elements of our strategy:

- **Obtain regulatory approval for and successfully commercialize bitopertin for the treatment of patients with EPP and XLP, and expand into other diseases characterized by dysregulation of the heme biosynthesis pathway.** In multiple clinical trials conducted by Roche in other indications, bitopertin was observed to be a regulator of heme biosynthesis. We are initially developing bitopertin for the treatment of patients with EPP and XLP, which are part of a group of severe diseases, known as porphyrias, caused by defects in the heme biosynthesis pathway that cause an accumulation of toxic metabolites referred to as porphyrins. Based on the clinical data generated by Roche in multiple clinical trials in other indications, the compelling preclinical data we have generated, and the results of our BEACON and AURORA Phase 2 clinical trials, we believe bitopertin has the potential to be a disease-modifying treatment for these

patients. In our end-of-Phase 2 meeting, the FDA agreed with the potential for reduction of PPIX to serve as a surrogate endpoint to support a potential accelerated approval of bitopertin in EPP and XLP. Under the FDA's Accelerated Approval Program, we would have the potential to submit an NDA for bitopertin in EPP and XLP based on our existing data, and we would be required to conduct a post-marketing confirmatory clinical trial. In our Type C meeting with the FDA in December 2024, we aligned with the FDA on the design of our APOLLO post-marketing confirmatory trial. We plan to initiate the APOLLO trial by mid-2025 and anticipate submitting an NDA for accelerated approval of bitopertin in EPP and XLP in the second half of 2025. We also plan to explore the potential of bitopertin to treat other hematologic diseases, including DBA.

- **Advance the clinical development of DISC-0974 for the treatment of anemia associated with MF, CKD and other inflammatory diseases.** We are initially developing our lead hepcidin-suppressing program, DISC-0974, for the treatment of anemia associated with MF and CKD. Our Phase 1, placebo-controlled, single-ascending dose clinical trial of DISC-0974 in healthy volunteers showed an acceptable tolerability profile and evidence of target engagement and iron mobilization and augmented erythropoiesis. We initiated a Phase 1b/2 clinical trial in June 2022 in patients with anemia of MF and initiated a separate Phase 1b/2 clinical trial in February 2023 in patients with non-dialysis dependent CKD and anemia. We presented interim data from both of these trials in December 2023 as well as additional interim data for anemia of MF in June 2024 and non-dialysis dependent CKD and anemia in October 2024. In December 2024, we presented additional analyses of the Phase 1b study in anemia of MF and initiated the open-label Phase 2 portion of this clinical trial in patients with anemia of MF. We expect to report initial data from this Phase 2 trial in the second half of 2025 and final data in 2026. We also expect to report data from the MAD portion of the Phase 1b trial in patients with non-dialysis dependent CKD and anemia in the second half of 2025. Subject to the results of such MAD portion of the study, we expect to initiate and report initial data from a Phase 2 clinical trial in patients with non-dialysis dependent CKD and anemia in 2026. We also plan to further expand the development of DISC-0974 into anemias associated with other inflammatory diseases, such as inflammatory bowel disease.
- **Advance the clinical development of DISC-3405 for the treatment of PV and expand into other diseases associated with excess iron availability.** The second program in our iron homeostasis portfolio is DISC-3405, which is designed to induce hepcidin production. The inhibition of TMPRSS6 has been shown in non-clinical studies to increase hepcidin levels and restrict iron availability, and DISC-3405 demonstrated activity in disease models of PV and beta-thalassemia. In clinical trials conducted by third parties, iron restriction through a hepcidin mechanism resulted in disease control in patients with PV. We presented interim data from the SAD portion of our Phase 1 clinical trial of DISC-3405 in healthy volunteers in June 2024 and presented data from the MAD portion of such study in December 2024. We expect to develop DISC-3405 for the treatment of PV and other hematologic disorders, and plan to initiate a Phase 2 clinical trial of DISC-3405 in PV in the first half of 2025 and report data in 2026.
- **Continue to build our pipeline through internal research or business development.** Though we have yet to generate complete clinical data for each of our product candidates, we believe that all of our current product candidates, if approved, could have pipeline-in-a-product potential, and for each product candidate, we plan to explore its potential across multiple hematologic diseases. In addition, we plan to leverage our expertise in hematology to further grow our pipeline through both internal discovery and development of new therapeutic candidates and in-licensing of external assets. This approach includes developing both next-generation programs to support our existing heme biosynthesis and iron homeostasis portfolios as well as molecules that target other pathways associated with red blood cells that may be of strategic and biological interest. For example, we are developing DISC-0998, a preclinical monoclonal antibody as a next generation product candidate against HJV, the same target as DISC-0974. We believe DISC-0998 has improved pharmacokinetic, or PK, and pharmacodynamic, or PD, properties that may benefit certain subsets of patients with anemia associated with inflammatory diseases.
- **Opportunistically evaluate strategic collaborations to maximize the value of our product candidates and preclinical programs.** We have obtained exclusive, worldwide licenses for the development and commercialization of bitopertin, DISC-0974, and DISC-0998, and exclusive rights for DISC-3405 (formerly MWTX-003) and related antibodies in all territories outside of Greater China and Southeast Asia. As we advance the development of our product candidates and preclinical programs across multiple indications and continue to generate additional data, we intend to continuously evaluate our options for maximizing the value of our overall portfolio. For example, in certain geographies, we may opportunistically enter into strategic collaborations to accelerate the development and maximize the commercial potential of any or all of our product candidates or preclinical programs. For each product candidate, preclinical program, indication, and geographic region, our goal is to find the best path forward for the development of our product candidates and preclinical programs in order to treat patients in need of new therapies, while also maximizing value for our stockholders.

Our Corporate History and Team

We were founded in 2017 with the mission to design, develop, and commercialize medicines for patients with hematologic diseases. Since inception, we have focused on building our pipeline of product candidates through both internal drug discovery activities and external business development, conducting preclinical studies and clinical trials, preparing for the potential commercialization of bitopertin, if approved, and establishing and maintaining our intellectual property portfolio.

We have assembled a management team with extensive experience in successfully developing, manufacturing, and commercializing transformative therapies as well as in business development and alliance management. Collectively, our team led, or was involved in, the development, regulatory approval, and commercialization of therapies for hematologic diseases, such as Idhifa, Reblozyl, Pyrukynd, Adynovate, Tibsovo, Casgevy, and Roxadustat, as well as numerous late-stage clinical and approved therapies for other therapeutic areas. Our team has significant previous experience at leading biotechnology and pharmaceutical companies, including Acceleron Pharma, Inc., Agios Pharmaceuticals, Inc., Albireo Pharma, Inc., Bristol-Myers Squibb Company, CRISPR Therapeutics AG, FibroGen, Inc., Genzyme Corporation, Johnson & Johnson, Merck & Co., Inc., Pfizer Inc., Replimune Group Inc., Takeda Pharmaceutical Co., Vertex Pharmaceuticals Incorporated, and The Medicines Company. Our management team's wide-ranging expertise in rare diseases, hematology, medicinal chemistry, protein biochemistry, and clinical development provide a singular vision for building a company focused on fundamental mechanisms to develop treatments for patients with hematologic diseases.

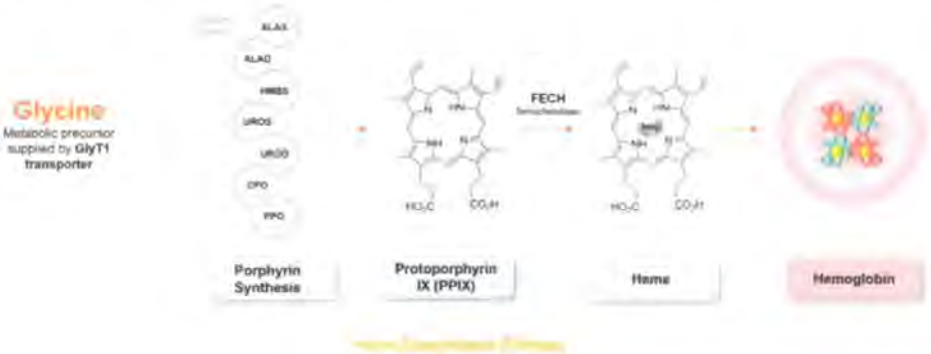
Our Heme Biosynthesis Modulation Portfolio

Our first therapeutic approach is focused on the treatment of diseases caused by defects in heme biosynthesis, a multistep enzymatic process that is critical for the formation of new red blood cells. Heme is an essential part of red blood cells, and when complexed into the hemoglobin protein, it performs the vital function of transporting oxygen throughout the body. However, genetic or acquired defects in the enzymes that mediate heme biosynthesis, as well as deficiencies in the incorporation of heme into hemoglobin, can result in the accumulation of toxic metabolites, leading to a range of hematologic diseases.

Heme Biosynthesis: Fundamental to Erythropoiesis

Erythropoiesis is the biological process by which precursor cells in the bone marrow mature to become red blood cells. The primary function of red blood cells is to transport oxygen throughout the body. Hemoglobin, an iron-containing protein found in all red blood cells, is responsible for binding to oxygen in the lungs, transporting it throughout the body and releasing it in peripheral tissues. The key oxygen binding function of hemoglobin is mediated by its heme component, a molecular complex comprising a porphyrin molecule and iron. Because red blood cells consist largely of heme-containing hemoglobin, newly forming red blood cells must synthesize tremendous amounts of heme. Heme biosynthesis is a complex process that begins with the amino acid glycine and requires multiple subsequent enzymatic reactions, as shown in the figure below. Heme is a highly reactive and potentially toxic complex, as are many of the porphyrin molecules that are generated as metabolic intermediates during heme biosynthesis. As a result, heme biosynthesis is tightly regulated to avoid a build-up of free heme or porphyrins. As new red blood cells are forming in the bone marrow, the heme biosynthesis pathway is tightly coordinated with the expression of the protein subunits of hemoglobin, the globins, and the uptake of iron. The vast majority of newly synthesized heme is incorporated into hemoglobin and does not accumulate in free form to toxic levels. Moreover, the entire process of erythropoiesis is regulated by the availability of heme. As a result, agents that affect heme biosynthesis have broad potential to treat diseases of the heme and hemoglobin biosynthesis pathways and other hematologic diseases resulting from dysregulated erythropoiesis.

Overview of the Heme Biosynthesis Process - Eight Enzymatic Steps from Glycine to Heme



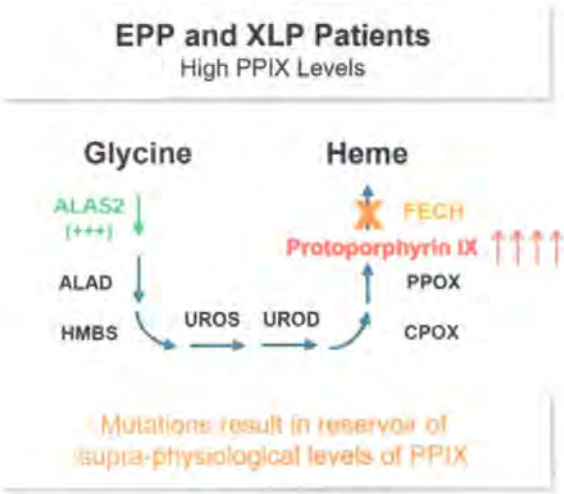
Heme Biosynthesis as a Therapeutic Target for Diseases

In many hematologic diseases, there is abnormal proliferation and differentiation of the progenitor cells that develop into red blood cells. An alteration in any aspect of red blood cell maturation can result in the build-up of metabolic intermediates from heme and hemoglobin biosynthesis, and these intermediates can cause a variety of disease states. Defects of the heme biosynthesis enzymes in the erythroid lineage can cause the build-up of metabolic intermediates called porphyrins and lead to a set of diseases referred to as EPs. In EPs, porphyrins accumulate to inappropriately high levels and cause damage, particularly in the skin, gallbladder, and liver. Similarly, defects in globin biosynthesis, often caused by mutations in the ribosomes that are necessary for mediating globin biosynthesis, result in the build-up of heme that is not complexed with globin. This free heme can damage newly forming red blood cells, leading to forms of anemia observed in DBA and in certain types of MDS. In diseases characterized by defects in the genes coding for the globins, such as sickle cell disease and beta thalassemia, the reduction of heme biosynthesis has the potential to reduce the production of pathologically altered globins that aggregate or polymerize, causing oxidative damage and hemolysis. In people without globin abnormalities, excessive production of red blood cells with normal hemoglobin can cause PV, in which the higher hematocrit can lead to thrombotic disease, including stroke. Restricting heme formation has the potential to ameliorate symptoms in certain patients with these hemoglobinopathies and disorders of red blood cell excess. Therefore, we believe that inhibitors of heme biosynthesis have the potential to treat a wide range of hematologic diseases by restricting the production of damaging metabolites, including porphyrins, heme and globins.

Erythropoietic Porphyrias

EPs are a family of rare, debilitating, and potentially life-threatening diseases caused by mutations that affect the heme biosynthesis pathway. These mutations result in the toxic accumulation of metabolic intermediates in the blood called porphyrins, which can absorb light through the skin and mediate the generation of toxic reactive oxygen species that cause damage to the skin and other tissues. Consequently, when patients with porphyria are exposed to sunlight, they experience excruciating pain, blistering, and edema in the skin. This severe phototoxicity often results in a lifelong aversion to and fear of light, which has a negative impact on patients and their families, particularly for young children. These effects include impaired psychosocial development and conditions, such as anxiety, depression, and social isolation that may require significant adjustments to career and other life choices. EPs comprise three subtypes that are each linked to a specific mutation or deficiency in one of the enzymes in the heme biosynthesis pathway: (1) EPP, which is linked to the ferrochelatase, or FECH, enzyme; (2) XLP, which is linked to the delta-aminolevulinic acid synthase-2, or ALAS2, enzyme; and (3) congenital erythropoietic porphyria, or CEP, which is linked to the uroporphyrinogen III cosynthase, or UROS, enzyme. As shown below, mutations in the FECH and ALAS2 enzymes lead to a pathological accumulation of PPIX, and as a result, patients with EPP or XLP typically have high levels of PPIX.

Genetic and Biochemical Basis for EPP and XLP: FECH and ALAS2 Mutations Increase PPIX Levels



Figures adapted from Halloy et al. (2021) *Cell Chem Biol*

EPP is a rare, inherited metabolic disease characterized by a deficiency of the FECH enzyme. FECH is responsible for the last step in heme biosynthesis and catalyzes the insertion of iron into PPIX to create the final heme moiety. In patients with EPP who have abnormally low levels of FECH, excessive amounts of PPIX accumulate in the bone marrow, blood plasma, and red blood cells. This accumulation of PPIX, which becomes highly reactive and toxic when exposed to light, causes the hallmark EPP symptom of photosensitivity, or skin hypersensitivity to sunlight and some types of artificial light, such as fluorescent lights. After

exposure to light, the patient's skin may initially become itchy and red, and then affected individuals often experience a severe burning sensation that may persist for days. PPIX also accumulates in the gallbladder and liver and causes complications in these organs for some patients. An estimated 25% of patients may develop gallstones that require surgical removal. Many patients live with subclinical liver damage, which progresses to overt liver failure and requires liver transplant in approximately 2% to 5% of patients. The onset of symptoms affecting the skin usually occurs in early childhood; however, in some cases, onset may not occur until adolescence or adulthood. EPP has been reported worldwide, with prevalence between 1 in 75,000 to 1 in 200,000, but a recent genetic study suggests that the genetic prevalence may be higher at approximately 1 in 17,000. Recent analyses we completed of medical claims data using the ICD-10 code for EPP suggests there are approximately 14,000 diagnosed patients in the U.S.

XLP is a genetically distinct inherited metabolic disease with a clinical presentation that is similar to EPP. The causative mutation in XLP occurs in the ALAS2 gene, which codes for the first enzyme in the heme biosynthesis pathway that is found on the X chromosome and inherited with an X-linked pattern. The mutation causes increased ALAS2 function, which results in pathologic accumulation of PPIX. XLP affects both males and females, but males usually develop a severe form of the disease. Females with an ALAS2 mutation may also develop the disease, but severity can range from being asymptomatic to a severe form. Similar to EPP, the major symptom of this disease is skin hypersensitivity to sunlight and some types of artificial light. The exact incidence or prevalence of XLP is unknown, but it is often estimated at one-tenth the incidence of EPP. EPP and XLP, when combined, are the third most common porphyria.

CEP, also known as Günther Disease, is the rarest and most severe form of the EPs and results from the deficient function in UROS, the fourth enzyme in the heme biosynthesis pathway. In CEP, the impaired function of this enzyme leads to the accumulation of excessive amounts of certain porphyrins, particularly in the bone marrow, plasma, red blood cells, urine, teeth, and bones. Similar to EPP and XLP, the major symptom of this disease is skin hypersensitivity to sunlight and some types of artificial light. However, in patients with CEP, the photoactivated porphyrins in the skin cause more profound blistering and scarring. Additionally, the accumulation of porphyrins in the bone impairs bone metabolism and can cause bone loss and deformities. CEP is extremely rare and there have been about 220 affected individuals reported to date.

Current Treatment Options for Erythropoietic Porphyrias

There are currently no disease-modifying therapies available to treat EPs other than bone marrow transplantation, which is associated with high rates of morbidity and mortality. Lifestyle alterations to avoid light exposure are the primary approach to managing phototoxicity in EP patients. Sunscreens, tinted windows, and protective clothing are also commonly used in addition to behavioral modifications. The only class of approved therapies for patients with EP are melanocortin 1 receptor agonists, which are designed to promote melanin production, or tanning, and thereby increase patient tolerance to sunlight. Afamelanotide, an a-melanocyte-stimulating hormone analog delivered by a surgically-administered subcutaneous implant, was approved by the FDA in 2019 for the treatment of adults with EPP. Afamelanotide provides reduction in photosensitivity, but is not designed to reduce PPIX production and is associated with side effects, such as nausea, hyperpigmentation and a darkening of or increase in melanocytic nevi. In a pivotal trial, afamelanotide increased the median number of pain free hours in daytime (10am to 6pm) over 180 days from 40.5 hours in a placebo group to 64.1 hours in the treatment group. Another melanocortin 1 receptor agonist, dersimelagon, which is orally administered, is currently in Phase 3 development by a third party. Overall, there remains a significant unmet need despite the use of melanocortin 1 receptor agonists, as they provide incomplete resolution of photosensitivity and more importantly, are not designed to reduce the production of protoporphyrins or address hepatobiliary complications, such as gallstones and progressive liver disease.

Patients with EP who have progressive liver damage are managed through periodic monitoring, and in cases of liver failure, transplantation is required. While bone marrow transplantation has been used to cure EPs, it is associated with high rates of morbidity and mortality. Therefore, this procedure is usually considered only for younger patients after a liver transplant, for older patients with recurrent disease affecting the liver allograft, or for patients with progressive liver disease.

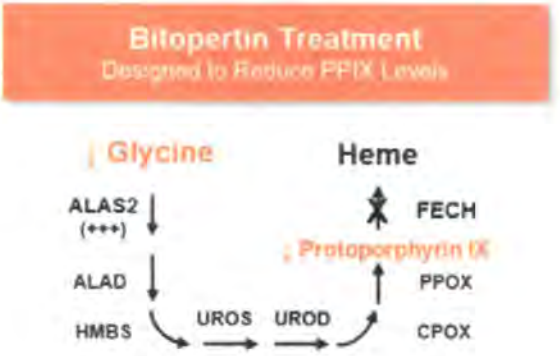
Our Solution: Bitopertin, an Oral, Selective GlyT1 Inhibitor

Bitopertin is designed to be an oral, selective inhibitor of GlyT1, a key membrane transporter required to supply developing red blood cells with sufficient glycine to support erythropoiesis. By limiting glycine uptake at the first step in heme biosynthesis in newly forming red blood cells, bitopertin is designed to reduce the activity of this pathway, as shown below, and therefore has the potential to treat a range of hematologic disorders associated with the biosynthesis of heme and hemoglobin.

Bitopertin May Treat a Range of Hematologic Disorders



We are initially focused on the ability of bitopertin to suppress the accumulation of PPIX. Based on its mechanism of action, we believe bitopertin has the potential to be a disease-modifying treatment for EPP and XLP.



EPP and XLP are diseases marked by severe photosensitivity and damage to the hepatobiliary system caused by the accumulation of PPIX. PPIX has been well-characterized to absorb light and induce inflammation and tissue damage, manifesting clinically as painful phototoxic reactions. Lower levels of PPIX are associated with lower disease severity. Epidemiologic data correlate increasing PPIX concentrations with decreased light tolerance, and interventions that reduce PPIX in patients correlate directly with increased light tolerance. Lower PPIX levels (by roughly 30-50%) increased light tolerance in patients. 25% of patients with lower PPIX levels experienced symptoms versus 75-100% of patients with medium to high PPIX levels under controlled light exposure. During pregnancy, women with EPP experience temporary disease remissions that increase sunlight tolerance and coincide with a reduction in PPIX levels. For example, in a study conducted by a third-party, pregnant women were observed to have a median reduction of 53% in PPIX levels during pregnancy, resulting in a significant reduction in their EPP symptoms. Disease symptoms return after delivery when PPIX levels revert to pre-pregnancy levels, leading to the hypothesis that the fetus may utilize plasma PPIX as a substrate for its own escalating heme biosynthesis requirements, thus reducing PPIX levels in the mother's bloodstream. In a third-party study of extracorporeal photoinactivation, a process that reduces circulating PPIX levels, symptoms were markedly improved after reduction in blood PPIX concentrations. In this study, blood was removed from the body and illuminated with controlled wavelength light to inactivate PPIX, and the blood in which the PPIX was inactivated was re-infused. This procedure resulted in PPIX reductions of approximately 30% and light tolerance was temporarily increased 14-fold, a level of improvement that is expected to permit near-normal patient lifestyle. However, given the technical complexities associated with this procedure, it has not been widely adopted as a therapeutic option in patients.

We believe that the findings from our preclinical studies and the clinical trials conducted by Roche demonstrate that bitopertin has the potential to act as a durable, and well-tolerated inhibitor of heme biosynthesis in humans. Importantly, we believe these studies support the potential for bitopertin to reduce PPIX to a degree that has, in third-party studies, been associated with marked symptom improvement in patients with EPP and XLP.

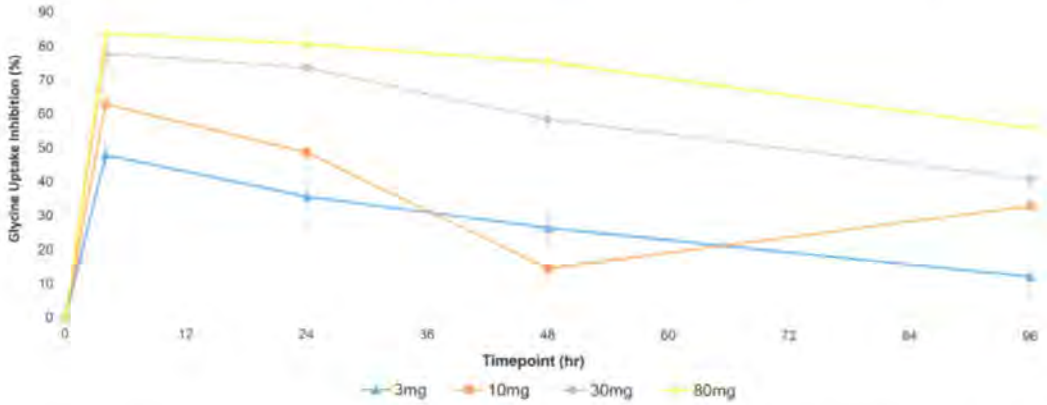
Clinical Data

In May 2021, we licensed exclusive worldwide rights to develop and commercialize bitopertin from Roche. Roche had previously developed bitopertin as a potential therapy for certain symptoms of schizophrenia and obsessive-compulsive disorder, but chose to discontinue the program due to failure to meet primary endpoints in Phase 3 trials for the lead indication after completing over 30 clinical trials in more than 4,000 individuals. Roche conducted a pilot study for the treatment of anemia in 12 patients with beta-thalassemia, a population with a normal heme biosynthesis pathway; this trial did not show consistent increases

in hemoglobin at the doses tested. Despite the observed lack of efficacy, the clinical program established a well-defined and generally well-tolerated profile for bitopertin. Importantly, these trials confirmed that bitopertin inhibits glycine uptake in red blood cells and demonstrated the role of GlyT1 inhibition in heme biosynthesis during red blood cell production. A mild, dose-dependent decrease in heme biosynthesis was observed in multiple clinical trials, which manifested as a decrease in hemoglobin of approximately 0.5 to 2 g/dL that stabilized after approximately 16 weeks, the approximate lifespan of a red blood cell.

For example, a single dose clinical trial in healthy volunteers evaluating bitopertin at doses ranging from 3 mg to 80 mg administered once-daily in 24 individuals demonstrated dose-dependent inhibition of erythrocyte glycine uptake levels, as shown below.

Bitopertin Inhibited Erythrocyte Glycine Uptake in Humans in a Dose-Dependent Manner



In multiple Phase 3 clinical trials, Roche demonstrated that in patients with schizophrenia who are otherwise hematologically normal, inhibition of glycine uptake resulted in a reduction in hemoglobin production. Patients were administered placebo or bitopertin at 10 mg/day or 20 mg/day dose levels. The effect on hemoglobin was dose-dependent, with patients receiving 10 mg/day and 20 mg/day of bitopertin experiencing a mean decrease in hemoglobin at 52 weeks of approximately 0.5 g/dL and approximately 1.0 g/dL, respectively. The effect of bitopertin on hemoglobin reached a plateau at approximately week 26 and effects were generally stable for the remainder of the 52-week trial.

BEACON: Completed Phase 2 Clinical Trial in Patients with EPP and XLP

In July 2022, we initiated BEACON, a Phase 2 clinical trial of bitopertin in EPP and XLP patients conducted at sites in Australia. The study was a randomized, open-label, parallel-dose clinical trial designed to evaluate the safety, tolerability, and efficacy of bitopertin. It enrolled 22 adult patients and four adolescent patients with EPP or XLP. The study primarily assessed changes in levels of PPIX as well as the PK profile, safety and tolerability of bitopertin in EPP or XLP patients. It also included measures of photosensitivity, daylight tolerance, pain and exploratory biomarkers of hepatobiliary disease. Patients received orally-administered bitopertin for 24 weeks at doses of either 20 mg once-daily or 60 mg once-daily. These dose levels have a well-understood profile and similar dosage strengths have been shown to provide substantial inhibition of erythroid glycine uptake in the clinical trials conducted by Roche. The trial design is summarized in the figure below. Participants in the BEACON trial are eligible to participate in HELIOS, an ongoing open-label, long-term extension study of bitopertin in EPP and XLP.

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Revolution Medicines, Inc.

Physical Address: 700 Saginaw Drive

City: Redwood City State: CA Zip: 94063

Mailing Address (if different from physical address): 700 Saginaw Dr

City: Redwood City State: CA Zip: 94063

Telephone: 650-481-6801 Website: http://www.revmed.com

Name of Designated Representative (DR): Pei-Hua Wu

Licensing Company Email: statelicensing@revmed.com DR Email: pwu@revmed.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 distributors/pharmacies		☒ Others: 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)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

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: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Revolution Medicines, Inc.

Mailing Address: 700 Saginaw Dr

City: Redwood City State: CA Zip: 94063

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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.

Revolution Medicines, Inc.
Facility Name

Jeffrey Cislini
Print Name of Authorized Person Submitting Application

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

9/18/25
Date

Board Use Only	Date Received: 10/27/25	Amount: $1000 CK 4676

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Labeler Code Request Approved

E edrls@fda.hhs.gov
To: Katherine Jensen Tue 1/28/2025 10:58 AM

eDRLS - Electronic Drug Registration & Listing System

Current Date: 28-JAN-2025
Labeler DUNS: 079708571
Labeler Name: Revolution Medicines, Inc.
Labeler Code Assigned: 85219

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).

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INFORM: Labeler Code Request Approved

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notification.

Thank you,
Katherine

Katherine M. S. Jensen
Director, CMC Regulatory
Remote Location: Colorado/MST
Revolution Medicines, Inc
M: 402.730.7524

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Dave Lee
To: Merin Yu Tue 1/28/2(

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Retention: Delete after 2 years (2 years) Expires: Thu

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Outlook Item

FYI. We still need to generate a SOP to cr
the NDCs. Depending on the need, we c
that done fairly quickly.

Dave

Dave Lee
Executive Director, Supply Ch
Revolution Medicines
M. 805-231-5233
On Target to Outsmart Cancer

Merin Yu
To: Dave Lee Tue 1/28/2(

Retention: Delete after 2 years (2 years) Expires: Thu 5:06 PM

Wonderful, thank you!! I think the label
code is the highest priority but will che
TwoLabs.

Merin

Get Outlook for iOS



Company Information

Company Name: Revolution Medicines, Inc.
Address: 700 Saginaw Drive
City, State, Zip: Redwood City, CA 94063
Phone: 650-481-6801
Website: Revolution Medicines
E-mail: statelicensing@revmed.com

FEIN: 472029180
State of Formation: Delaware
Date Incorporated: 10/7/2014
File Number: 3727427

Ownership Information

Revolution Medicines, Inc is a Publicly Traded company on the NASDAQ stock exchange under the symbol RVMD.

Officers

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Business Address: 700 Saginaw Drive Redwood City, CA 94063
Business Phone: 650-395-6968

Mark Goldsmith, CEO
Business Address: 700 Saginaw Dr, Redwood City, CA 94063
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Jeffrey Cislini, General Counsel
Business Address: 700 Saginaw Drive Redwood City, CA 94063
Business Phone: 650-395-6968

Revolution Medicines

Revolution Medicines, Inc. is a Virtual Manufacturer. Revolution Medicines, Inc. products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors and Specialty Pharmacies by their Third-Party Logistics Provider, Integrated Commercialization Solutions, LLC, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
Revolution Medicines, Inc. uses the following contract manufacturers to produce their product:

AndersonBrecon Inc.
4545 Assembly Drive
Rockford, Illinois 61109
FDA Establishment Number: 1421377
Contact Person & No: Brad Disch, [redacted]

Wuxi STA Pharmaceutical Co, Ltd
No. 8, Xinrui Road, Xinwu District
Wuxi, China 214028
Contact Person & No: Dirk Tormans, [redacted]

Wuxi STA Pharmaceutical Co, Ltd manufactures Revolution Medicines, Inc's product and AndersonBrecon Inc. packages finished product. At no time does Wuxi STA Pharmaceutical Co, Ltd or Anderson Brecon own the product, contract with Revolution Medicine's customers, invoice, nor sell their product. Revolution Medicine's products are not Controlled Substances.
Labeler Code: 85219

Third Party Logistic information:
For distribution into the commercial supply channels, Integrated Commercialization Solutions, LLC acts as Revolution Medicines, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Revolution Medicines, Inc.'s product—throughout the United States. Integrated Commercialization Solutions, LLC's address is:

167 International Blvd., Suite A
Brooks, KY
Contact Name: Michael Lamb **Contact Phone Number**: [redacted]

[redacted] has 534 employees working on site during normal business hours.

Revolution Medicines, Inc 's hours of operation are 8:00 am – 5:00pm Monday through Friday.

Revolution Medicines, Inc's records are stored at Revolution Medicines, Inc. at 700 Saginaw Drive, Redwood City CA 94063

Revolution Medicines. Inc's facility square footage is 215.500.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REVOLUTION MEDICINES, 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 JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REVOLUTION MEDICINES, INC." WAS INCORPORATED ON THE SEVENTH DAY OF OCTOBER, A.D. 2014.

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



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5611600 8300

SR# 20253187327

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

Authentication: 204055332

Date: 06-26-25

[redacted] [redacted]

RE: Licensure Requirements- Manufacturers/Virtual Manufacturers

[redacted]

Tue 6/25/2024 7:05 PM

To [redacted]

[External]

Good Afternoon,

I was requested to respond to your question. Please refer to **Business and Professions Code sec on 4160(h)** which states a drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Sec on 11615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of it own manufacture is exempt from this sec on and sec on 4161.

Therefore, if you are a virtual manufacturer/manufacturer, licensure as a wholesaler or nonresident wholesaler with the California State Board of Pharmacy is not required if you only distribute dangerous drugs and dangerous devices that XXXXXXX has the NDA or manufactures.

However, if XXXXX also distributes dangerous or dangerous devices, which they **are not listed** with the FDA or the California Dept of Public Health, State Food and Drug Branch (CDPH, SFDB), as the manufacturer or does not hold the NDA, then a wholesaler license (if located in CA) or nonresident wholesaler license (outside of CA and within the United States or a territory of the U.S.) is required.

I hope this answers your question. Otherwise, my contact information is below if you have any additional questions.

Sincerely,

[redacted]

Supervising Inspector
California State Board of Pharmacy
(661) [redacted] | FAX (661) 286-1567 | [redacted]

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/8/2025

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 Woodruff-Sawyer & Co. *50 California Street, Floor 12* San Francisco CA 94111	**CONTACT NAME:** WS Certificates **PHONE** *(A/C, No, Ext):* 844-972-6326 **FAX** *(A/C, No):* **E-MAIL ADDRESS:** certificates@woodruffsawyer.com
INSURED REVOMED-01 Revolution Medicines, Inc. 700 Saginaw Drive Redwood City, CA 94063	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Travelers Prop Casualty Co of America — 25674 **INSURER B :** Gemini Insurance Company — 10833 **INSURER C :** **INSURER D :** ***INSURER E :*** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 781478658 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X *COMMERCIAL GENERAL LIABILITY* CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			*H6304K736591TIL25*	*3/4/2025*	*3/4/2026*	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						*COMBINED SINGLE LIMIT* (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	UMBRELLA LIAB [ ] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A **(Mandatory in NH)** 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	Products Liability Retro Date: 6/15/2018			GL157088	6/15/2025	6/15/2026	Aggregate Limit Retention/SIR	$10,000,000 $10,000/$50,000

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

CERTIFICATE HOLDER

Evidence of Insurance
Revolution Medicines, Inc.
700 Saginaw Drive
Redwood City, CA 94063

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

Zoe Ouenbarg

PEI-HUA WU

[redacted]

EXPERIENCE

Revolution Medicines — *Redwood City, CA*

Drug Product Senior Scientist — Aug 2023 – Present

- Manage clinical manufacturing and drug product production at Contract Development and Manufacturing Organization (CDMO) to supply drug products for Phase 2/3 and support on-going stability studies
- Oversee technology transfer, process Design of Experiments (DOE) and scale-ups, process validation, and manufacturing activities at CDMO
- Review and approve manufacturing batch records, in-process test results, study protocols, deviations, investigation, and campaign reports
- Collaborate with cross-function teams in Quality Assurance, Clinical Supply, and Analytical Development to manufacture, package, test, and release GMP batches for clinical use on schedule

Global Blood Therapeutics / Pfizer — *South San Francisco, CA*

Drug Product Scientist II — Oct 2020 – Jun 2023

- Design and conduct pre-clinical / clinical formulation development activities for solid oral dosage products and parenteral drug product (BCS Class I)
- Interact closely with Drug Substance team to identify critical API parameters for robust production of Drug Product
- Oversee and contribute to the completion of technical and operational actives related to maintaining clinical and commercial product supplies
- Lead technical support activities for transferred formulations at CMO sites
- Support process activities at CMO facilities, such as scale-up, process qualification, and process improvements
- Key contributor to regulatory filings providing technical experience and perspective from previous filing activities

Perrigo Company plc — *Allegan, MI*

Formulation Research & Development Scientist II — Aug 2018 – Oct 2020

Formulation Research & Development Scientist I — Oct 2017 – Aug 2018

- Formulated generic-equivalent solid oral dosage products to existing National Brands to bring affordable quality products to consumers worldwide
- Reformulated existing liquid oral dosage product to eliminate the use of certain ingredients to comply with international regulations
- Formulated liquid oral dosage, all-natural ingredient, dietary supplement for First-to-File product launch and supported technical transfer and commercialization activities at CMO facility
- Led product/process development and commercialization activities for new immediate-release and modified-release solid oral dosage and liquid oral dosage forms to meet corporate goals
- Authored sections of regulatory filings to support ANDA and PAS applications
- Utilized Design of Experiments (DOE) and Quality by Design (QbD) techniques to perform scientific experiments to develop robust processes in support of Product Development activities

Impax Laboratories, Inc. — *Hayward, CA*

Technical Services Engineer III — Oct 2015 – Oct 2017

Technical Services Engineer II — Oct 2012 – Oct 2015

Technical Services Engineer I Oct 2010 – Oct 2012

- Managed portfolio of over 10 solid oral dosage pharmaceutical products, functioning as an SME by providing technical risk assessments for manufacturing investigations / deviations, engaging in process optimizations and batch scale-ups
- Executed 6 process validations (PV/PPQ) resulting in successful transfer of the manufacturing process from non-automated equipment to fully automated equipment
- Process SME for annual third-party customer audits of 4 commercial products
- Project Manager of company remediation program for FDA 483 response, involving management of 50+ technicians and reviewing 500+ batch records summarized into 34 reports to support response
- Conducted Proven Acceptable Range (PAR) and Normal Operating Range (NOR) studies for key unit operations to determine point of failures within the process
- Knowledgeable in regulatory filings, such as CBE-0, CBE-30, SUPAC, PAS changes associated with changes in manufacturing process
- Skilled in the operation of Glatt GPCG-60 Top Spray Granulation, Glatt Wurster Coating, PMA High-Shear Granulator, Hobart Mixer, Oven Tray, Gemco Slant-Cone Blenders, Comil, Fitzmill, rotary tablet presses (Manesty Unipress, Fette, Kikusui Libra, Korsh XL Bi-Layer), encapsulators (Matic 90, MG2 Planeta, MG2 Zanasi, Futura), Thomas Engineering Solvent and Aqueous Coater, and Harnett Delta Imprinter

Investigation Technical Writer Mar 2010 – Oct 2010

- Demonstrated strong engineering communication skills through the preparation of investigation reports
- Led multi-functional root cause analysis investigations
- Prepared and presented shift-wide trainings involving 40+ technicians to bring deviation awareness
- Implemented Corrective Action and Preventative Action plans to prevent reoccurrence of deviations

Manufacturing Technician Dec 2009 – Mar 2010

- Qualified in the assembly, operation, disassembly, and cleaning of PMA 150/400 High-Shear Granulator, Hobart V1401 Mixer, Fitzpatrick DAS06 Fitzmil, Quadro 194S Comil, Sweco Vibroscreen, O'Hara Tray Oven, Gruenberg Tray Oven, and Gemco Slant-Cone Blenders

EDUCATION

University of California, Berkeley *Berkeley, CA*

Bachelor of Science (BS), Chemical Engineering

Focus: Chemical Processing May 2009

REFERERENCES

Available upon request

NOTICE OF CANCELLATION OR NONRENEWAL

SURETY BOND

TYPE OF BOND

BOND NO.	CANCELLATION OR TERMINATION WILL TAKE EFFECT ON:	DATE OF NOTICE
10113460	11/20/2025	10/14/2025

INSURANCE COMPANY

HUDSON INSURANCE COMPANY
100 William Street, 5th Floor
New York, NY 10038

Certified Receipt : #

NAME AND ADDRESS OF PRINCIPAL

American Pharmaceutical Ingredients, LLC
DBA American Pharmaceutical Distributors.
6650 Highland Road
Waterford MI 48327

NAME AND ADDRESS OF OBLIGEE

STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno , NV 89521
Via: First Class Mail

CANCEL-LATION

☑ YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE MENTIONED BOND THAT YOUR COVERAGE WILL CEASE AT AND FROM THE HOUR AND DATE MENTIONED ABOVE.
IF THE PREMIUM HAS BEEN PAID, PREMIUM ADJUSTMENT WILL BE MADE AS SOON AS PRACTICABLE AFTER CANCELLATION BECOMES EFFECTIVE.
IF THE PREMIUM HAS NOT BEEN PAID, A BILL FOR THE PREMIUM EARNED TO THE TIME OF CANCELLATION WILL BE FORWARDED IN DUE COURSE, SUBJECT TO ANY MINIMUM EARNED PREMIUM

☐ YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE MENTIONED BOND THAT YOUR COVERAGE WILL CEASE AT AND FROM THE HOUR AND DATE MENTIONED ABOVE DUE TO NONPAYMENT OF PREMIUM. A BILL FOR THE PREMIUM EARNED TO THE TIME OF CANCELLATION WILL BE FORWARDED IN DUE COURSE, SUBJECT TO ANY MINIMUM EARNED PREMIUM.

NON-RENEWAL

☑ YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE MENTIONED BOND THAT THE ABOVE MENTIONED BOND WILL EXPIRE EFFECTIVE AT AND FROM THE HOUR AND DATE MENTIONED ABOVE AND THE BOND WILL **NOT** BE RENEWED.
A BILL FOR THE PREMIUM EARNED TO THE TIME OF EXPIRATION WILL BE FORWARDED IN DUE COURSE, SUBJECT TO ANY MINIMUM EARNED PREMIUM.

SIGNED THIS 14th day of October 2025
HUDSON INSURANCE COMPANY

SIGNATURE Nancy Petitto
Nancy Petitto, Attorney-In-Fact

AGENT COPY ____ OBLIGEE COPY ____ ASRRG COPY ____ FILE COPY ____ ADDITIONAL INSURED COPY ____ L/C____

HIC-CS-04 (09-13)

Worker
Peg Horn
Steven Ballmer
Bob Nichols
Luan Wilfong
Elena Koltun
Mark Goldsmith
Wally Reiher
Pete Wildes
Jan Smith
Stephanie Singer
Micah Gliedt
Abby Marquez
Adrian Gill
Les Burnett
Mae Saldajeno-Concar
Zhengping Wang
Bianca Lee
Stephen Kelsey
Mallika Singh
Jim Evans
Elsa Quintana-Fernandez
Shaoling Li
Michael Longhi
Jim Cregg
Kristin McGuire
Amy Kwok-Parkhill
Caroline Weller
Xiaolin Wang
Stephen Chan
Jong Choi
Jay Dinglasan
Zhican Wang
Jack Anders
Rosemarie O'Shea
Richa Dua
Jade Shi
Lizanne Manseau
Arlyn Tambo-ong
Yang Liu
Linnet Zia
Tamara Kale
Kang-jye Chou
Ruiping Zhao
Ethan Ahler
Xiaojun Huang
Anne Edwards
David Montgomery
Nataliya Tovbis Shifrin
Severin Thompson
Carlos Escobar
John Knox
Bojena Bitman
Jingjing Jiang
Aidan Tomlinson
Bao Nguyen
Zinnia Li
Madhuri Doss
Stephanie Chang
Laura McDowell
Kyle Seamon
Ross Wang
Kaushik Hansjee
Lei Liu
Luxi Yang
Cristina Blaj
Jeff Cislini
Ken Tsutsui
Erica Caleca
Tori Kim
Mike Flagella
Andrea Gould
Dianne Morfeld
Danielle Petrovic
Sofia Wong
Robin Gore
Virginia Vega
Clay Gustafson
Matt Holderfield
Giselle Labat
Kristen Jensen
Robert Macsata
Gordon Moy
Dylan Parsons
Nicole Nasholm
Suresh Manthati
Bernadette Latimer
Marie Menard
Yun Ling
Jennifer Juntado
Corey Bono
Yunming Mu
Brad Sickler
Yevgeniy Gindin
Jason Lindow
Sophia Sohoni
Seth Tooley
Mary Le
Ida Aronchik
Tyler Olson
Thi Nguyen
Shook Chin
Ciara Helland
Antonio Lopez Quinones
Maria Carina Angeles Sison
Shelby Steele
Jamie Wong
Alex Nguyen
George Pan
Alice Kumamoto
Yingyun Wang
Bruce Mortensen
Vidya Vemulapalli
Lin Tao
Sujata Chakraborty
Cindy Timmons
Alex Bermudez
Roxanne Stewart
Jessica Trang
Sachin Shakya
Angel Chen
Anissa Grawe
Lick Pui Lai
Hannah Kenney
Jeanne Yue
Alex McNamara
Lingyan Jiang
Jinghui Qian
Paul Lobben
Camilo Pascua
Asha Inamdar
Ben Maldonato
Shuai Wang
Mark Labrecque
John Setser
Alec Lessard
Justin Meyerowitz
Anthony Salvador
Sumit Kar
Marieke van den Haak
Lauren Schiefer
Monica Vhatkar
Raziya Shaik
Swetha Ganesh
Safia Dean
Christopher Chow
Smruthi Ganesh
Diane Eilerts
Anna Pham
Sudharsanan Narayanan

Kate Sanders
Zeena Salman
Anu Ravi
Brenda Cayme
Minoti Hiremath
Allison Zhang
Xing Wei
June Sarchett
Nu Tsutsui
Michelle Liu
Dave Lee
Alec Millner
Garrick Shin
Mariela Moreno Ayala
Lan Wang
Rafael Medrano
Lei Bao
Sha Sun
Harika Gundlapalli
Vy Nguyen
David Kang
Emily Tonogai-Precord
John Giddens
Mattie Murakami
Shurui Cai
Diana Nguyen
Rachna Jain
Jingwei Yin
Anthony Milin
Jason Yano
Chi Wong
Oliver Lai
Soma Jallegowda
Kitty Kamal
Akash Deep Sidhu
David Williams
Mark Tye
Lillian Seu
Sowjanya Prayaga
Christina Lee
Jennie Au
Cara Shields
Judith Kang
Jose Ruiz
Vivian Morton
Rajeeva Bhaskar
Yongxian Zhuang
Ryan Henning
Elijah Carlson
Cameron Enes

Justin Chow
Georgios Alachouzos
Rebecca Busch
Ying Zhang
Michelle Nguyen
Nitha Jacob
Kevin Lin
Brett Roberts
Sriram Naganathan
Babi Wadhwani
Fearle Cotton
Clorey Toombs
Imad Nashashibi
Alicia Gardner
Zane Rogers
Erin Graves
Stephen Moore
Oliver McConnell
Avery Salmon
Tong Lin
Jinyu Liu
Ximo Pechuan Jorge
Linh Tran
Miroslav Rapta
Kingsley Wu
Nisha Sinha Brown
Vicky Sanocki
Wei Lin
Daisy Lee
Jack Green
Reem Dababo
Yi Yi
Lei Hong
Judy Atanackovic
Lex Arroyo
Yucun Zhu
Kartika Jayashankar
Renita Sinn
Chau Pham
James Davidson
Hieu Le
Justin Faris
Arleen Davis
Mindy Dao
Christian Yang
Kristof Pota
Jessica Spradlin
Tim Fass
Ketul Khamar
Julia Luginbuhl

Alice Chang
Wolf Wiedemeyer
Karen Kwan
Kevin Plamondon
Gena Yoon
Kimiya Bahmanyar
Alyna Katti
Daniel Necoechea
Prachi Purohit
Ana Moreno
Neil Heberer
Jasmine Lee
Vera Koltun
Katherine Kunkel
Allyn Eaker
Miruthubashini Ahmed
Lynne Lezada
Pei-Hua Wu
Zheng Zhang
Sarah Khmelkov
Paula Yee
Ravi Kalimuthu
Nitin Bhatia
Paola Soto Perez
Tevin Lameira
Satwant Lally
Walter Yu
Jonathan Nicolas
Barbi Torres
Aileen Buenrostro
Andrew Jan
Songyang Zhao
Vincent Arellano
Martha Marquez Ramirez
Lily Zhang
Melanie Caruano
Apollo Madayag
Herminio Sinoy Jr.
Ian Winters
M. Ali Ali
Jason Tran
Jingyu Sun
Sandy Huynh
Jessica Lin
Snigdha Bezawada
Aparna Madhukeshwar Hegde
Xinxing Yu
Brett Garrick
David Adams
Suneet Sandhu

Gurpreet Mathauda-Sahota
Kathleen Villamejor
Shannon Neville
Xing Li
Olga Iriarte-Manjarres
Christina Tran
Biswadeep Nayak
Siong Tern Liew
Brandon Read
Andre Sanchez
Lise-Lotte Harding
Connie Sawyer
Erika Otahal
Neang Ly
Yue Huang
Benjamin Mendoza
Ouma Onguka
Gabriela Enciso
Vijay Gupte
Ashley Macaraeg
Mihir Date
Charles Kuo
Sandra Manrriquez
Scott Ellis
Zainab Rahil
Theja Gannamaneedi
Eva Cheung
Andy Swinnerton
Stacy Murdock
Megan Yuen
Manouchehr Ghajar
Viktoria Woodland
Rebecca Kiss
Yong Wang
Stephanie Meyer
Vidya Seshadri
Julia Chen
Aparna Damaraju
Rubina Dalvi
Yeonju Lee
Prasanth Reddy Nyalapatla
Alyssa Minsky
Alyssa Vasquez
Ruthri Subramanyam
Guadalupe Villagomez
Rachael Chan
Thy Chung
Minh Nguyen Vo
Zhe Wu
Biao Li

Vijaya Jonnalagadda
Ashkaan Younai
Warda Haq
Ajia Sugahara
Chaitanya Chowdagam
Felix Mbuga
Carrie Morgan
Olivia Parks
Shine Wang
Marlee Belmonte
Alexandra Cowan
Frauke Schorr
Katie Sinaikin
Aniket Patil
Nikita Walker
Daniela Raizin
Elaine Chun
Anand Deshmukh
Holly Vickery
Leslie Ward
Mark McCleland
Matthew Freedman
Steven Chen
Angie Stubblefield
Arya Tehrani
Stephen Shaw
Gopi Kurse
Rashmi Vora
Yunjing Wei
Lilit Grigoryan
Kim Barrett
Jeannie Chen
Kim Ngoc Ho
Austin Hill
Jun Sun
Connie Wang
Jocelyn Choi
Jing Yi
Xin Li
Supreet Kaur
Nicole Sodir
Henry Leung
Miguel Sandoval Banales
Mason Shih
Syed Mohiuddin
Sujata Mathur
Pamela Young
Saicharan Aitha
Enrico Paul Payson
Mary Pinder-Schenck

Ryan Asay
Jennifer Carlton
Carmen Merritt
Mia Mitchell-Haynes
Christopher Chiang
Hareesh Chandrupatla
Molly Klein-McDowell
Andrew Auld-Fisher
David Chen
Justin Ryan
Joyce He
Sharon Glass
Avantika Elgin
Sandy Karinja
Vaeling Miller
Ines Avdic
Sara Gerdom
Kristen Hewlett
Steve Chui
Anna Steward
Ying Cai
Camelia Lazalde
Srinivas Konda
Lory Torres
Angela Fu
Kent Barnes
Rick Homan
Angelica Le
Merin Yu
Rahul Patil
Nazima Rani Hindustan Musthafa
Lan Nguyen
Alexis Toruno
Kevin Yang
Kari Morrissey
Anita Shyam
Suhasini Rao
Alok Bhatt
Rashi Raghulan
Grace Qiu
Avian Song
Diane Carey Eckermann
Raquel Garlick
Lijia Wang
Hongwei Wu
Erica Su
Francesca Cariaga
Victor Batiste
Sara Rodriguez
Quamecca Johnson

Shrividhya Srinivasan
Sanjiv Shah
Lana Chin
Heena Bagwan
Udeme Asuamah
Katherine Jensen
Jacqueline Lyandres
Jonathan Carletto
Thirupathi Vodnala
Alejandra Sepulveda
Francia Mena Doucette
Eric Churchill
Celeste Hsieh
Erika Susuki
Danielle Gonzalez
Shaheedul Alam
Urszula Wasko-Kornberg
Grace An
John Wacker
Kevin Chung
Kristen Harman
Jessica Mukherjee
Olga Generalova
Alisha Lewis
David Haen
Manny Villanueva-Vaal
Brian Crawford
Tiffa Chua
Suvajit Sen
Duane Amistoso
Timothy Noack
Rachael Lucero
Tim Cramm
Jessica Krack
Khadiza Chowdhury
Raj Sarma
Fei Pang
Helen Ma
Nathan Gliner
Anthony Kopec
Jennifer Matthews
Brandon Abramovitz
Adrian Bryan Tubongbanua
Kelly Silva
Hina Patel
Jacen Oka
Thripthy Chandran
Andy Lau
Kip Cross
Uland Wong

Melissa Gonzales
Amardeep Singh
Tim Tran
Lorna Hoang
Brandon Kent
Camellia Lock
Najwa Mohammad
Tangela Weatherall
Gorav Bagga
Mika Takata
Maria Filippou-Frye
Sandra Chen
Antonio McGurk
Michael Yee
Alec Hir
Joseph Vargas
Jenilyne Jose
Michael Weiss
Hema Parmar
Adrienne Gengnagel
Molly Hollman
Kristen Morris
Simon Roberts
Lyndsy Hassett
Abdul Khan
Santosh Chaphekar
Sarina Patel
Roy Auty
Sean Bredeson
Shelly Long
Augustine Santiago
William Bennett
Lisa Marubio
Veeral Gajjar
Kristen Eck
Christopher Tanouye
Neha Yadav
Andrea DeYoung
Sara Mochel
Neeraja Bhangre
Alix Maiden-Baillie
Rashi Khare Batten
Ivona Zielinska
Neal Porter
Anna Oliveira Franca
Max Grice
Andrew Oquendo
Brad Turcott
Roel Funke
Yan Zheng

Larry Watt
Muluneh Fashe
Jennifer Allen
John Graham
Talitha Hampton
Haley Word
Candace Todd
Sarah Calara
Erica Iglesias
Dexter Pao
Kavya Banerjee
Danya Zhang
Rajesh Patel
Marcy Florian
Ryan Flynn
Stacey Douglas
Naveen Bejugam
Sarah Johnson
Olga Sfard
Kofi Edifor
Justin Hurdle
Maria Filipa de Carvalho
Jesse Garcia
Anthony Mancini
Aleksandra Kenar
Patrick Williams
Jennifer Khiem
Donald Frost
Chloe Su
Ying Long
Jill Tsai
Rosy Lara
Nick Vigliarolo
Katherine Mackenzie
Ross Strauss
Kristin Gaynor
Connie Tat
Priscilla Wong
Andrea Lacasia
Lisa Graup
Jessica McKinley
John Becker
Paul Pixton
Casey Zigman
Sydney Abbott-Osborne
Kathy Guan
Zhengrong Li
Danielle Haneman
Nikki Amini
Samantha Marinos

Shiri Maman Laugomer
Geri Jarmy
James Williamson
Meggie Hoffman
Jonas Otoo
Anand Kirthi Kumarswamy
Jessica Morales
Ayushi Modi
Peter Khiem-Thien Lam
Sonal Gupta
Amanda Cannon
Tara Alire
Ibtissam Boukhriss
Michael Preciado
Daniel Chung
Susana Hak
Hayley Lane
Phyllis Lee
Matthew Salkovitz
Yusef Seymens
Ellen Skalski
Laura Ueki
Timothy Wilson
Christopher Flood
Elizabeth Hatalla
Jill Jarecki
Michell Kim
Brian Meissner
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Revolution Medicines

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2024

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 FOR THE TRANSITION PERIOD FROM TO**

Commission File Number 001-39219

Revolution Medicines, Inc.

(Exact name of Registrant as specified in its Charter)

Delaware	**47-2029180**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**
700 Saginaw Drive	
Redwood City, CA	**94063**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (650) 481-6801

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock $0.0001 Par Value per Share	RVMD	The Nasdaq Stock Market LLC (Nasdaq Global Select Market)
Warrants to purchase 0.1112 shares of common stock expiring 2026	RVMDW	The Nasdaq Stock Market LLC (Nasdaq Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐No ☒

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth ıny. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the Registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the Registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the Registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the Registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the common stock held by non-affiliates of the Registrant as of June 30, 2024 (the last business day of the Registrant's most recently completed second fiscal quarter) was approximately $6.5 billion, based on the closing price of the Registrant's common stock, as reported by the Nasdaq Global Select Market on June 30, 2024 of $38.81 per share.

The number of shares of the Registrant's Common Stock outstanding on the Nasdaq Global Select Market as of February 21, 2025 was 185,913,326 (excluding 2,173,917 shares underlying pre-funded warrants).

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Registrant's definitive Proxy Statement relating to the Registrant's 2025 Annual Meeting of Stockholders are incorporated herein by reference in Part III of this Annual Report on Form 10-K to the extent stated herein. The proxy statement will be filed with the Securities and Exchange Commission within 120 days of the Registrant's fiscal year ended December 31, 2024.

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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements concerning our business, operations and financial performance and condition, as well as our plans, objectives and expectations for our business, operations and financial performance and condition. Any statements contained herein that are not statements of historical facts may be deemed to be forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that are in some cases beyond our control and may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements.

In some cases, you can identify forward-looking statements by terminology such as "aim," "anticipate," "assume," "believe," "contemplate," "continue," "could," "due," "estimate," "expect," "goal," "intend," "may," "objective," "plan," "predict," "potential," "positioned," "seek," "should," "target," "will," "would," and other similar expressions that are predictions of or indicate future events and future trends, or the negative of these terms or other comparable terminology. These forward-looking statements include, but are not limited to, statements about:

- the scope, progress, results and costs of developing our product candidates or any other future product candidates, and conducting preclinical studies and clinical trials;
- the scope, progress, results and costs related to the research and development of our pipeline;
- the timing of and costs involved in obtaining and maintaining regulatory approval for any of current or future product candidates, and any related restrictions, limitations and/or warnings in the label of an approved product candidate;
- our expectations regarding the potential market size and size of the potential patient populations for our product candidates and any future product candidates, if approved for commercial use;
- our ability to maintain and establish new collaborations, licensing or other arrangements and the financial terms of any such agreements;
- our commercialization, marketing and manufacturing capabilities and expectations;
- the rate and degree of market acceptance of our product candidates, as well as the pricing and reimbursement of our product candidates, if approved;
- the implementation of our business model and strategic plans for our business, product candidates and technology, including additional indications for which we may pursue;
- the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates, including the projected term of patent protection;
- our expectations regarding our ability to obtain, maintain, enforce and defend our intellectual property protection for our product candidates;
- estimates of our expenses, future revenue, capital requirements, our needs for additional financing and our ability to obtain additional capital;
- developments and projections relating to our competitors and our industry, including competing therapies and procedures;
- regulatory and legal developments in the United States and foreign countries;
- the performance of our third-party suppliers and manufacturers;
- our ability to attract and retain key scientific or management personnel; and
- other risks and uncertainties, including those listed under the caption "Risk Factors."

We have based these forward-looking statements largely on management's current expectations, estimates, forecasts and projections about our business and the industry in which we operate and management's beliefs and assumptions and are not guarantees of future performance or development and involve known and unknown risks, uncertainties and other factors that are in some cases beyond our control. These forward-looking statements speak only as of the date of this Annual Report on Form 10-

of which cannot be predicted or quantified, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, we do not plan to publicly update or revise any

forward-looking statements contained herein until after we distribute this Annual Report on Form 10-K, whether as a result of any new information, future events or otherwise.

In addition, statements that "we believe" and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based upon information available to us as of the date of this Annual Report on Form 10-K, and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain, and you are cautioned not to unduly rely upon these statements.

Investors and others should note that we may announce material business and financial information to our investors using our investor relations website (ir.revmed.com), Securities and Exchange Commission (SEC) filings, webcasts, press releases and conference calls. We use these mediums, including our website, to communicate with our members and public about our company, our products and other issues. It is possible that the information that we make available may be deemed to be material information. We therefore encourage investors and others interested in our company to review the information that we make available on our website.

Summary of Material Risks Associated with Our Business

The principal risks and uncertainties affecting our business include the following:

- We are a clinical-stage precision oncology company with a limited operating history and no products approved for commercial sale. We have incurred significant losses since our inception. We expect to incur losses for at least the next several years and may never achieve or maintain profitability, which, together with our limited operating history, makes it difficult to assess our future viability.
- We have never generated revenue from product sales and may never be profitable.
- We will require substantial additional financing to achieve our goals, which may not be available on acceptable terms, or at all. A failure to obtain this necessary capital when needed could force us to delay, limit, reduce or terminate our product development or commercialization efforts.
- Our business is dependent on the successful development of our current and future product candidates. If we are unable to advance our current or future product candidates through clinical trials, obtain marketing approval and ultimately commercialize any of our product candidates, or we experience significant delays in doing so, our business will be materially harmed.
- Preclinical development is uncertain. Our preclinical programs may experience delays or may never advance to clinical trials, which would adversely affect our ability to obtain regulatory approvals or commercialize our product candidates on a timely basis or at all, which would have an adverse effect on our business.
- Historically, direct inhibition of any RAS protein has been challenging due to a lack of tractable, or "druggable," binding pockets. Given this approach is unproven, it may not be successful.
- The results of preclinical studies and early-stage clinical trials may not be predictive of future results.
- If we encounter difficulties enrolling patients in our clinical trials, our clinical development activities could be delayed or otherwise be adversely affected.
- We and our collaborators are currently developing and may in the future develop, our product candidates in combination with other therapies, which exposes us to additional risks.
- We face significant competition, and if our competitors develop and market products that are more effective, safer or less expensive than our product candidates, our commercial opportunities will be negatively impacted.
- If we and our collaborators are unable to obtain and maintain sufficient patent and other intellectual property protection for our product candidates and technology, our competitors could develop and commercialize products and technology similar or identical to ours, and we may not be able to compete effectively in our market or successfully

The summary risk factors described above should be read together with the text of the full risk factors below in the section entitled "Risk Factors" and the other information set forth in this Annual Report on Form 10-K, including our consolidated financial statements and the related notes, as well as in other documents that we file with the SEC. The risks summarized above or described below are not the only risks that we face. Additional risks and uncertainties not precisely known to us or that we currently deem to be immaterial may also materially and adversely affect our business, competitive position, financial condition, results of operations, cash flows and growth prospects.

PART I

Item 1. Business.

Overview

We are a clinical-stage precision oncology company developing novel targeted therapies for RAS-addicted cancers. We possess sophisticated structure-based drug discovery capabilities built upon deep chemical biology and cancer pharmacology know-how and innovative, proprietary technologies that enable the creation of small molecules tailored to unconventional binding sites. Guided by our understanding of genetic drivers and adaptive resistance mechanisms in cancer, we deploy precision medicine approaches to inform innovative monotherapy and combination regimens.

Our research and development pipeline comprises RAS(ON) inhibitors that bind directly to RAS variants, which we refer to as RAS(ON) Inhibitors, and RAS companion inhibitors that target key nodes in the RAS pathway or associated pathways. Our RAS(ON) Inhibitors are designed to be used as monotherapy, in combination with other RAS(ON) Inhibitors and/or in combination with RAS companion inhibitors or other therapeutic agents.

RAS(ON) Inhibitors

Our RAS(ON) Inhibitors are based on our proprietary tri-complex technology platform, which enables a highly differentiated approach to inhibiting the active, GTP-bound form of RAS, which we refer to as RAS(ON). We are developing a portfolio of compounds that we believe were the first RAS(ON) Inhibitors to use this mechanism of action. We believe that direct inhibitors of RAS(ON) suppress cell growth and survival and are less susceptible to adaptive resistance mechanisms recognized for RAS(OFF) inhibitors.

We are evaluating our RAS(ON) Inhibitors alone and in combination with other drugs and investigational drug candidates, particularly in-pathway agents. We believe tailored RAS(ON) Inhibitors will be useful to serve the diverse landscape of RAS-addicted cancers optimally. We believe that in some cases, patients may experience maximal clinical benefit from the broad activity of our RAS(ON) multi-selective inhibitor, daraxonrasib (RMC-6236), if approved. In others, we believe treatment with a RAS(ON) mutant-selective inhibitor may be optimal. We further believe that in some cases, it could be beneficial to combine daraxonrasib with a RAS(ON) mutant-selective inhibitor, with daraxonrasib functioning as the backbone of these RAS(ON) Inhibitor doublets. In addition, we believe that in some cases, combination of our RAS(ON) Inhibitors with standard of care therapies, including immunotherapies, may be optimal.

We are advancing a deep pipeline of RAS(ON) Inhibitors, including daraxonrasib (RMC-6236), our RAS(ON) multi-selective inhibitor; elironrasib (RMC-6291), our G12C-selective inhibitor; and zoldonrasib (RMC-9805), our G12D-selective inhibitor. Together, we consider these three clinical-stage candidates as the first wave of RAS(ON) inhibitors that we are advancing through clinical development. We also currently plan to advance RMC-5127 (G12V) into clinical development. In addition, we have other preclinical-stage RAS(ON) inhibitor clinical development opportunities, including the RAS(ON) mutant-selective inhibitors RMC-0708 (Q61H) and RMC-8839 (G13C).

Daraxonrasib (RMC-6236)

Daraxonrasib (RMC-6236), our RAS(ON) multi-selective inhibitor, is designed as an oral, RAS-selective tri-complex inhibitor of multiple RAS(ON) variants containing cancer driver mutations at all three of the major RAS mutation hotspot positions (G12, G13 and Q61). Daraxonrasib inhibits all three major RAS isoforms, suppressing the mutant cancer driver and cooperating wild-type RAS proteins.

A global, randomized Phase 3 registrational trial of daraxonrasib in the second-line (2L) treatment of patients with metastatic pancreatic ductal adenocarcinoma (PDAC), which we call the RASolute 302 study, is ongoing. In the RASolute 302 study, we are randomizing patients in a 1:1 ratio to receive either daraxonrasib at a dose of 300 mg daily or the investigator's choice of chemotherapy. The RASolute 302 study has a nested trial design allowing for a hierarchical sequence of statistical analysis, with patients with tumors harboring RAS G12X mutations serving as the core population which will be tested first and all enrolled patients serving as the secondary population. We believe this nested design and hierarchical testing increases the probability of trial success based on the core population while creating an opportunity to gain approval for a broader population. Patients in the RASolute 302 study will be evaluated for the dual primary endpoints of progression-free survival (PFS) and overall survival (OS) in the core population, with secondary endpoints including PFS and OS in the secondary population and objective response

Having finalized the study protocol, we are now activating sites for a global, randomized Phase 3 registrational trial comparing daraxonrasib versus docetaxel in patients with locally advanced or metastatic RAS-mutated non-small cell lung cancer (NSCLC) who have been treated with immunotherapy and platinum-containing chemotherapy, which we call the RASolve 301 study. In the RASolve 301 study, we are randomizing patients in a 1:1 ratio to receive either daraxonrasib or docetaxel. The RASolve 301 study has a nested trial design allowing for a hierarchical sequence of statistical analysis, with patients with tumors harboring RAS G12X (other than G12C) mutations serving as the core population which will be tested first, and all enrolled patients serving as the secondary population. We believe this nested design and hierarchical testing increases the probability of trial success based on the core population while creating an opportunity to gain approval for a broader population. Patients in the RASolve 301 study will be evaluated for the dual primary endpoints of PFS and OS in the core population, with secondary endpoints including PFS and OS in the secondary population and ORR and quality of life measures.

We currently expect to initiate a global, randomized Phase 3 daraxonrasib monotherapy study in patients with first-line (1L) metastatic PDAC in the second half of 2025. We also currently expect to initiate a global, randomized Phase 3 monotherapy study of daraxonrasib as adjuvant treatment for patients with resectable PDAC in the second half of 2025.

On December 2, 2024 we reported updated clinical safety, tolerability, and activity data for daraxonrasib from our first-in-human monotherapy study of daraxonrasib, which we refer to as the RMC-6236-001 study, in patients with previously treated RAS-mutant PDAC as of a data cutoff date of July 23, 2024. We believe these data showed that daraxonrasib was generally well tolerated and demonstrated encouraging antitumor activity that supported our initiation of the RASolute 302 study.

Also on December 2, 2024, we reported clinical safety and tolerability data as of a September 30, 2024 data cutoff date for daraxonrasib from the RMC-6236-001 study in patients with NSCLC with tumors harboring RAS mutations. We also reported clinical activity data as of a September 30, 2024 data cutoff date for daraxonrasib from the RMC-6236-001 study in patients with NSCLC with tumors harboring RAS G12X mutations who had received one or two prior lines of therapy which must have included prior immunotherapy and platinum chemotherapy administered either concurrently or sequentially, but not docetaxel, a study population matching the planned RASolve 301 enrollees. We believe these data showed that daraxonrasib was generally well tolerated and demonstrated encouraging antitumor activity that supported our initiation of the RASolve 301 study.

Based on our observations from the RMC-6236-001 study and our preclinical observations, we believe there is a potential opportunity to evaluate daraxonrasib combinations in earlier lines of therapy in multiple tumor types, and we are currently evaluating several exploratory combination regimens that include daraxonrasib in order to assess the potential for development in these settings. These combinations include daraxonrasib with pembrolizumab, daraxonrasib with elironrasib, daraxonrasib with zoldonrasib and daraxonrasib with standard of care chemotherapy agents.

On December 2, 2024, we disclosed initial clinical safety and tolerability data as of a data cutoff date of October 28, 2024 from our clinical study of the combination of daraxonrasib with pembrolizumab, which we believe showed the combination was generally well tolerated with limited hepatotoxicity.

Also on December 2, 2024, we disclosed initial clinical safety, tolerability and activity data as of a data cutoff date of October 28, 2024 from our clinical study of the combination of daraxonrasib with elironrasib, which we believe showed the combination was generally well tolerated and provide initial proof-of-mechanism for a RAS(ON) inhibitor doublet in patients with colorectal cancer (CRC) who were previously treated with KRAS(OFF) G12C inhibitors. We believe these preliminary data observations support continued development of RAS(ON) inhibitor doublets in a broad range of tumor types and earlier lines of therapy, including 1L patients with NSCLC carrying RAS G12C tumors.

In April 2024, at the American Association for Cancer Research (AACR) Annual Meeting 2024, we reported individual case studies from the RMC-6236-001 study that showed examples of objective responses to daraxonrasib in patients with tumor types beyond PDAC or NSCLC, specifically patients with melanoma and with CRC.

Elironrasib (RMC-6291)

Elironrasib (RMC-6291) is designed as a RAS(ON) oral tri-complex G12C-selective inhibitor. It is designed to exhibit subnanomolar potency for suppressing RAS pathway signaling and growth of RAS G12C-bearing cancer cells and is engineered to be highly selective for RAS G12C over wild-type RAS and other cellular targets. Elironrasib is designed to be differentiated from first-generation KRAS(OFF) G12C inhibitors, which sequester the KRAS(OFF) G12C form, by its mechanism of directly iting the RAS(ON) G12C form.

On October 13, 2023, we reported interim preliminary safety and anti-tumor data from our ongoing first-in-human study of elironrasib, which we refer to as the RMC-6291-001 study, as of an October 5, 2023 data cut-off date, which we believe provide preliminary evidence of clinically meaningful differentiation of elironrasib from KRAS(OFF) G12C inhibitors.

We are evaluating several exploratory combination regimens that include elironrasib in order to assess the potential for development in earlier lines of therapy. These combinations include elironrasib with pembrolizumab and, as discussed in the "*Daraxonrasib (RMC-6236)*" section above, elironrasib with daraxonrasib. We are also planning a combination study of elironrasib with both daraxonrasib and pembrolizumab.

On December 2, 2024, we disclosed initial clinical safety, tolerability and activity data for the combination of daraxonrasib with elironrasib, as discussed in the "*Daraxonrasib (RMC-6236)*" section above.

Also on December 2, 2024, we disclosed clinical safety and tolerability data as of a data cutoff date of October 28, 2024 for the combination of elironrasib with pembrolizumab, which we believe showed the combination was generally well tolerated with limited hepatotoxicity.

Zoldonrasib (RMC-9805)

Zoldonrasib (RMC-9805) is designed as a RAS(ON) oral tri-complex G12D-selective inhibitor. It is designed to exhibit low nanomolar potency for suppressing RAS pathway signaling and growth of RAS G12D-bearing cancer cells and is engineered to covalently inactivate RAS G12D irreversibly.

On October 25, 2024, we reported preliminary clinical safety, tolerability and activity data as of a data cutoff date of September 2, 2024 from our first-in-human monotherapy study of zoldonrasib, which we refer to as the RMC-9805-001 study in patients with previously treated solid tumors harboring KRAS G12D mutations.

We believe that these data support our ongoing development of zoldonrasib as a single agent and in combination with other therapies, including with daraxonrasib. An exploratory combination study of zoldonrasib with daraxonrasib is ongoing. We currently expect to disclose additional zoldonrasib clinical safety and antitumor activity data in the second quarter of 2025.

We currently expect to initiate one or more pivotal combination studies in 2026 that incorporate either zoldonrasib or elironrasib and currently expect to share clinical data supporting these plans in the second or third quarter of 2025.

RMC-5127

RMC-5127 is designed as a RAS(ON) oral G12V-selective inhibitor. It is designed to exhibit picomolar potency for suppressing RAS pathway signaling and growth of RAS G12V-bearing cancer cells and is engineered for selective inhibition of RAS G12V over other RAS isoforms via non-covalent binding interactions. We currently expect to advance RMC-5127 to a clinic-ready stage in 2025 and to initiate a first-in-human dose escalation clinical trial of RMC-5127 in 2026.

RMC-0708

RMC-0708 is designed as a RAS(ON) oral Q61H-selective inhibitor. It is designed to exhibit picomolar potency for suppressing RAS pathway signaling and growth of RAS Q61H-bearing cancer cells and is engineered for selective inhibition of RAS Q61H over other RAS isoforms via non-covalent binding interactions. Clinical development of RMC-0708 is subject to our continuing assessment of our portfolio priorities.

RMC-8839

RMC-8839 is designed as a RAS(ON) oral G13C-selective inhibitor. It is designed to exhibit picomolar potency for suppressing RAS pathway signaling and growth of KRAS G13C-bearing cancer cells and is engineered to covalently inactivate KRAS G13C for irreversible inhibition. Clinical development of RMC-8839 is subject to our continuing assessment of our portfolio priorities.

Other Development Opportunities

-ave developed RAS companion inhibitors that are designed to suppress cooperating targets and pathways that sustain RAS-

5552, which is designed as a selective inhibitor of mTORC1 signaling in tumors; and RMC-5845, which is designed to target SOS1 a protein

that plays a key role in converting RAS(OFF) to RAS(ON) in cells. Additional clinical development of our RAS companion inhibitors is subject to our continuing assessment of our portfolio priorities.

We are also developing preclinical next-generation programs that are designed to sustain our innovation platform beyond our current development-stage assets.

Our Strategy

Overview

Our goal is to revolutionize treatment for patients with RAS-addicted cancers through the discovery, development and delivery of innovative, targeted medicines. RAS proteins drive a significant number of human cancers, and are largely unserved by targeted therapeutics. The KRAS G12C mutation has been clinically validated as a therapeutic target, and the evidence is strong that numerous other oncogenic mutations in the RAS family of proteins are likewise compelling cancer targets. Our collection of RAS(ON) Inhibitors is tailored to target RAS mutations that together comprise the driver mutations in the vast majority of RAS-addicted cancers.

Our RAS(ON) Inhibitors are unique in that they are the first RAS inhibitors in clinical development to specifically target the activated, or ON, form of oncogenic RAS proteins. This differentiated mechanism of action offers potential improvements over that of the first RAS inhibitors to gain U.S. Food and Drug Administration (FDA) approval (KRAS G12C inhibitors sotorasib and adagrasib), which interact exclusively with the OFF form. Based on an emerging understanding of the limitations of first-generation RAS(OFF) drugs in the clinic and findings from our own preclinical research, we believe our RAS(ON) Inhibitors have the potential to deliver deeper antitumor activity and more durable clinical benefit to a broader patient population.

Our pipeline of RAS(ON) multi-selective and RAS(ON) mutant-selective inhibitors offer an opportunity for RAS(ON) doublet combinations designed to potentially maximize durable clinical benefit by effectively targeting the most common KRAS mutant variants in cancer. The consistent finding from the first-generation mutant-selective RAS inhibitors is that the main resistance mechanism that curtails durable efficacy is through reactivation of RAS pathway, highlighting the oncogenic addiction in RAS-mutated cancers. We believe many of these resistance mechanisms may be amenable to inhibition with a RAS(ON) multi-selective inhibitor. The pairing of the RAS(ON) multi-selective inhibitor daraxonrasib with a mutant-selective inhibitor (such as elironrasib or zoldonrasib) may address potential resistances which may ultimately translate to more durable clinical benefit. In addition, our experiments have shown that two inhibitors generally result in more effective inhibition of the primary mutant RAS driver than either inhibitor alone. These doublets form a core part of our strategy to improve the standard of care for patients with RAS-addicted cancers, along with monotherapy and combination with standard of care therapies. This approach is based on our biological understanding of RAS addiction and leverages the unique nature of our pipeline.

Our current corporate priorities are to:

- Execute pivotal trials with daraxonrasib monotherapy in patients with previously treated metastatic PDAC and NSCLC.
- Advance daraxonrasib into earlier-line randomized pivotal trials in patients with PDAC.
- Generate sufficient data to inform development priorities for elironrasib and zoldonrasib and prepare to initiate one or more pivotal trials including these compounds either as monotherapy or in a drug combination.
- Progress our earlier-stage pipeline, including advancing next-generation innovations from the company's highly productive discovery organization.
- Grow our commercial and operational capabilities and increase precommercial activities in support of a potential commercial launch.

RAS Mutant Epidemiology in the United States.

Variants in RAS proteins account for a significant number of human cancers in the United States, many of which are fatal. Diverse oncogenic RAS variants in three different RAS isoforms (KRAS, NRAS and HRAS) drive distinct human cancers.

[1] Log tumor mutation frequencies from Foundation Medicine data, scaled to estimated patient numbers using cancer

30% of NSCLC diagnoses), approximately 75,000 CRC diagnoses (approximately 50% of CRC diagnoses) and approximately 56,000 PDAC diagnoses (more than 90% of PDAC diagnoses).

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Bora Pharmaceuticals Inc

Physical Address: 6701 Evenstad Drive N

City: Maple Grove State: MN Zip: 55369

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

City: _____ State: _____ Zip: _____

Telephone: 763-315-2200 Website: https://boracdmo.com/

Name of Designated Representative (DR): Dennis Hall

Licensing Company Email: statelicensing@bora-corp.com DR Email: dennis.hall@bora-corp.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: Manufacturers		☑ Others: 3PL Provider

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: _____

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): Bora Pharmaceuticals USA Inc. - 1000 N. West Street, Suite 1200, Wilmington, DE 19801

Corporation/Organization Name: BORA PHARMACEUTICALS INC.

Mailing Address: 6701 Evenstad Drive N

City: Maple Grove State: MN Zip: 55369

Telephone: 763-315-2200 Email: statelicensing@bora-corp.com

Contact Person Name: Dennis Hall

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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/.		✓	✓	✓

An official website of the United States government Here's how you know

FDA

Drug Establishments Current Registration Site

New Search

Search Results for *bora pharmaceuticals inc*

Showing 1 to 2 of 2 entries Show entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Bora Pharmaceuticals Inc.	3004106442	119297040	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK	14905 23rd Ave N, Plymouth, Minnesota (MN) 55447-4708, United States (USA)	12/31/2025
Bora Pharmaceuticals Inc.	3004106442	119296421	ANALYSIS; MANUFACTURE; PACK	6701 Evenstad Drive N, Maple Grove, Minnesota (MN) 55369-6026, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Thursday, Sep 04, 2025

New Search

Bora Pharmaceuticals Inc.

6701 Evenstad Drive N, Maple Grove, MN 55369

FEIN: 99-3427511

Officer List

Pao Shi, Sheng, (aka Bobby Sheng) Chairman + President

DOB: [redacted]

Business Address: 6F., No. 2, Aly. 36, Ln. 26, Ruiguang Rd., Neihu Dist., Taipei City, 114

Home Address: [redacted]

Phone # [redacted]

Jeffrey Mowery, President, CDMO Division

DOB: [redacted]

Business Address: 1000 N. West Street, Suite 1200, Wilmington, Delaware, 19801

Home Address: [redacted]

Phone #: [redacted]

John Lawrie, Vice President, Operations

DOB: [redacted]

Business Address: 7333 Mississauga Road Mississauga, ON, L5N 6L4

Home Address: [redacted]

Phone #: [redacted]

Hsiao-Ting, Chen, Chief Financial Officer

DOB: [redacted]

Business Address: [redacted]

Home Address: [redacted]

Phone #: [redacted]

Bora Pharmaceuticals Inc.
6701 Evenstad Drive N
Maple Grove, MN 55369
763-315-2200

Ownership Information

Bora Pharmaceuticals USA Inc.
1000 N. West Street, Suite 1200
Wilmington, DE 19801
FEIN: 84-3032461
100% Ownership

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BORA 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-NINTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BORA PHARMACEUTICALS INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MAY, A.D. 2024.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3700953 8300

SR# 20252769933

Authentication: 203806168

Date: 05-29-25

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

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Bora Pharmaceuticals Inc.
Date Filed:	05/17/2024
File Number:	1474883200027
Minnesota Statutes, Chapter:	303
Home Jurisdiction:	Delaware
This certificate has been issued on:	08/08/2024



Steve Simon
Secretary of State
State of Minnesota

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED

Manufacturer
License Number 462490

To: Bora Pharmaceuticals Inc
6701 Evenstad Drive N
Maple Grove, MN 55369

EFFECTIVE DATE
6/1/25

EXPIRATION DATE
5/31/26

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED

Manufacturer
License Number 462490

To: Bora Pharmaceuticals Inc

EFFECTIVE DATE
6/1/25

EXPIRATION DATE
5/31/26

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0704052	07-31-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2	MANUFACTURER	07-25-2025

BORA PHARMACEUTICALS INC.
6701 EVENSTAD DR N
MAPLE GROVE, MN 553696013

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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BORA PHARMACEUTICALS INC.
6701 EVENSTAD DR N
MAPLE GROVE, MN 553696013

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Form DEA-223 (9/2016)

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. 190057878

Application/License No. _____

BORA PHARMACEUTICALS INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
6701 Evenstad Drive N, Maple Grove, MN 55369, as
Address of Applicant/Principal
PRINCIPAL, and The Ohio Casualty Insurance Company, a
Surety Company
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
175 Berkeley Street, Boston, MA 02116 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 15, 2025.
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 August, 20 25.

APPLICANT/PRINCIPAL
Bora Pharmaceuticals Inc
COMPANY

BORA PHARMACEUTICALS INC. 2024 DELAWARE

Authorized Representative

SURETY
The Ohio Casualty Insurance Company

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE 3225

Surety Company's Representative

Jonathan Lucas, 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:

Not Applicable
Nevada Resident Agent

Posted February 20, 2020

Liberty Mutual SURETY

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8212626 – 190052**

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, Rita Carlson, Karla Deutsch-Hunt, Lynn Dvergsten, Kerri Hatton-Rudnik, Danielle Hernandez, Chris Hovden, John C. Klein, Stephen M. Klein, Jonathan Lucas, Christine M. Scott, Robert J. St. Arnold, Chase Stoneback, Stewart Yoo, Michael Zahn

all of the city of Minneapolis state of MN each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 24th day of October 2024.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 24th day of October 2024 before me personally appeared Nathan J. Zangerle, 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 Plymouth Meeting, 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 Nathan J. Zangerle, 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 15th day of August, 2025.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/24

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.

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 BORA PHARMACEUTICALS INC.

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 6701 Evenstad Drive N

City Maple Grove State MN Zip 55369

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

City State Zip

Telephone 763-315-2200 Website https://boracdmo.com/

Licensing Company Email statelicensing@bora-corp.com

Section 2: Personal Information

First Dennis Middle William Last Hall

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

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

Mailing Address 6701 Evenstad Drive N

City Maple Grove State MN Zip 55369

Telephone 763-315-2200 Email dennis.hall@bora-corp.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)	
North Carolina State University		1986-1990	
Address	City	State	Zip
2321 Stinson Drive	Raleigh	NC	27695
Diploma/Degree obtained, if any			
BS Biochemistry & BA Chemistry with Minor in Genetics			

School Name		From - To (MM/YY – MM/YY)	
Garner Senior High School		1982-1986	
Address	City	State	Zip
2101 Spring Dr	Garner	NC	27529
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
June 2022 - Now	[redacted]	Maple Grove	MN	[redacted]
Aug 2018- June 202		Maple Grove	MN	
Mar 2016 - July 201		Greenville	RI	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Dennis W. Hall

Maple Grove, MN [redacted]

[redacted]

Engaged and pragmatic leader accustomed to rolling up my sleeves to solve problems and achieve results in development, commercial, and CDMO environments. An effective change agent with demonstrated ability to formulate and evolve quality from a compliance function to a trusted business partner enabling organizations to focus on providing patients and customers needed medicines with compliance as the byproduct. Successfully implemented robust quality systems, increasing productivity, reducing complexity, and developing personnel. Led multi-site cross-functional global teams to achieve and maintain an environment of efficiency and compliance resulting in positive regulatory inspections, product approvals, continuity of supply, and expense reduction.

- Knowledgeable of FDA Regulations and ICH Guidance
- Multi-site Quality System Development and Harmonization
- Manufacturing Quality Operations (QA & QC)
- Inspection and Audit Management
- Field Alert/Recall, 483 and Warning Letter Resolution
- CDMO / Contract Partner Relationships
- Team / Personnel Development
- M&A Due Diligence
- Root Cause Analysis / CAPA / Trending
- KPI/Metrics Analysis / Reporting

PROFESSIONAL EXPERIENCE

Bora Pharmaceuticals Inc, Maple Grove, MN
Vice President and General Manager **May 2025 - current**
Providing leadership and guidance for all site production operations, quality, and support functions for the Maple Grove and Plymouth MN facilities. Ensuring development and execution of the site strategy to support Bora's growth ambitions.

- Leading the closure of the Plymouth site, including the discontinuance or transfer of 20 products to other Bora sites. Managing a 200 person RIF, to right-size operations in Maple Grove.
- Achieved a site closure ensuring 20+ products transferred without supply disruption.

Upsher-Smith Laboratories, Maple Grove, MN (acquired by Bora Group, Apr 2024)
Interim General Manager Nov 2024 – May 2025
Associate Vice President Quality Jan 2022 – Nov 2024
Senior Director Quality July 2018 – Jan 2022
Redesigned the Quality Unit (~75 personnel across QA, QC, and Analytical Development) to sustainably deliver on Quality responsibilities, enhance productivity, and serve as collaborative partners ensuring effective and efficient development, product launch and uninterrupted commercial manufacturing and supply. Providing leadership throughout organization as driving force improving USL's culture of quality and continuous improvement.

- Achieved a site closure ensuring 20+ products transferred without supply disruption.
- Launched Quality Management Review, Initiated Quality Metrics dashboard publication company wide.
- Improved process and content of Product Quality Review simultaneously eliminating 3+ year backlog.
- Contributed to redesign of batch records leading to improved execution and fewer deviations.
- Streamlined SOP review process in Veeva Vault and improved cross-functional and multi-site collaboration.
- Improved SOP writing and review practices, leading to more clear instructions and improved execution.
- Implemented raw material and packaging component reduced testing program,
- Identified and eliminated duplicate QC testing of CMO manufactured / tested products.
- Expanded External Quality function and enhanced content and clarity of Quality Agreements
- Implemented risk-based approach to supplier auditing and oversight.
- Facilitated two Product Recalls
- Supported four successful FDA GMP (3 sites) and three PAI (2 sites) inspections (6 products)
- Supported achieving multiple product approvals via internal development and external partnerships.

Tedor Pharma Inc., Cumberland, RI
Vice President Quality (QA, QC, AD, RA) Nov 2016 – July 2018
Engaged leader developing personnel and the Quality Management System, while overseeing quality, regulatory and analytical development activities associated with clinical and drug product commercialization in on-site operations and via CMOs. Decision-maker for Quality matters, reporting to CEO.

- Hosted two successful FDA GMP inspection focused on verification of 2013 inspection commitments.
- Prepared CMC documentation for ANDA submissions and updates, resulting in three product approvals.

- Implemented Quality Management Review including quality metrics tracking and accountability.
- Reviewed / approved analytical protocols, reports, mater batch records, validation / qualification protocols.
- Resolved deviations, OOS, non-conformances, and approved CAPAs and change controls.
- Identified and eliminated unnecessary, non-compliant and costly work practices across organization.
- Implemented training program on FDA and ICH guidance documents.
- Oversaw vendor audit and qualification process. Developed and maintained Quality Agreements.
- Initiated record retention and destruction program.
- Outsourced PM and calibration program, allowing chemists to focus on MD/MV and QC testing

Osmotica Pharmaceuticals US LLC, Marietta, GA (acquired by Vertical Labs, 2016)

Vice President and Global Head, Quality Jan 2015 – Sept 2016

Director, Head of Global Quality May 2013 – Dec 2014

Reporting to CEO, championed company-wide understanding of quality system and regulatory compliance. Introduced quality policies, systems, and processes to reduce risk, ensure continuity of supply, and enhance organizational commitment to quality. Contact for regulatory authority interaction regarding product quality, regulatory inspections, and necessary field actions or responses. Increased quality outcomes and presence in all outsourced operations.

- Co-leader in successfully transitioning from small volume CTM facility to commercial operation.
- Hosted FDA PAI and general GMP inspection resulting in zero observations and approval recommendation.
- Overhauled Quality Unit structure and responsibilities; reduced headcount 25%, increasing compliance and efficiency.
- Launched Quality Management Review including use of metrics and progressive quality practices.
- Gained effective monitoring of clinical programs and commercial operations.
- Initiated vendor selection, qualification, and approval program leading to reduced testing program.
- Redesigned master batch records allowing more efficient revisions, execution with fewer errors, and review.
- Developed quality system for oversight of multiple CMOs ensuring compliance with applicable submissions.
- Implemented risk-based approach for review and disposition of all products manufactured by CMOs.

Banner Pharmacaps, Inc., High Point, NC (acquired by Patheon, 2012)

Global Director Quality and Compliance Dec 2011 - Jan 2013

Senior leader reporting to CEO, directing the Quality and Compliance functions in Banner's international sites via three direct and ninety indirect reports. Ensured uncompromising Quality culture focused on continuous improvement and effective risk management enabling continuity of supply. Informed Executive Leadership of Quality and Compliance performance metrics and areas of opportunities and risks. Represented Banner Quality to customers.

- Directed Global Quality Leadership Team
- Led European plant to successful first FDA PAI and general GMP inspection.

Global Director Quality Systems July 2007 - Dec 2011

Senior leader reporting to EVP of Quality Systems and Compliance in newly created position, implementing initiative-taking quality management and continuous improvement strategy to improve competitive advantage. Initiated corporate policies, processes, and metrics in line with business strategy and regulatory requirements driving consistency and compliance with quality standards throughout global manufacturing operations. Assessed regional site compliance to corporate standards, Oversaw staffing and budgeting. Supported site regulatory inspection readiness and sharing of information globally.

- Formulated Quality section of Banner's 5-year strategic plan.
- Developed Banner's compliance strategy for dietary supplement manufacturing following implementation of 21 CFR 111 (dietary supplement GMPs); interpreted regulations and identified operational changes; Strategy presented at external conferences.
- Architect of Banner's Global QMS aligning business objectives and regulatory requirements, across five sites in four countries.
  - Implemented Global and Regional Quality Councils, corporate and regional Quality KPIs
  - Harmonized Quality System practices between operating four sites
  - Authored corporate policies aligned with FDA and EU regulations and ICH guidance, to synergize expectations across Banner.
- Improved IT systems compliance through execution of 21 CFR Parts 11, 211.68, and GAMP audit and remediation project

Senior Manager Quality Systems Sept 2006 – June 2007

Developed and oversaw Quality Systems (i.e., document control, complaints, APRs, audits, deviations, investigations, CAPA, trending, and change control); hosted regulatory inspections and customer audits, through seven direct reports.

- Authored Sept 2006 Warning Letter response two weeks after hire. Educated leadership on Warning Letter expectations and compliance readiness achieving successful follow-up inspection in April 2007
- Instituted monthly Site Quality Review with Quality, Operations, and R&D management.
- Spearheaded restructuring of site Quality operations for improved alignment and daily execution
- Expedited successful recovery of company-wide electronic quality system (Achiever®)

- Led selection, design, multi-site (multi-language) implementation of TrackWise® QMS for document management, deviation, investigation, complaint, audit, OOS, change control, and CAPA workflows. Ahead of schedule and under budget
- Eliminated Annual Product Review backlog, while improving content, compliance, and trending capability
- Redesigned complaint and adverse event handling, resolving 6+ month backlog of customer complaints.

Eisai, Inc., RTP, NC
Quality Assurance Manager Aug 2003 – Aug 2006
Optimized QA operations (8 direct reports) supporting GMP manufacturing, testing, and disposition of raw materials and drug products. Administered site Quality Systems (document management, change control, deviations, OOS, complaints, investigations, CAPA, and APRs). Conducted internal and external audits of domestic and international suppliers. Oversaw Quality of third party domestic and international CMO operations. Supported FDA inspections.

- Led site management review of quality system metrics.
- Saved $900K by eliminating unnecessary stability studies following NDA product acquisition.
- Achieved 80% reduction in batch record review cycle time through reduction in documentation errors by reformatting and simplifying batch records and improving investigation process.
- Evaluated, selected, and led TrackWise® QMS implementation: 3 workflows in 90 days, ahead of schedule and under budget.
- Quality representative on team in-licensing two third party internationally manufactured products; including conducting recall of acquired product. Received President's Team Award for completion of product acquisition within four weeks.

Associate Quality Assurance Manager Nov 2001 – Aug 2003
Second and third shift site Quality leader responsible for incoming and in-process sampling and inspection, and batch disposition supporting manufacturing and packaging operations through six direct and three indirect reports. Improved non-conforming material system. Supported regulatory inspections.

- Created databases to improve deviation, CAPA, OOS and non-conformance tracking and trending.
- Reduced overdue CAPAs from 3+ years to < 30 days.

Quality Control Manager Aug 1999 – Nov 2001
Oversaw analytical GMP laboratory of six chemists, conducting raw material, component, in-process, bulk product, and stability testing. Facilitated OOS / OOT investigations. Supported filing and launch of NDA products and technology transfer projects.

- Reduced in-lab time from 14 to 4 days, following 50% production increase without headcount increases.
- Reduced outside testing costs by 25% by bringing capability in-house.
- Transferred stability studies from defunct contract laboratory, expanding internal workload by 30% without resource increase.

Magellan Laboratories, RTP, NC (acquired by Cardinal Laboratories, 2002)
Analytical Chemist III – Group Leader Mar 1997 - Aug 1999
Lead twelve direct reports executing compendia and proprietary test methods evaluating drug substances and products within GMP laboratory. Developed and validated analytical methods for pharmaceutical and veterinary products. Recommend testing fees. Ensured effective communication with multiple clients in fast paced setting.

- Increased group profitability from 12% to 87% (company target 70%) within 6 months of transfer and maintained until leaving.
- Equipped lab with electro-chemical detection capability leading to significant new customer business.

Analytical Chemist III Aug 1996 - Mar 1997
Analytical Chemist II Aug 1994 - Aug 1996

BAS Analytics, Inc., West Lafayette, IN (named changed to Inotiv, 2021)
Bio-analytical Chemist Nov 1992 - Aug 1994
Extracted and analyzed metabolites from biological matrices. Developed and validated analytical methods.

Eli Lilly & Company, Lafayette, IN
Chemist / Technical Writer Feb 1992 - Aug 1992
Aligned current laboratory methods and practices with filed applications as part of FDA remediation response.

SPHINX PHARMACEUTICALS, INC., Durham, NC (acquired by Eli Lilly, 1994)
Research Assistant May 1991 - Nov 1991
Purified and characterized proteins from native and recombinant sources using multi-step liquid chromatography (FPLC) and gel electrophoresis.

EDUCATION

BS Biochemistry & BA Chemistry with Minor in Genetics, North Carolina State University, Raleigh, NC 1990

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)	
Upsher-Smith Laboratories			Nov 2024 - Now	
Business Address	**City**		**State**	**Zip**
6701 Evenstad Dr. N	Maple Grove		MN	55369
Phone	**Title**		**Number of Employed Hours**	
763-315-2000	Vice President and General Manager		1,300	

Description of Duties
Provided strategic leadership for production, quality, and support functions across Bora's Maple Grove and Plymouth facilities. Successfully led the closure of the Plymouth site, managing the seamless transfer of 20+ products and a 200-person reduction in force, while ensuring uninterrupted supply and aligning Maple Grove operations with company growth goals.

Business Name			From - To (MM/YY – MM/YY)	
Upsher-Smith Laboratories			July 2018 - Nov 2024	
Business Address	**City**		**State**	**Zip**
6701 Evenstad Dr. N	Maple Grove		MN	55369
Phone	**Title**		**Number of Employed Hours**	
763-315-2000	Associate Vice President Quality		13,300	

Description of Duties
Redesigned and led a 75-person Quality Unit (QA, QC, and Analytical Development) to drive a culture of quality, continuous improvement, and operational efficiency across development, launch, and commercial manufacturing. Successfully supported a major site closure with uninterrupted product supply, launched company-wide Quality Management Reviews and metrics dashboards, & eliminated a 3+ year Product Quality Review backlog. Drove cross-functional improvements in SOP practices, batch record design, and QC testing, while enhancing supplier oversight and external quality agreements. Supported multiple FDA GMP and PAI inspections and contributed to several product approvals through both internal and external development efforts.

Business Name			From - To (MM/YY – MM/YY)	
Tedor Pharma Inc			Nov 2016 - July 2018	
Business Address	**City**		**State**	**Zip**
400 Highland Corporate Dr,	Cumberland		RI	02864
Phone	**Title**		**Number of Employed Hours**	
401-405-3000	Vice President Quality (QA, QC, AD, RA)		3,400	

Description of Duties
Engaged quality leader overseeing Quality, Regulatory, and Analytical Development activities for clinical and commercial drug products, both on-site and via CMOs. Served as Quality decision-maker reporting to the CEO, driving improvements across the Quality Management System and team development. Hosted successful FDA inspections, supported three product approvals through ANDA submissions, and implemented Quality Management Reviews with tracked metrics. Streamlined operations, improved compliance practices, and led initiatives in vendor oversight, training, and documentation management.

Business Name			From - To (MM/YY – MM/YY)	
Osmotica Pharmaceuticals US LLC			May 2013 - Sep 2016	
Business Address	**City**		**State**	**Zip**
895 Sawyer Rd	Marietta		GA	30062
Phone	**Title**		**Number of Employed Hours**	
770-509-4500	Vice President and Global Head, Quality		6,300	

Description of Duties
Reported to CEO and led the development of company-wide quality systems to strengthen regulatory compliance, reduce risk, and ensure supply continuity. Served as regulatory liaison for inspections and field actions, while increasing quality oversight across outsourced operations. Successfully transitioned the company from a CTM facility to a commercial operation, hosting a zero-observation FDA PAI. Overhauled the Quality Unit, implemented Quality Management Reviews, and introduced risk-based CMO oversight, resulting in improved compliance, operational efficiency, and streamlined product review processes.

Business Name			From - To (MM/YY – MM/YY)	
Banner Pharmacaps, Inc.			Sep 2006 - Jan 2013	
Business Address	**City**		**State**	**Zip**
4125 Premier Dr	High Point		NC	27265
Phone	**Title**		**Number of Employed Hours**	
336-812-8700	Global Director Quality and Compliance		12,120	

Description of Duties
Senior leader reporting to the CEO, overseeing global Quality and Compliance across international sites through direct and matrixed teams. Fostered a strong Quality culture focused on continuous improvement and risk management, while advising executive leadership on performance and compliance. Directed the Global Quality Leadership Team and led a European site through its first successful FDA PAI and GMP inspection.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Eisai, Inc.,			Aug 1999 - Aug 2006
Business Address	**City**	**State**	**Zip**
4130 Parklake Ave	Raleigh	NC	27612
Phone	**Title**	**Number of Employed Hours**	
919-941-6920	Quality Assurance Manager	12,950	

Description of Duties

Optimized QA operations supporting GMP manufacturing, quality systems, and third-party oversight. Led an 8-person team, conducted audits, and supported FDA inspections. Achieved major efficiencies, including an 80% reduction in batch record review time and $900K in cost savings. Implemented TrackWise® QMS ahead of schedule and served as QA lead for rapid product acquisitions, earning a President's Team Award.

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

Description of Duties

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

Description of Duties

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

Description 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, Dennis Hall, **certify that as the designated representative for**

Bora Pharmaceuticals Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DWH I am at least 21 years of age;
3. DWH 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. DWH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DWH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DWH 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. DWH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dennis Hall
Print Name (First, Last)

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

08 Aug 2025
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.

Dennis Hall
Print Name (First, Last)

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

08 Aug 2025
Date

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

State of Minnesota, ss. County of Hennepin

I, Dennis Hall, 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.

Dennis W Hall
Original Signature

09 Aug 2025
Date

Subscribed and Sworn to before me this 9th day of August 2025

Notary Public Signature

BREANNA K PALMER
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2029

(Seal)

Bora Pharmaceuticals Inc.
6701 Evenstad Drive N
Maple Grove, MN 55369
763-315-2200

Employee List

Dennis Hall – Vice President and General Manager

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: CORDIS US CORP

Physical Address: 5452 Betsy Ross Dr

City: Santa Clara State: CA Zip: 95054

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 305-389-1467 Website: _____

Name of Designated Representative (DR): Karen Nevarez

Licensing Company Email: nilsa.morales@cordis.com DR Email: karen.nevarezangulo@cordis.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

Provide explanation below:
N/A

Original Signature (electronic, copies or stamps not accepted)

12/12/25
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 List

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DELAWARE

Parent Company (if any): _____

Corporation/Organization Name: CORDIS US CORP

Mailing Address: 5452 BETSY ROSS DR

City: SANTA CLARA State: CA Zip: 95054

Telephone: 305-389-1467 Email: nilsa.morales@cordis.com

Contact Person Name: Nilsa Morales

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/.		✓	✓	✓

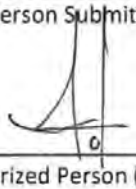
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

CORDIS US CORP

Facility Name

Karen Nevarez

Print Name of Authorized Person Submitting Application



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

12/12/2025

Date

Board Use Only	Date Received: _____	Amount: _____

FDA

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

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Cordis US Corp.
Business Trade Name:
Cardinal Health

5452 Betsy Ross Dr
Santa Clara, CA 95054
Registration Number: 3004939290
FEI Number*: 3010142363
Status: Active
Date Of Registration Status: 2025

Owner/Operator:
Cordis US Corp.[6]
5452 Betsy Ross Dr
Santa Clara, CA US 95054
Owner/Operator Number: 9056360[7]

Official Correspondent:
Linda Ruedy
5452 Betsy Ross Dr
Santa Clara, CA 95054
Phone: 408-6106500

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

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1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9056360&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9056360&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN

Page Last Updated: 12/16/2024

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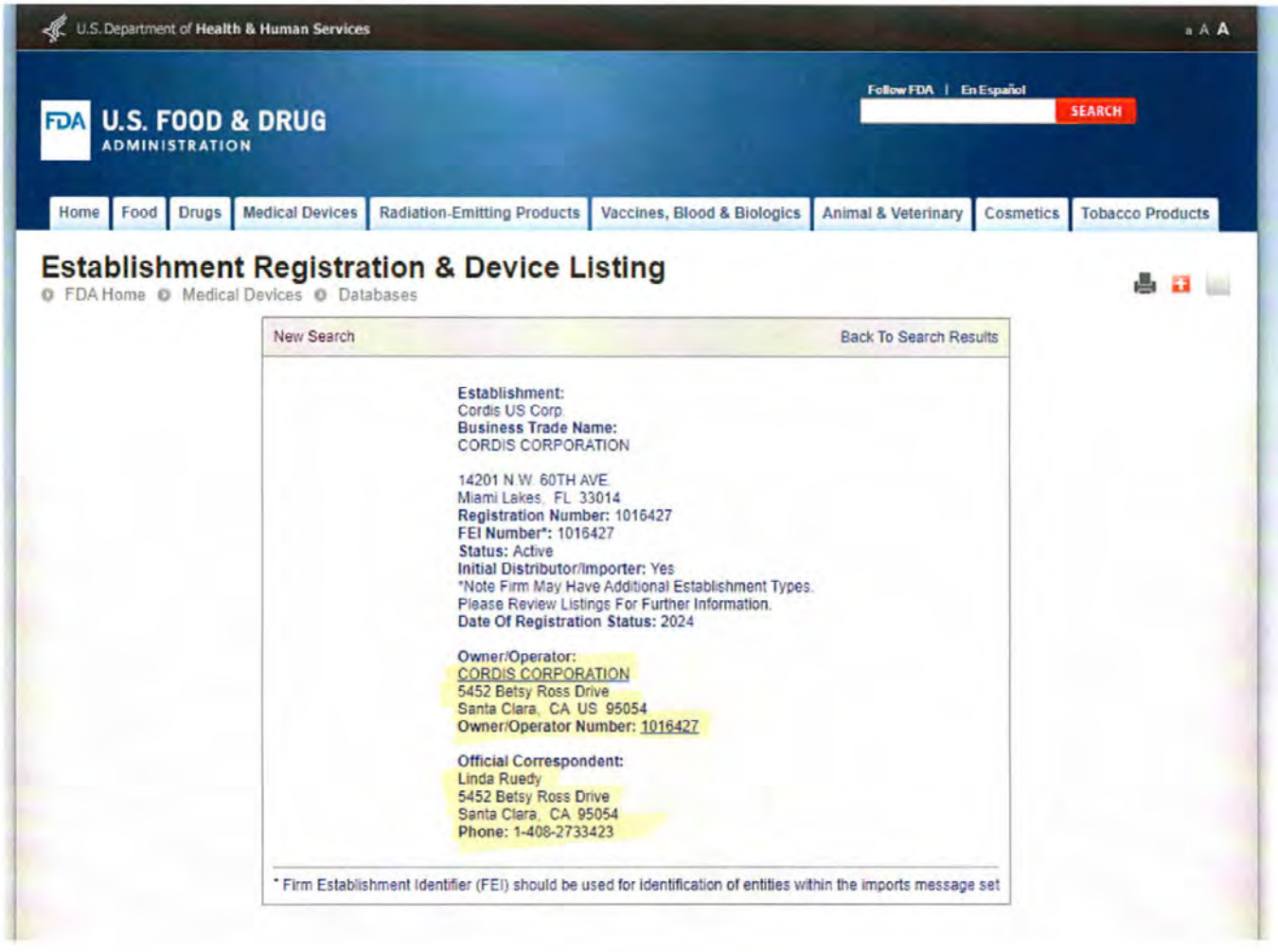
FDA

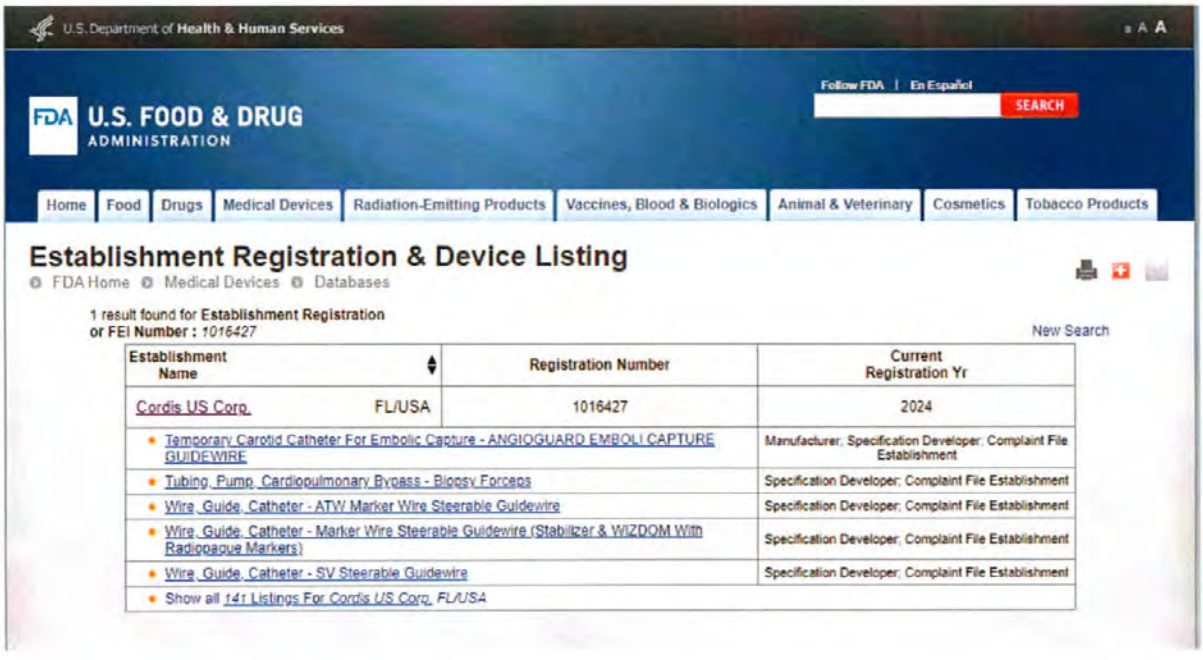
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
   start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9056360&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN
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U.S. Department of Health & Human Services
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:
Cordis US Corp.
Business Trade Name:
CORDIS CORPORATION
14201 N.W. 60TH AVE.
Miami Lakes, FL 33014
Registration Number: 1016427
FEI Number*: 1016427
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2024
Owner/Operator:
CORDIS CORPORATION
5452 Betsy Ross Drive
Santa Clara, CA US 95054
Owner/Operator Number: 1016427
Official Correspondent:
Linda Ruedy
5452 Betsy Ross Drive
Santa Clara, CA 95054
Phone: 1-408-2733423
* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set


U.S. Department of Health & Human Services
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
1 result found for Establishment Registration or FEI Number : 1016427
New Search
Establishment Name
Registration Number
Current Registration Yr
Cordis US Corp. FL/USA 1016427 2024
Temporary Carotid Catheter For Embolic Capture - ANGIOGUARD EMBOLI CAPTURE GUIDEWIRE — Manufacturer; Specification Developer; Complaint File Establishment
Tubing, Pump, Cardiopulmonary Bypass - Biopsy Forceps — Specification Developer; Complaint File Establishment
Wire, Guide, Catheter - ATW Marker Wire Steerable Guidewire — Specification Developer; Complaint File Establishment
Wire, Guide, Catheter - Marker Wire Steerable Guidewire (Stabilizer & WIZDOM With Radiopaque Markers) — Specification Developer; Complaint File Establishment
Wire, Guide, Catheter - SV Steerable Guidewire — Specification Developer; Complaint File Establishment
Show all 141 Listings For Cordis US Corp. FL/USA

Scott William Drake, **CEO**

[redacted]

Ownership Percentage: 0%

Richard Champion Davis III, **COO**

[redacted]

Ownership Percentage: 0%

Dodd Joseph Gray, **General Counsel**

[redacted]

Ownership Percentage: 0%

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORDIS US 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 SIXTH DAY OF NOVEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORDIS US CORP." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2021.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5670951 8300

SR# 20254491026

Authentication: 205249806

Date: 11-06-25

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

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Cordis US Corp
5452 Betsy Ross Dr
Santa Clara, CA 95054

LICENSE NUMBER: 123385
EXPIRATION DATE: 10/9/2026

The person named herein is licensed to manufacture devices 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

Vincent Matthew Hedrick
Cordis US Corp - 123385
5452 Betsy Ross Dr
Santa Clara, CA 95054

BAYOPUR-01 SVIJAY6

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/14/2025

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 # 0757776
HUB International Insurance Services Inc.
PO Box 4047
Concord, CA 94524-4047

CONTACT NAME: Jaime Shah
PHONE (A/C, No, Ext): (877) 825-2681 FAX (A/C, No): (951) 231-2572
E-MAIL ADDRESS: cal.cpu@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Zurich American Insurance Company	16535
INSURER B : American Guarantee & Liability Insurance Company	26247
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
BHP, LP c/o Bayou Purchasers; Cordis US; Access Closure Inc. including MedAlliance".
14201 Northwest 60th Ave.
Miami Lakes, FL 33014

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			ZE-2479586-04	8/2/2025	8/2/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 100,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			ZE-2479586-04	8/2/2025	8/2/2026	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)	$
								$
B	X UMBRELLA LIAB X OCCUR			AUC- 8627570-04	8/2/2025	8/2/2026	EACH OCCURRENCE	$ 15,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 15,000,000
	DED RETENTION $						Follows Form	$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			ZE-2479586-04	8/2/2025	8/2/2026	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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Revised 8/14/2025: This certificate rescinds and supersedes any and all prior certificates issued on behalf of the Named Insured.

For Information Purposes Only.

CERTIFICATE HOLDER

Cordis US Corp
5452 Betsy Ross Dr
Santa Clara, CA 95054

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: BAYOPUR-01 SVIJAY6

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 0757776	NAMED INSURED
HUB International Insurance Services Inc.		BHP, LP c/o Bayou Purchasers; Cordis US; Access Closure Inc. including MedAlliance". 14201 Northwest 60th Ave. Miami Lakes, FL 33014
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Policy Coverage's
"Umbrella limit in excess of Employers Liability Limit shown

Coverage applies world wide, specifically including Austria, Belgium, Denmark, Finland, France, Germany, Italy, Luxembourg, Netherlands, Norway, Poland,
Portugal, Spain, Sweden, Norway, Switzerland and Australia."

Carrier Name: HDI Global Insurance Company - International Products Liability - Policy Number: MDMD6543801 – Policy Term: 8/2/2026 to 8/2/2026 Limit $10M Retention:$1,000,000

Carrier Name: Underwriters at Lloyd's London - Products Liability – Policy Number: LSR-PCO-00567-25 - Policy Term: 8/2/2025 to 8/2/2026 Limit:$10M

Carrier Name: HDI Specialty Insurance Company - Excess Products Liability $10M X $10M – Policy Number: MDXD7074100S – Policy Term: 8/2/2025 to 8/2/2026

Carrier Name: Westchester Surplus Lines Insurance Company - Excess Products Liability $10M X $20M – Policy Number: G48690373 002 - Policy Term: 8/2/2025 to 8/2/2026

Carrier Name: Colombia Casualty Company - Excess Products Liability $10M X $30M – Policy Number: 7015262696 - Policy Term: 8/2/2025 to 8/2/2026

Carrier Name: TDC Specialty Insurance Company - Excess Products Liability $10M X $40M – Policy Number: LSX-00331-25-01 - Policy Term: 8/2/2025 to 8/2/2026

Cordis Medical UK Ltd and subsidiary companies Chadwick House Birchwood Park, Warrington, Cheshire, WA3 6AE, United Kingdom. Cordis Medical Ireland Ltd and subsidiary companies Cahir Road, Cashel, Co. Tipperary, E25 RC92, Ireland. Territorial Limits: Great Britain, Northern Ireland, Isle of Man, Channel Islands, Austria, Belgium, Denmark, Finland, Germany, Republic of Ireland, Italy, Netherlands, Poland, Portugal, Spain, and Sweden.
Coverage includes Professional Liability for advice or demo on use of your products. Territorial Limits: Great Britain, Northern Ireland, Isle of Man, Channel Islands, Austria, Belgium, Denmark, Finland, Germany, Republic of Ireland, Italy, Netherlands, Poland, Portugal, Spain, and Sweden.

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PHILADELPHIA INSURANCE COMPANIES

Philadelphia Indemnity Insurance Company
One Bala Plaza, Ste. 100
Bala Cynwyd, PA 19004

BOND RIDER

Bond No: PB01663400031

Principal: Cordis US Corp

Obligee: Nevada State Board of Pharmacy

Surety: Philadelphia Indemnity Insurance Company

Effective: 09/06/2025

It is agreed that:

A location has been added to read: 5452 Betsy Ross Dr, Santa Clara, CA 95054

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than stated as above. Provided, however, that the liability of the company under the attached bond as changed by this order shall not be cumulative.

Signed this 15th **day of** September **. 20** 25 .

Principal: Cordis US Corp

By: _____
Todd J. Gray
Principal Signature

Philadelphia Indemnity Insurance Company

By: _____
Laura L. Plaisant
Attorney in Fact

State of FLORIDA
County of Miami-Dade

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 19th day of September, 2025 by David J. Gray, who ☐ is personally known to me or ☐ produced a _____ as identification, regarding the attached instrument described as Bond Rider (Cordis US Corp) and to whose signature this notarization applies.

Melanie Blanco
Comm: HH 468132
Expires: Dec. 22, 2027
Notary Public - State of Florida

notary public signature

Melanie Blanco
notary public printed name

FL-2001-ACK

www.NotaryFL.com provides this form pursuant to Florida Statutes §695.25(1), §117.05(13)(b)

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 Contra Costa)

On September 15, 2025 before me, Shawndrae N. Johnston, Notary Public
(insert name and title of the officer)

personally appeared Laura L. Plaisant,
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.

SHAWNDRAE N. JOHNSTON
Notary Public - California
Contra Costa County
Commission # 2527802
My Comm. Expires Aug 17, 2029

Signature _____ (Seal)

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 **Mark C. Johnson, James P. Vawter, and Cathy D. Gagnon, Laura L. Plaisant, and Jeff Prevost of Hub International Insurance Services Inc.**, 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 SEALTO 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 15th day of September, 20 25

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

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. PB01663400031

Application/License No. _____

Cordis US Corp (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 5452 Betsy Ross Dr Santa Clara CA 95054 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is one Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950 (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 09/06/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of September, 2022.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY
Philadelphia Indemnity Insurance Company

Surety Company's Representative

Peter D. Holley, 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

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 **Mark C. Johnson, Peter D. Holley, James P. Vawter, and Cathy Gagnon of HUB International Insurance Services of California**, 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 SEALTO 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.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 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 6th day of September, 2022

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

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 Contra Costa)

On September 6, 2022 before me, Cathy D. Gagnon, Notary Public
Date *Here Insert Name and Title of the Officer*

personally appeared Peter D. Holley
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.

CATHY D. GAGNON
Notary Public - California
Contra Costa County
Commission # 2359437
My Comm. Expires May 29, 2025

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: License & Permit Bond Document Date: September 6, 2022
Number of Pages: 2 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Peter D. Holley	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: Philadelphia Indemnity Insurance Company	Signer Is Representing: -

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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: Cordis US Corp — MDEG License # (if applicable): _____

Physical Address: 5452 Betsy Ross Dr

City: Santa Clara — State: CA — Zip: 95054

Mailing Address (if different from physical address): _____

City: _____ — State: _____ — Zip: _____

Telephone: 800-327-7714 — Website: www.cordis.com

Licensing Company Email: karen.nevarezangulo@cordis.com

Section 2: Personal Information

First: Karen — Middle: Arlette — Last: Nevarez

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

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

Mailing Address: [redacted]

City: Santa Clara — State: CA — Zip: [redacted]

Telephone: [redacted] — Email: karen.nevarezangulo@cordis.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)	
Universidad Tecmilenio (online)		09/23 - 04/25	
Address	**City**	**State**	**Zip**
Ubicación: Blvd. Teófilo Borunda No. 11163	Ciudad Juarez	Chih, MEX	32546
Diploma/Degree obtained, if any			
Master in Business Administration and with Quality and Productivity			

School Name		From - To (MM/YY – MM/YY)	
Universidad Autonoma de Ciudad Juarez		09/99 - 06/04	
Address	**City**	**State**	**Zip**
Avenida del Charro 450 Norte, Partido Romero	Ciudad Juarez	Chih, MEX	32320
Diploma/Degree obtained, if any			
Bachelor of Science Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Escuela Preparatoria por Cooperacion El Chamizal		09/96 - 06/99	
Address	**City**	**State**	**Zip**
Universidad 2255, Chamizal	Ciudad Juarez	Chih, MEX	32320
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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/23 - current	[redacted]	Santa Clara	CA	[redacted]
03/20 - 03/23		Santa Clara	CA	
03/15 - 03/20		El Paso	TX	

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)	
Cordis US Corp.			03/20 - current	
Business Address		**City**	**State**	**Zip**
5452 Betsy Ross Dr.		Santa Clara	CA	95054
Phone	**Title**		**Number of Employed Hours**	
+1 669 207 5368	Sr. Manager Quality Assurance		11,400	

Description of Duties

The Senior Quality Manager develops and implements quality strategies, ensures regulatory compliance, and oversees the Quality Management System (QMS). They lead continuous improvement initiatives, manage audits, supervise QA/QC

Business Name			From - To (MM/YY – MM/YY)	
BEPC Inc (J&J contractor)			11/18 - 03/20	
Business Address		**City**	**State**	**Zip**
3240 Executive Dr.		San Angelo	TX	76904
Phone	**Title**		**Number of Employed Hours**	
325-944-0169	Supplier Quality Auditor		5,888	

Description of Duties

Lead Auditor responsible for the full execution of supplier audits under the Johnson & Johnson Supplier Audit Program.

Business Name			From To (MM/YY MM/YY)	
Cordis a Cardinal Health Mexico			02/16 -11/18	
Business Address		**City**	**State**	**Zip**
Santiago Troncoso No. 808, Parque Industrial Salvarcar		Ciudad Juarez	Chih, MEX	32574
Phone	**Title**		**Number of Employed Hours**	
			8,832	

Description of Duties

Training Department Lead, responsible for coordinating and supporting training activities for the site.

Business Name			From - To (MM/YY – MM/YY)	
Cordis de Mexico, Biosense Webster / Johnson & Johnson, Medical Device Manufacturer			01/14 - 01/16	
Business Address		**City**	**State**	**Zip**
Calle Interior Norte 1820, Parque Industrial Salvarcar		Ciudad Juarez	Chih. MEX	32599
Phone	**Title**		**Number of Employed Hours**	
+52 656 649 1257	Senior Quality Engineer		4,330	

Description of Duties

Best Practice Leader for Critical Control Points Initiative, responsible for strategy development and execution for Control Plans for Salvarcar Site (BWI) to align site with the Medical Device Sector requirements.

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/12/2025
Date

I, Karen A. Nevarez, **certify that as the MDEG Administrator for**

Cordis US Corp. Santa Clara,

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

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

KAREN NEVAREZ
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/12/2024
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 CORDIS US CORP

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5452 BETSY ROSS DR

City SANTA CLARA, State CA Zip 95054

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-327-7714 Website www.cordis.com

Licensing Company Email karen.nevarezangulo@cordis.com

Section 2: Personal Information

First Karen Middle Arlette Last Nevarez

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

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

Mailing Address [redacted]

City Santa Clara State CA Zip [redacted]

Telephone [redacted] Email karen.nevarezangulo@cordis.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)	
Universidad Tecmilenio (online)		09/23-04/25	
Address	**City**	**State**	**Zip**
Ubicación: Blvd. Teófilo Borunda No. 11163	Ciudad Juarez	Chih, MEX	32546
Diploma/Degree obtained, if any			
Master in Business Administration and with Quality and Productivity			

School Name		From - To (MM/YY – MM/YY)	
Universidad Autonoma de Ciudad Juarez		09/99-06/04	
Address	**City**	**State**	**Zip**
Avenida del Charro 450 Norte, Partido Romero	Ciudad Juarez	Chih, MEX	32320
Diploma/Degree obtained, if any			
Bachelor of Science Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Escuela Preparatoria por Cooperacion ElChamizal		09/96- 09/99	
Address	**City**	**State**	**Zip**
Universidad 2255, Chamizal	Ciudad Juarez	Chih, MEX	32320
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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/23 - current	[redacted]	Santa Clara	CA	[redacted]
03/20-03/23		Santa Clara	CA	
03/15-03/20		El Paso	TX	

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)	
Cordis US Corp.			03/20-current	
Business Address		**City**	**State**	**Zip**
5452 Betsy Ross Dr.		Santa Clara	CA	95054
Phone	**Title**		**Number of Employed Hours**	
+1 669 207 5368	Sr. Manager Quality Assurance		11,400	
Description of Duties				
The Senior Quality Manager develops and implements quality strategies, ensures regulatory compliance, and oversees the Quality Management System (QMS). They lead continuous improvement initiatives, manage audits, supervise QA/QC				

Business Name			From - To (MM/YY – MM/YY)	
BEPC Inc (J&J contractor)			11/18-03/20	
Business Address		**City**	**State**	**Zip**
3240 Executive Dr.		San Angelo	TX	76904
Phone	**Title**		**Number of Employed Hours**	
325-944-0169	Supplier Quality Auditor		5,888	
Description of Duties				
Lead Auditor responsible for the full execution of supplier audits under the Johnson & Johnson Supplier Audit Program.				

Business Name			From - To (MM/YY – MM/YY)	
Cordis a Cardinal Health Mexico			02/16-11/18	
Business Address		**City**	**State**	**Zip**
Santiago Troncoso No. 808, Parque Industrial Salvarcar		Ciudad Juarez	Chih, MEX	32574
Phone	**Title**		**Number of Employed Hours**	
			8,832	
Description of Duties				
Training Department Lead, responsible for coordinating and supporting training activities for the site.				

Business Name			From - To (MM/YY – MM/YY)	
Cordis de Mexico, Biosense Webster / Johnson & Johnson, Medical Device Manufacturer			01/14-01/16	
Business Address		**City**	**State**	**Zip**
Calle Interior Norte 1820, Parque Industrial Salvarcar		Ciudad Juarez	Chih. MEX	32599
Phone	**Title**		**Number of Employed Hours**	
+52 656 649 1257	Senior Quality Engineer		4,330	
Description of Duties				
Best Practice Leader for Critical Control Points Initiative, responsible for strategy development and execution for Control Plans for Salvarcar Site (BWI) to align site with the Medical Device Sector requirements.				

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

12/12/2025
Date

I, KAREN A. NEVAREZ, **certify that as the designated representative for**

CORDIS US CORP. SANTA CLARA,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KNA I am at least 21 years of age;
3. KNA 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. KNA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KNA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KNA 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. KNA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

KAREN NEVAREZ
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/12/2025
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.

KAREN NEVAREZ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2025

Date

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

State of CALIFORNIA, ss. County of SANTA CLARA

I, KAREN NEVAREZ, 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

12/15/2025

Date

Subscribed and Sworn to before me this 15 day of December. 2025

Kate Yu

Notary Public Signature

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

State of California, County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 15 day of December, 2025 by Karen Nevarez

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Kate Yu

Signature

KATE YU
COMM. #2463954
Notary Public · California
Santa Clara County
My Comm. Expires Oct. 20, 2027

(Seal)

First Name	Last Name	Function	Location	Job Family	Job Title	TM Type	Status
Kelly	Ritter	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Superv Mfg Production	REG	A
Antonette	Cascasan	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Thi	Truong	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Anita	Quintor	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Manuel	Enrico	Operations	CA Santa Clara	Operations	Contractor	CON	A
Arlene	Errazo	R and D	CA Santa Clara	ENG - Research and Development Engineering	Lead Technician RD Eng	REG	A
Carlos	Ortiz	Info Sys and Tech	CA Santa Clara	IT - Customer Support	Analyst II IT Support	REG	A
Romulo	Flores	Operations	CA Santa Clara	ENG - Manufacturing Engineering	Staff Eng Manufacturing	REG	A
Margarita	Valencia	Operations	CA Santa Clara	Operations	Contractor	CON	A
Marievic	Cristobal	Operations	CA Santa Clara	Operations	Contractor	CON	A
Monica	Tran	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Hue	Son	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Joselito	Balbas	Operations	CA Santa Clara	Operations	Contractor	CON	A
Hong	Bui	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Mai	Pham	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Tammy	Tran	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Geraldine	Rasalan	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Victoria	Godwin	Quality Reg Medical Clini	CA Santa Clara	ENG - Quality Engineering	Sr Engineer Quality	REG	A
Prasanna Venkatesh	Murlidharan	Operations	CA Santa Clara	ENG - Manufacturing Engineering	Engineer II Manufacturing	REG	A
Johanna	Calvillo	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Uyen Ly	Helgeson	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Dolores	Bergen	Operations	CA Santa Clara	MFG - Environmental Health and Safety	Sr Specialist EHS	REG	A
Jayshree	Patel	Operations	CA Santa Clara	Operations	Contractor	CON	A
Keosavanh	Sayavong	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Thuy	Tran	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Rosemeire	Nocete	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Daniela	Munoz	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Anh	Nguyen	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Roberto	Valdivia	Operations	CA Santa Clara	Manufacturing Engineering	Mgr Manufacturing Ops	REG	A
Roel	Fulo	Operations	CA Santa Clara	SCM - Warehouse Operations	Ld Assoc Warehouse Ops	REG	A
Karen	Barreto	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Crystal	Jaimes	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Analiza	Kilat	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
BabyJean	Lagan	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Dieu	Nguyen	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Armie	Cereno	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Fleri	Cabalbag	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Jennifer	Campa	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Control	Tech II Quality Control	REG	A
Florence	Jose	Operations	CA Santa Clara	Operations	Contractor	CON	A
Richelle	Ragados	Operations	CA Santa Clara	Operations	Contractor	CON	A
Jill	Hill	Operations	CA Santa Clara	Operations	Contractor	CON	A
Renzo	Ordonez Bardales	Operations	CA Santa Clara	MFG - Process Control Maintenance	Tech Proc Ctrl Maint I	REG	A
Miguel Rene	Hinojosa Escapita	Quality Reg Medical Clini	CA Santa Clara	ENG - Quality Engineering	Sr Engineer Quality	REG	A
Mario	Soria	Operations	CA Santa Clara	ENG - Manufacturing Engineering	Engineer I Manufacturing	REG	A
Dung Kim	Tran	Operations	CA Santa Clara	Operations	Contractor	CON	A
Albert	De La Torre	Operations	CA Santa Clara	Operations	Contractor	CON	A
Ronald	Mabilangan	Operations	CA Santa Clara	Operations	Contractor	CON	A
Mitchell-Dean	Heramia	Operations	CA Santa Clara	SCM - Warehouse Operations	Assoc II Warehouse Ops	REG	A
Evelyn	Garcia	Operations	CA Santa Clara	Operations	Contractor	CON	A
Nenita	Jacob	Operations	CA Santa Clara	SCM - Warehouse Operations	Assoc II Warehouse Ops	REG	A
Thu-Hong	Huynh	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Dao	Tran	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Rochelle	Reynoso	Operations	CA Santa Clara	Operations	Contractor	CON	A
Apolinario	Velando	Operations	CA Santa Clara	Operations	Contractor	CON	A
Dante	Bautista	Operations	CA Santa Clara	Operations	Contractor	CON	A
Maykaling	Aleman	Operations	CA Santa Clara	Operations	Contractor	CON	A
Kelly	Chau	Quality Reg Medical Clini	CA Santa Clara	ENG - Quality Engineering	Engineer II Quality	REG	A
Jay-AR	Estamon	Operations	CA Santa Clara	Operations	Contractor	CON	A
Van	Ngo	Operations	CA Santa Clara	Operations	Contractor	CON	A
Denmar	Estioco	Operations	CA Santa Clara	MFG - Manufacturing Production	Supervisor Mfg Production	REG	A
Noemie	Punzalan	Operations	CA Santa Clara	Operations	Contractor	CON	A
Thanh My	Vuong	Operations	CA Santa Clara	Operations	Contractor	CON	A
Genevieve	Boone	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Tu	Nguyen	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Rizalie	Baligad	Operations	CA Santa Clara	MFG - Manufacturing Production	Ld Manufacturing Operator	REG	A
Phuoc	Bui	Operations	CA Santa Clara	Operations	Contractor	CON	A
Diosa	Chavez	Operations	CA Santa Clara	Operations	Contractor	CON	A
Celina	Alvarado	R and D	CA Santa Clara	ENG - Research and Development Engineering	Engineer I RD	REG	A
Nivedita	Bedi	Operations	CA Santa Clara	Operations	Contractor	CON	A
Tu	Ho	Operations	CA Santa Clara	Operations	Contractor	CON	A
Cesar	Baltazar	Operations	CA Santa Clara	Operations	Contractor	CON	A
Kris	Ackerknecht	Operations	CA Santa Clara	Operations	Contractor	CON	A

Tracy	Obenza	Operations	CA Santa Clara	Operations	Contractor	CON	A
Katalina	Granados	Operations	CA Santa Clara	Operations	Contractor	CON	A
Mark Lester	Blanch	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Christian	Almajano	Operations	CA Santa Clara	Operations	Contractor	CON	A
Lailanie	Asuncion	Operations	CA Santa Clara	Operations	Contractor	CON	A
Jake	Barboza	Operations	CA Santa Clara	Operations	Contractor	CON	A
Arvie	Fernando	Operations	CA Santa Clara	Operations	Contractor	CON	A
France	Egipto	Operations	CA Santa Clara	Operations	Contractor	CON	A
Karen	Electona	Operations	CA Santa Clara	Operations	Contractor	CON	A
Ashley	Obenza	Operations	CA Santa Clara	Operations	Contractor	CON	A
Rose May	Manapat	Operations	CA Santa Clara	Operations	Contractor	CON	A
Maria	Quinonez	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Jared	De Jesus	Operations	CA Santa Clara	Operations	Contractor	CON	A
Buu	Huynh	Operations	CA Santa Clara	Operations	Contractor	CON	A
Drix	Marquez	Operations	CA Santa Clara	Operations	Contractor	CON	A
Honey	Garabiag	Operations	CA Santa Clara	Operations	Contractor	CON	A
Jaspreet	Kaur	Operations	CA Santa Clara	Operations	Contractor	CON	A
Annaliza	Lubina	Operations	CA Santa Clara	Operations	Contractor	CON	A
Jerald	Martinez	Operations	CA Santa Clara	Operations	Contractor	CON	A
Regie	Burlaza	Operations	CA Santa Clara	Operations	Contractor	CON	A
Lourdes	Gueta	Operations	CA Santa Clara	Operations	Contractor	CON	A
Thi Thu Hang	Tran	Operations	CA Santa Clara	Operations	Contractor	CON	A
Analiza	Astilla	Operations	CA Santa Clara	Operations	Contractor	CON	A
Nenita	Salom	Operations	CA Santa Clara	Operations	Contractor	CON	A
My	Luu	Operations	CA Santa Clara	Operations	Contractor	CON	A
Marites	Degala	Operations	CA Santa Clara	Operations	Contractor	CON	A
Thu	Hoang	Operations	CA Santa Clara	Operations	Contractor	CON	A
Hsiang-Sou	Wu	Operations	CA Santa Clara	Operations	Contractor	CON	A
Zyvon	Benitez	Operations	CA Santa Clara	Operations	Contractor	CON	A
Roel	Cervantes	Operations	CA Santa Clara	Operations	Contractor	CON	A
Lani	Viniuan	Operations	CA Santa Clara	Operations	Contractor	CON	A
Ly	Doan	Operations	CA Santa Clara	Operations	Contractor	CON	A
Julian	Poree	Operations	CA Santa Clara	Operations	Contractor	CON	A
Klint	Manalang	Operations	CA Santa Clara	Operations	Contractor	CON	A
Joshua	Nierras	Operations	CA Santa Clara	Operations	Contractor	CON	A
Remington	Pobre	Operations	CA Santa Clara	Operations	Contractor	CON	A
Jesse	Leite	Operations	CA Santa Clara	Operations	Contractor	CON	A
Pragati	Parashar	Operations	CA Santa Clara	Operations	Contractor	CON	A
Ricardo	Voluntad	Operations	CA Santa Clara	SCM - Warehouse Operations	Assoc II Warehouse Ops	REG	A
Shirley	Cuevas	Operations	CA Santa Clara	Operations	Contractor	CON	A
Ariel	Latayan	Operations	CA Santa Clara	Operations	Contractor	CON	A
Elenita	Basco	Operations	CA Santa Clara	Operations	Contractor	CON	A
Thrina	Catap	Operations	CA Santa Clara	Operations	Contractor	CON	A
Joel	Llamas	Operations	CA Santa Clara	MFG - Manufacturing Production	Supervisor Mfg Production	REG	A
Tuan	Ha	Operations	CA Santa Clara	Operations	Contractor	CON	A
Derick Joshua	Bareng	Operations	CA Santa Clara	Operations	Contractor	CON	A
Thi	Tran	Operations	CA Santa Clara	Operations	Contractor	CON	A
Anthony	Cardenas	Operations	CA Santa Clara	Operations	Contractor	CON	A
Criselda	Dela Cruz	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
George	Gonzales	Operations	CA Santa Clara	Operations	Contractor	CON	A
Tristan	Alcones	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Francis Michael	Nadres	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Aniket	Mondal	Info Sys and Tech	CA Santa Clara	Operations	Contractor	CON	A
Nguyet	Ly	Operations	CA Santa Clara	Operations	Contractor	CON	A
Annabelle	Dalit	Operations	CA Santa Clara	Operations	Contractor	CON	A
Daniel	Chow	R and D	CA Santa Clara	Administration	Intern	INT	A
Robert	Rounds	R and D	CA Santa Clara	ENG - Research and Development Engineering	Sr Engineer RD	REG	A
Yvone Nichole	Villa	Operations	CA Santa Clara	Operations	Contractor	CON	A
Lien K	Tran	Operations	CA Santa Clara	Operations	Contractor	CON	A
Zakia	Sarwar	Operations	CA Santa Clara	Operations	Contractor	CON	A
Alicia	Alcantara	Operations	CA Santa Clara	Operations	Contractor	CON	A
Ricson	Latayan	Operations	CA Santa Clara	Operations	Contractor	CON	A
Hang	Nguyen	Operations	CA Santa Clara	Operations	Contractor	CON	A
Maribel	Velasco	Operations	CA Santa Clara	Operations	Contractor	CON	A
Tuyen T	Nguyen	Operations	CA Santa Clara	Operations	Contractor	CON	A
Ernesto	Vallejo	Operations	CA Santa Clara	Operations	Contractor	CON	A
Johnmark	Saguiped	Operations	CA Santa Clara	Operations	Contractor	CON	A
Sabrina	Arellano	Operations	CA Santa Clara	SCM - Warehouse Operations	Assoc II Warehouse Ops	REG	A
Mai Kou	Vang	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Control	Tech II Quality Control	REG	A
Paula	Ilkov	Commercial Sales	CA Santa Clara	Direct Sales	Specialty Sales Manager	REG	A
Sonny	Frigillana	Operations	CA Santa Clara	Operations	Contractor	CON	A
Meynard	Cabaluna	Operations	CA Santa Clara	Operations	Contractor	CON	A
Nora	Rufo	Operations	CA Santa Clara	Operations	Contractor	CON	A

Froilan	Alban	Operations	CA Santa Clara	Operations	Contractor	CON	A
Analiza	Medios	Operations	CA Santa Clara	Operations	Contractor	CON	A
Anh	Dao	Operations	CA Santa Clara	Operations	Contractor	CON	A
Cecilia	Madriz	Operations	CA Santa Clara	MFG - Production Setup Maintenance	Sr Tech Prod Setup Maint	REG	A
Miguel	Barron	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Edna	Torres	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Rizalina	David	Operations	CA Santa Clara	MFG - Manufacturing Production	Ld Manufacturing Operator	REG	A
Bhergie	Cachola	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Control	Tech II Quality Control	REG	A
Julie	Imbat	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Lequyen	Vo	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Thuy Trang	Nguyen	Operations	CA Santa Clara	MFG - Manufacturing Production	Ld Manufacturing Operator	REG	A
David	Bermudez	Operations	CA Santa Clara	MFG - Manufacturing Production	Director Mfg Production	REG	A
Vhasily	Caburao	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Control	Tech II Quality Control	REG	A
Benjamin	Narvaez	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Lan	Hoang	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Yuk	Mock	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Nonie	Manay	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Catherine	Reyes	Operations	CA Santa Clara	MFG - Manufacturing Production	Ld Manufacturing Operator	REG	A
Maria	Alonso	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Emelita	Cabrera	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Narcisa	Jimenez	Operations	CA Santa Clara	MFG - Manufacturing Production	Ld Manufacturing Operator	REG	A
Chris	Tran	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Librada	Zavala Barragan	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Kim	Duong	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Solomon	Hirpea	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Tuyethuong	La	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Rodel	Roldan	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Mirasol	Bautista	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Marissa	Javier	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Jacky	Au-yeung	R and D	CA Santa Clara	ENG - Research and Development Engineering	Staff Engineer RD	REG	A
Jesus	Salazar	Operations	CA Santa Clara	ADM - Facilities Management	Manager Facilities Maint	REG	A
Florencia	Lim	R and D	CA Santa Clara	ENG - Research and Development Engineering	Sr Dir RD Engineering	REG	A
Teklu	Aklilu	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Perlita	Freitas	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Sulinder	Kaur	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Antonette	Llantada	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Rey	Javier	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Leah	Obispo	Operations	CA Santa Clara	MFG - Manufacturing Production	Ld Manufacturing Operator	REG	A
Vilynne	Vilona	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Irma	Martinez	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Lerma	Jose	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Nayan	Ashar	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Assurance	Sr Supv Quality Assurance	REG	A
Karen Arlette	Nevarez	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Assurance	Sr Mgr Quality Assurance	REG	A
Mary	Bucci	R and D	CA Santa Clara	ENG - Research and Development Engineering	Staff Engineer RD	REG	A
Paul	Johnson	R and D	CA Santa Clara	CLI - Scientific Research	Staff Scientist Research	REG	A
Thomas	Gonchar	R and D	CA Santa Clara	ENG - Research and Development Engineering	Staff Engineer RD	REG	A
Victoria	Jew	R and D	CA Santa Clara	ENG - Research and Development Engineering	Manager RD Engineering	REG	A
William	Gaitan	Operations	CA Santa Clara	MFG - Production Setup Maintenance	Sr Tech Prod Setup Maint	REG	A
Tram	Nguyen	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality and Regulatory	Sr Spec Quality Reg	REG	A
Renee	Slater	Quality Reg Medical Clini	CA Santa Clara	ENG - Quality Engineering	Mgr Quality Engineering	REG	A
Laura	Martinez Nunez	Operations	CA Santa Clara	ENG - Process Engineering	Senior Process Engineer	REG	A
Miguel	Avila	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality and Regulatory	VP QRA Management	REG	A
Myrna	Fontelera	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Erica	Plancarte Gutierrez	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Systems	Ld Coord Quality Systems	REG	A
Alem	Brhana	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Ma Anabel	Gunabe	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Michelle	Mendez	Operations	CA Santa Clara	SCM - Warehouse Operations	Manager Warehouse Ops	REG	A
Kim	Tran	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Control	Ld Tech Quality Control	REG	A
James	Gant	Operations	CA Santa Clara	MFG - Production Setup Maintenance	Sr Supv Prod Setup Maint	REG	A
Lorelie Ann	Barreto	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Vidya	Venkataraghavan	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Mgr Regulatory Affairs	REG	A
Rocio	Serna	Quality Reg Medical Clini	CA Santa Clara	ENG - Quality Engineering	Sr Mgr Quality Engineerg	REG	A
Philip	Kirschman	Commercial Sales	CA Santa Clara	SOS - Sales Analytics	Sr Mgr Sales Analytics	REG	A
Rajwinder	Kaur	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Zheng	Wang	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Assc Mgr Regulatory Affrs	REG	A
Candace	Silverman	Operations	CA Santa Clara	SCM - Supply Chain Management	Sr Analyst Supply Chain	REG	A
Thelma	Cacas	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Shirley	Wilson	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Truc	Phan	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Jordan	Castro	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Lynda	Marchand	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Mgr Regulatory Affairs	REG	A
Ankita	Phophalia	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Sr Mgr Regulatory Affairs	REG	A
Anh	Nguyen	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A

Rafaela	Delgado	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Assc Mgr Regulatory Affrs	REG	A
Arceli	Holmquist	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Assc Mgr Regulatory Affrs	REG	A
Ireneo	Cunanan	R and D	CA Santa Clara	PM - Programs Mgmt Engineering	Sr Program Manager Engg	REG	A
Francisco	Quintana	Operations	CA Santa Clara	SCM - Warehouse Operations	Sr Assoc Warehouse Ops	REG	A
Anokhi	Patel	R and D	CA Santa Clara	ENG - Research and Development Engineering	Sr Engineer RD	REG	A
Ana	Lopez	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Sr Mgr Regulatory Affairs	REG	A
Fenton Khanh	Vu	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Yadira	Vera	Operations	CA Santa Clara	MFG - Manufacturing Production	Supervisor Mfg Production	REG	A
Salome	Alquiza	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Danillie	Sarcauga	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Wai	Chu	Supply Chain	CA Santa Clara	SCM - Global Sourcing	Manager Global Sourcing	REG	A
Linda	Ruedy	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Sr Dir Regulatory Affairs	REG	A
Madhu	Gill	Quality Reg Medical Clini	CA Santa Clara	QTY - Regulatory Affairs	Assc Mgr Regulatory Affrs	REG	A
Michel	Rivas	Quality Reg Medical Clini	CA Santa Clara	QTY - Quality Control	Tech II Quality Control	REG	A
Khonepapheng	Oudomphone	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Cherrylyn	Matias	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Christopher	Tran	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Mariana	Sanchez	Quality Reg Medical Clini	CA Santa Clara	ENG - Quality Engineering	Engineer II Quality	REG	A
Van	Nguyen	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Lisa	Sanm	Operations	CA Santa Clara	MFG - Manufacturing Production	Sr Manufacturing Operator	REG	A
Suzette	Lubina	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Amanpreet	Arora	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A
Clarissa	Castillo	Operations	CA Santa Clara	MFG - Manufacturing Production	Manufacturing Operator II	REG	A

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 (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: Direct Rx

Physical Address: 94 World Wide Drive Ste. 110

City: Dawsonville State: GA Zip: 303534

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Robert Ridge

Licensing Company Email: rridge@directrx.net DR Email: rridge@directrx.net

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: Top Rx
Address: 2950 Brother Blvd. City: Bartlett State: TN Zip: 38133

Name: KeySource
Address: 7800 Palace Drive City: Cincinnati State: OH Zip: 45249

Name: IPD
Address: 1107 W. Market Ctr. Dr. City: High Point State: NC Zip: 30534

Name: Bloodworth
Address: Tifton City: GA State: GA Zip: 31793

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: Robert Ridge
Business Name: Direct Rx
Business Address: 94 World Wide Drive Ste 110
City: Dawsonville State: GA Zip: 30534
Telephone: 770-653-3824 Email: rridge@directrx.net

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Direct Rx

Facility Name

Robert Ridge

Print Name of Authorized Person Submitting Application

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

11/7/25

Date

Board Use Only	Date Received: 11/13/25	Amount: $1000 ck 7268

Direct Rx Officer List:

Robert Ridge Owner / CEO

[redacted]

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Direct Rx**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Direct Rx	3011690045	079254320	RELABEL; REPACK;	94 World Wide Drive Suite 110, Dawsonville, Georgia (GA) 30534, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Thursday, Nov 6, 2025

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified M.T 11/13/25

GEORGIA
CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

HOME (/)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	**DirectRx, LLC**	Control Number:	**13466331**
Business Type:	**Domestic Limited Liability Company**	Business Status:	**Active/Compliance**
Business Purpose:	**NONE**		
Principal Office Address:	**94 World Wide Drive, Dawsonville, GA, 30534, USA**	Date of Formation / Registration Date:	**10/2/2013**
State of Formation:	**Georgia**	Last Annual Registration Year:	**2026**

REGISTERED AGENT INFORMATION

Registered Agent Name:	**Registered Agents Inc**
Physical Address:	**8735 DUNWOODY PLACE, STE R, ATLANTA, GA, 30350, USA**
County:	**Fulton**

Back

Filing History Name History

Return to Business Search

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Report a Problem?

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH004371 Status: Active

Direct Rx

94 Worldwide Drive
Dawsonville GA 30534

Expires: 06/30/2027
Issued: 05/25/2018

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH004371 Status: Active

Direct Rx

94 Worldwide Drive
Ste 110
Dawsonville GA 30534

Expires: 06/30/2027
Issued: 05/25/2018

Real-time license verification is available at gadch.mylicense.com/verification

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0458441	06-30-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3,3N, 4,5	MANUFACTURER	05-06-2025

DIRECT RX
94 WORLD WIDE DR
STE 110
DAWSONVILLE, GA 305346828

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
RD0458441	06-30-2026	$3699

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DIRECT RX
94 WORLD WIDE DR
STE 110
DAWSONVILLE, GA 305346828

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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)

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. 1092227

Application/License No. _____

DirectRx, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 94 World Wide Drive, Dawsonville, GA 30534 (Address of Applicant/Principal), as PRINCIPAL, and The Hanover Insurance Company (Surety Company), a corporation organized under the laws of the state of NH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 440 Lincoln Street , Worcester, MA 01653 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 November 20, 2025 (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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and 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 November, 2025.

APPLICANT/PRINCIPAL

DirectRx, LLC

By: _____
Authorized Representative

SURETY COMPANY

The Hanover Insurance Company

By: _____
Surety Company's Representative

Sarah Hancock, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Joseph R Williams

_____
Witness Clint Mensah

Countersigned by:

_____
Nevada Resident Agent Annette Wisong

Posted February 20, 2020

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,

Sarah Hancock

Of Atlanta, GA 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:

Surety Bond Number: 1092227
Principal: DirectRx, LLC
Obligee: Nevada State Board of Pharmacy

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 **22nd** day of **April 2025**

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki, Vice President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

Joellen M. Mendoza, Vice President

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) ss.

On this 22nd day of **April, 2025** 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.

KATHLEEN M. SIRARD
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 2, 2027

Kathleen M.Sirard, Notary Public
My commission expires, September 2, 2027

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 20th day of November 2025.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John Rewedder, Vice President

CERTIFIED COPY

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: Direct Rx

Pharmacy/Wholesaler License # (if applicable): PHWH004371

Physical Address: 94 World Wide Drive Ste 110

City: Dawsonville State: GA Zip: 30534

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 770-653-3824 Website: N/A

Licensing Company Email: rridge@directrx.net

Section 2: Personal Information

First: Robert Middle: T Last: Ridge

Alias(es, nicknames, name changes, etc.): None

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

Mailing Address: [redacted]

City: Cumming State: GA Zip: [redacted]

Telephone: 770-653-3824 Email: rridge@directrx.net

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

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

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 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 LD Bell		From - To (MM/YY – MM/YY) 01/79 – 12/82	
Address 1601 Brown Trail	City Hurst	State Tx	Zip 76054
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY – MM/YY) 2009 - Current	Address [redacted]	City Cumming	State GA	Zip [redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Direct Rx			2014 to Current	
Business Address		**City**	**State**	**Zip**
94 World Wide Drive Ste 110		Dawsonville	GA	30534
Phone	**Title**		**Number of Employed Hours**	
770-653-3824	Own / Pres		40+ a week	
Description of Duties				
We provide dispensing physicains medication nfor their patients. I over see the day to day business at Direct Rx.				

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

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Robert Ridge, **certify that as the designated representative for**

Direct Rx,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RR I am at least 21 years of age;
3. RR 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. RR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RR 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. RR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Ridge

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

111/07/25

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 Ridge

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/07/25

Date

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

State of GA, ss. County of Dawsonville. Dawson.

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

Original Signature

11/7/25

Date

Subscribed and Sworn to before me this 7 day of November.

Notary Public Signature

HEATHER SEPPENFIELD
My Commission Expires
NOTARY PUBLIC
11/19/2028
LUMPKIN COUNTY, GEORGIA
(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: Direct Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PHWH004371

Physical Address: 94 World Wide Drive Ste 110

City: Dawsonville State: GA Zip: 30534

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 770-653-3824 Website: N/A

Licensing Company Email: rridge@directrx.net

Section 2: Personal Information

First: Robert Middle: T Last: Ridge

Alias(es, nicknames, name changes, etc.): None

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

Mailing Address: [redacted]

City: Cumming State: GA Zip: [redacted]

Telephone: 770+653-3824 Email: rridge@directrx.net

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

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

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 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)	
LD Bell		01/79 - 12/82	
Address	**City**	**State**	**Zip**
1601 Brown Trail	Hurst	TX	76054
Diploma/Degree obtained, if any			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/14 - Current	94 World Wide Drive Ste # 110	Dawsonville	GA	30534
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Direct Rx			10/14 - Current
Business Address	**City**	**State**	**Zip**
94 World Wide Drive Ste# 110	Dawsonville	GA	30534
Phone	**Title**		
770-653-3824	Owner / Pres		
Description of Duties			

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Robert Ridge

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/07/25

Date

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

State of Georgia, ss. County of Dawson

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

Original Signature

11/7/25

Date

Subscribed and Sworn to before me this 7 day of November.

Notary Public Signature

HEATHER SEPPENFIELD
My Commission Expires
NOTARY PUBLIC
11/19/2028
LUMPKIN COUNTY, GEORGIA

(Seal)

DIRECTRX, LLC

Employee Details

Personal Info

Heather Sepperfield
[redacted]
Batch Record

DAVID L. GREEN
[redacted]
Control Mgr

LOGAN HERRING
[redacted]
Floater

JOEY D. MEADOWS
[redacted]
Ops Mgr

JOSH A. MITCHUM
[redacted]
Shipping Mgr

Kelsey Midkiff
[redacted]
Admin

KASSITY RAY
[redacted]
Admin

Charles Tate
[redacted]
QA

Blavin Giles
[redacted]
Shipping/Receiving/Cage Asst

Ken Wilhelm
[redacted]
Shipping/Receiving

Elizabeth Kline
[redacted]
Fill Tech

Heather Runkel
[redacted]
Admin

Todd Eakin
[redacted]
Shipping/Receiving

Kayla Midkiff
[redacted]
Fill Tech

Leticia Trejo
[redacted]

Ithreti Valdorinos
[redacted]

Robert Rapp
[redacted]

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Esjay Pharma LLC

Physical Address: 50 Millstone Road, Bldg 300, Suite 140

City: East Windsor State: NJ Zip: 08520

Mailing Address (if different from physical address): c/o State License Servicing, Inc., 225 Dolson Avenue, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.esjaypharma.com

Name of Designated Representative (DR): Sankar M Shanmugam

Licensing Company Email: ESJ@slsny.com DR Email: sankar.shanmugam@esjaypharma.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	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Drugs (Human OTC)	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Manufacturers		☐ Others:

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

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

This is in response to Question # 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

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 - This is a new facility.

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: FL

Parent Company (if any): SS Pharma LLC

Corporation/Organization Name: Esjay Pharma LLC

Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Email: ESJ@slsny.com

Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 70685	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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.

Esjay Pharma LLC

Facility Name

Sankar M Shanmugam

Print Name of Authorized Person Submitting Application

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

11/4/25

Date

Board Use Only	Date Received: 11/20/25	Amount: $1000 ck 6236

Proof of Labeler Code
NDC # 70685

From: RA (Esjay)
To: Isac Iype
Cc: Munisekar Thanali
Subject: FW: [EXTERNAL] Labeler code reactivation
Date: Monday, June 2, 2025 5:02:24 PM
Attachments: image007.png
image008.png
image009.png
image010.png
image011.png
image012.png

From: RA (Esjay) <ra@esjaypharma.com>
Sent: Tuesday, March 5, 2024 7:18 PM
To: 'Shek Sarafdeen Seeni Mohamed' <sheksarafdeen.seeni@anipharmaceuticals.com>
Subject: Fwd: [EXTERNAL] Labeler code reactivation

Get Outlook for iOS

Verified
N.H 11/21/25

From: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Sent: Wednesday, January 17, 2024 11:49:51 AM
To: RA (Esjay) <ra@esjaypharma.com>
Subject: RE: [EXTERNAL] Labeler code reactivation

You don't often get email from edrls@fda.hhs.gov. Learn why this is important

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

Labeler code (70685) has been reactivated. You may proceed with drug listing once the labeler code (70685) appears in Electronically Submitted NDC/NHRIC Labeler Codes, within 24-48 hours

For instruction on the electronic registration and listing system visit:
http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm.

Please let us know if you have any additional question.

Regards,

The Electronic Drug Registration and Listing Branch (PH)
Office of Compliance
Center for Drug Evaluation and Research
U.S. Food and Drug Administration

eDRLS Helpdesk: EDRLS@fda.hhs.gov
For more information on Drug Registration and Listing, visit us at: http://www.fda.gov/eDRLS
FDADirect: https://direct.fda.gov

FDA's acceptance of registration and listing information, inclusion of a drug in our database of drugs, or assignment of an NDC does not denote approval of the establishment or the drug or any other drugs of the establishment, nor does it mean that the drug may be legally marketed. Any representation that creates the impression that a drug is approved or is legally marketable because it appears in our database of drugs, has been assigned or displays an NDC, or the establishment has been assigned an establishment registration number or Unique Facility Identifier is misleading and constitutes misbranding (21 CFR § 207.77(b)).

U.S. FOOD & DRUG ADMINISTRATION

From: RA (Esjay) <ra@esjaypharma.com>
Sent: Saturday, January 13, 2024 11:15 AM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Subject: [EXTERNAL] Labeler code reactivation

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Sir/Madam,

We would like to reactivate the labeler code 70685.

Provided below are the details required for reactivation of the labeler code.

–Drug Product name : Ketoconazole Tablets, USP

–Active ingredient(s) : Ketoconazole

–Strength : 200mg

–Labeling : attached

–Anticipated start marketing date of the drug : November 2024 (ANDA 219129 for Ketoconazole

Tablets, USP was submitted on January 12 2024)
–Intended NDC for each drug : 70685-001-01 (for 30's count), 70685-001-02 (for 100's count), 70685-001-03 (for 500's count)

Best Regards,
Shek Sarafdeen,
Senior Director - Regulatory Affairs,
Novitium Pharma LLC (A subsidiary of ANI Pharmaceuticals) | 70 Lake Dr| East Windsor | NJ-08520
[redacted]

NDC Code

/ NDC (index.cfm)

National Drug Code Directory

Current through October 21, 2025

You have searched Finished drug products

Search Results: '70685'

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
Ketoconazole	70685-001-01	200 mg/1	TABLET	ORAL	ANDA219129	Esjay Pharma LLC	70685-001	Ketoconazole	KETOCONAZOLE	HUMAN PRESCRIPTION DRUG	09/10/2025	N/A	ANDA	30 TABLET in 1 BOTTLE (70685-001-01)	Azole Antifungal [EPC], Azoles [CS], Cytochrome P450 3A4 Inhibitors [MoA], Cytochrome P450 3A5 Inhibitors [MoA], P-Glycoprotein Inhibitors [MoA]
Ketoconazole	70685-001-02	200 mg/1	TABLET	ORAL	ANDA219129	Esjay Pharma LLC	70685-001	Ketoconazole	KETOCONAZOLE	HUMAN PRESCRIPTION DRUG	09/10/2025	N/A	ANDA	100 TABLET in 1 BOTTLE (70685-001-02)	Azole Antifungal [EPC], Azoles [CS], Cytochrome P450 3A4 Inhibitors [MoA], Cytochrome P450 3A5 Inhibitors [MoA], P-Glycoprotein Inhibitors [MoA]
Ketoconazole	70685-001-03	200 mg/1	TABLET	ORAL	ANDA219129	Esjay Pharma LLC	70685-001	Ketoconazole	KETOCONAZOLE	HUMAN PRESCRIPTION DRUG	09/10/2025	N/A	ANDA	500 TABLET in 1 BOTTLE (70685-001-03)	Azole Antifungal [EPC], Azoles [CS], Cytochrome P450 3A4 Inhibitors [MoA], Cytochrome P450 3A5 Inhibitors [MoA], P-Glycoprotein Inhibitors [MoA]

Showing 1 to 3 of 3 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

Company Particulars

Esjay Pharma LLC

Corporate Address: 50 Millstone Road, Bldg 300, Suite 140, East Windsor, NJ 08520 USA
FEIN: 47-4343408
www.esjaypharma.com

Drug Labeler Code: 70685
Incorporation State: FL
Incorporation Date: 6/17/2015

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MLT	50 Millstone Road Bldg 300, Suite 140 East Windsor, NJ 08520 County: Mercer	N/A	N/A - No CS		No	(732) 331-0344	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Sankar M Shanmugam	[redacted]	Director		[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
SS Pharma LLC	50 Millstone Road Building No. 300, Suite 140 East Windsor, NJ 08520	N/A	100	N/A	47-3426379	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Sankar M Shanmugam	[redacted]	Director		[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Corporation Service Company (CSC)			
Registered Agents Inc			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Integrated Commercialization Solutions LLC (KY)	420 International Blvd, Suite 500 Brooks, KY 40109					
Integrated Commercialization Solutions LLC (OH)	6450 La Salle Dr, Suite D Lockbourne, OH 43137					

Incorp Good Standing

State of Florida
Department of State

I certify from the records of this office that ESJAY PHARMA LLC is a limited liability company organized under the laws of the State of Florida, filed on June 17, 2015, effective June 17, 2015.

The document number of this limited liability company is L15000105909.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on February 10, 2025, 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 Sixteenth day of June, 2025

Secretary of State

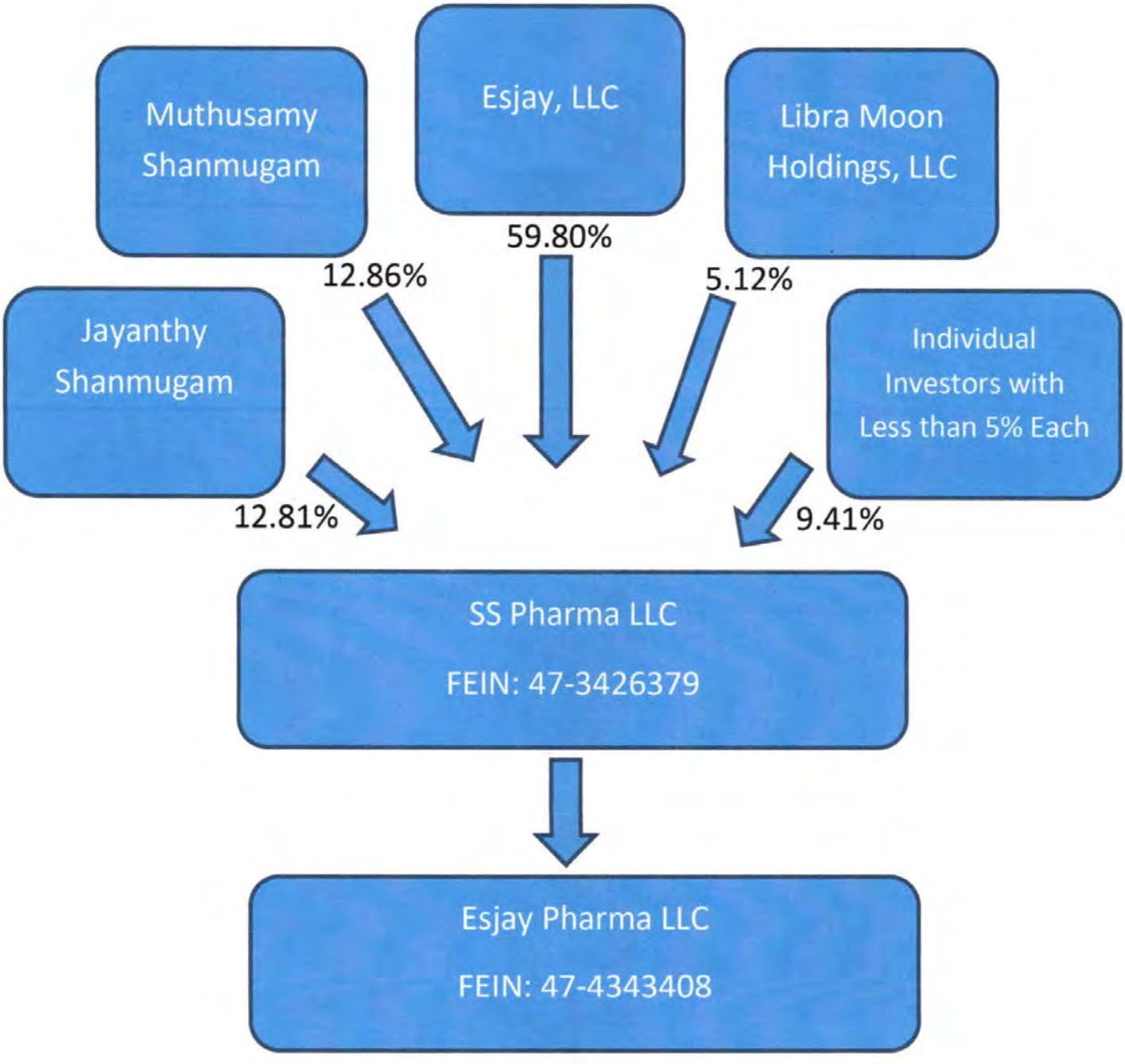
Tracking Number: 9173369083CU

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

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

Org Chart

ESJAY PHARMA
ONE WORLD - ONE QUALITY



Home State License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0754151

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: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

50 MILLSTONE RD BLDG 300 STE 140 EAST WINDSOR, NJ 08520-

Reg. No.
5006692

ESJAY PHARMA LLC
50 MILLSTONE RD BLDG 300 STE 140
EAST WINDSOR, NJ 08520-

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

EXPIRES: January 31, 2027

Establishment Copy

Home State Verification of License

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 10/21/2025

Registration Number: 5006692 **Registered as:** Manufacturer and Wholesale
Name: ESJAY PHARMA LLC
DBA:
Address: 50 MILLSTONE RD BLDG 300 STE 140, EAST WINDSOR, NJ 08520
Original Issue Date: 04/25/2025 **Expiration Date:** 01/31/2027
Current Issue Date: 10/15/2025
Disciplines: No

Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 101489298

Application/License No. _____

Esjay Pharma LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 50 Millstone Rd, Building No.300, Suite 140 East Windsor, NJ 08520 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 29, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of April, 2025.

APPLICANT/PRINCIPAL

Esjay Pharma LLC

Authorized Representative

SURETY COMPANY

Merchants Bonding Company (Mutual)

Surety Company's Representative

William G Fleischer, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Kevin L. Silas

Witness

Countersigned by:

Nevada Resident Agent

LP 4229 NV (5/21)

Posted February 20, 2020

MERCHANTS
BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

William G Fleischer

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and April 27, 2024 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015 and amended on April 27, 2024.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 29th day of April , 2025 .

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 29th day of April , 2025 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

Penni Miller
Commission Number 787952
My Commission Expires
January 20, 2027

Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 29th day of April , 2025 .

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

Secretary

POA 0018 (6/24)

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: Esjay Pharma LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 50 Millstone Road, Bldg 300, Suite 140

City: East Windsor State: NJ Zip: 08520

Mailing Address (if different from physical address): c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.esjaypharma.com

Licensing Company Email: ESJ@slsny.com

Section 2: Personal Information

First: Sankar Middle: M Last: Shanmugam

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

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

Mailing Address: [redacted]

City: Allentown State: NJ Zip: [redacted]

Telephone: [redacted] Email: sankar.shanmugam@esjaypharma.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)	
Albany College of Pharmacy and Health Sciences		08/2013 - 05/2020	
Address	City	State	Zip
106 New Scotland Ave	Albany	NY	12208
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
South brunswick high school		09/2009 - 06/2013	
Address	City	State	Zip
750 Ridge road	South brunswick	NJ	08852
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
01/2014 - Present	[redacted]	Allentown	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Esjay Pharma LLC			06/2023 - Present
Business Address	**City**	**State**	**Zip**
50 Millstone Road, Bldg 300, Suite 140	East Windsor	NJ	08520
Phone	**Title**	**Number of Employed Hours**	
(732) 331-0344	Director	~ 4,960 hours	
Description of Duties	Responsible for overseeing & maintaining compliance with state and federal regulations related to the distribution of pharmaceutical products. Review 3PL documentation, maintain accurate transaction records, and conduct sales + inventory reviews.		

Business Name			From - To (MM/YY – MM/YY)
SS Pharma LLC.			12/2020 - Present
Business Address	**City**	**State**	**Zip**
16732 Strasbourg Ln	Delray Beach	FL	33446
Phone	**Title**	**Number of Employed Hours**	
(732) 666-8660	Director – Business Development	~ 10,160 hours	
Description of Duties	Managed the active pharmaceutical ingredient sales team and optimized inventory and logistics for customer orders and raw material ordering. Committed to driving innovation and enhancing accessibility in the healthcare landscape through effective research and collaboration.		

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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 - No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Sankar M Shanmugam, **certify that as the designated representative for**

Esjay Pharma LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SMS I am at least 21 years of age;
3. SMS 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. SMS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SMS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SMS 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. SMS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sankar M Shanmugam
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/11/25
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.

Sankar M Shanmugam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/11/25

Date

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

State of New Jersey, ss. County of Mercer

I, Sankar Shanmugam, 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 Sankar M Shanmugam

11/11/25

Date

Subscribed and Sworn to before me this 11th day of (Day) Nov

TYPE ISAC
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 08/04/2026

Notary Public Signature

(Seal)

Employee List

ESJAY PHARMA
ONE WORLD - ONE QUALITY

Employee List

Isac Iype
Sourav Adak
Sravani Koduru
Sankar Shanmugam
Ozgar Kilic
Siva Shanmugam

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 ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03274	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: American Health Service Sales Corporation dba Med-Vet International

Physical Address: 13822 W. Boulton Blvd

City: Mettawa State: IL Zip: 60045

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

City: State: Zip:

Telephone: 800-544-7521 Website: https://www.shopmedvet.com/

Name of Designated Representative (DR): Brandon Cochran

Licensing Company Email: compliance.revival@gmail.com DR Email: Brandon.Cochran@cimaah.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:	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Wholesale Distributor

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

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

This is in response to Question # 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)

10/6/2025
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: MWI ANIMAL HEALTH
Address: 5025 STATE ROUTE 267 City: LEBANON State: IN Zip: 46052
Name: TOP RX
Address: P.O. BOX 117067 City: ATLANTA State: GA Zip: 30368
Name: MEDCARE HEALTH
Address: 85 FRANKLIN RD BLDG 3 STE B City: VICTORY GARDENS State: NJ Zip: 07801
Name: FIRST VETERINARY SUPPLY
Address: 1821 RELIABLE PARKWAY City: CHICAGO State: IL Zip: 60686

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: IL
Parent Company (if any): RAH Lower Holdings, Inc.
Corporation/Organization Name: American Health Service Sales Corporation
Mailing Address: 13822 W. Boulton Blvd
City: Mettawa State: IL Zip: 60045
Telephone: 800-544-7521 Email: compliance.revival@gmail.com
Contact Person Name: Brandon Cochran

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner **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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

American Health Service Sales Corporation dba Med-Vet International

Facility Name

Brandon Cochran

Print Name of Authorized Person Submitting Application

Brandon Cochran

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

10/6/2025

Date

Board Use Only	Date Received: 11/19/25	Amount: $1000 ck 2108

FDA

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

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
AMERICAN HEALTH SERVICE S
Business Trade Names:
(1) Med-Vet International (2) Oasis Medical

13822 W BOULTON BLVD
Mettawa, IL 60045
Registration Number: 1423776
FEI Number*: 3000718453
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:
AMERICAN HEALTH SERVICE SALES CORP.[6]
13822 W. BOULTON BLVD
Mettawa, IL US 60045
Owner/Operator Number: 9030415[7]

Official Correspondent:
Michael A Moore
13822 W. BOULTON BLVD
Mettawa, IL 60045
Phone: 817-7159008

* 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=9030415&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9030415&OwnerOperator

Page Last Updated: 11/17/2025

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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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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9030415&OwnerOperator

Officers

Gerald Lynn Snodgrass DOB [redacted] CEO [redacted] [redacted]

Kyle Hemenover DOB [redacted] CFO [redacted] [redacted]

Michael Moore DOB [redacted] President [redacted] [redacted]

C.T. Corp - Registered Agent 4701 Cox Road, Suite 285,Glen Allen, Virginia 23060-6802 PH 844-229-4487 Charter ID F1131400

Ownership



File Number 5340-770-6

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*

AMERICAN HEALTH SERVICE SALES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 26, 1984, 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* AUGUST *A.D.* 2025 .

Authentication #: 2524002128 verifiable until 08/28/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005623

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:
12/31/2026

LICENSED WHOLESALE DRUG DISTRIBUTOR

WHOLESALE DRUG

AMERICAN HEALTH SERVICE SALE CORP
DBA MED-VET INTERNATIONAL
BRANDON COCHRAN
13822 W BOULTON BLVD
METTAWA, IL 60045-4502

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

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

20401094

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: 304191

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
AMERICAN HEALTH SERVICE SALE CORP	Mettawa, IL 60045	• DBA MED-VET INTERNATIONAL

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004001823	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	10/27/2003	10/23/2024	12/31/2026	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004005623	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	08/13/2025	08/13/2025	12/31/2026	N
30*****16	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	CHANGE OF OWNERSHIP	03/01/2004	10/24/2024	12/31/2026	N

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/10/2025

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
Edgewood Partners Insurance Center, Inc.
301 Grant Street, Suite 470
Pittsburgh, PA 15219

CONTACT NAME: Kate Findlay
PHONE (A/C, No, Ext): 412-274-1709 FAX (A/C, No): 412-927-1272
E-MAIL ADDRESS: Kate.Findlay@epicbrokers.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	American Casualty Company of Reading, PA	20494
INSURER B :	Transportation Insurance Company	20494
INSURER C :	Continental Insurance Company	35289
INSURER D :	Valley Forge Insurance Company	20508
INSURER E :	Travelers Indemnity Company	25658
INSURER F :	Continental Casualty Company	20443

INSURED
American Health Service Sales Corp.
13822 W. Boulton Blvd.
Mettawa IL 60045

COVERAGES **CERTIFICATE NUMBER:** 86180631 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY			7012269832	4/6/2025	4/6/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 15,000
							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	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			7012269829	4/6/2025	4/6/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	✓ ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS			Hired Physical Dmg. Ded.			BODILY INJURY (Per accident)	$
	✓ HIRED AUTOS ONLY / ✓ NON-OWNED AUTOS ONLY			$100 Comp/$1,000 Coll.			PROPERTY DAMAGE (Per accident)	$
B	✓ Any Other- Phys. Dmg. Ded.						Comp/Coll Each	$ 1,000
C	✓ UMBRELLA LIAB ✓ OCCUR			7012269846	4/6/2025	4/6/2026	EACH OCCURRENCE	$ 9,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 9,000,000
	DED ✓ RETENTION $ 10,000							$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC712269815-Other States	4/6/2025	4/6/2026	✓ PER STATUTE / OTH-ER	
C	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N / N/A (Mandatory in NH)			7091734447 (CA only)	4/6/2025	4/6/2026	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
E	Ocean Cargo			ZOE16P44317824ND	3/6/2025	10/4/2025	$100,000 Limit / $1,000 Deductible	
F	Directors & Officers			6052328023	4/6/2025	4/6/2026	$3,000,000 Limit / $25,000 Retention	

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

Evidence of coverage.

CERTIFICATE HOLDER

American Health Service Sales Corp.
13822 W. Boulton Blvd.
Mettawa IL 60045

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
Sean Andreas

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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: American Health Services Corporation dba Med-Vet Inter MDEG License # (if applicable): WH03274

Physical Address: 13822 W. Boulton Blvd

City: Mettawa State: IL Zip: 60045

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

City: State: Zip:

Telephone: 800-544-7521 Website: https://www.shopmedvet.com/

Licensing Company Email: Compliance.Revival@gmail.com

Section 2: Personal Information

First: Brandon Middle: William Last: Cochran

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

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

Mailing Address[redacted]

City: Racine State: WI Zip[redacted]

Telephon[redacted] Email: Brandon.Cochran@cimaah.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)	
Texas A&M University		08/06 - 06/11	
Address	**City**	**State**	**Zip**
400 Bizzell Street	College Station	TX	77840
Diploma/Degree obtained, if any			
B.S. Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
James Bowie High School		08/02 - 05/06	
Address	**City**	**State**	**Zip**
2101 Highbank Drive	Arlington	Texas	76018
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
07/25 - Current	[redacted]	Racine	WI	[redacted]
08/17 - 07/25		Roanoke	TX	
07/98 - 08/17		Arlington	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
American Health Service Sales Corporation/DBA Med-Vet International			06/25 - Current
Business Address	**City**	**State**	**Zip**
13822 W. Boulton Blvd	Mettawa	IL	60045
Phone	**Title**	**Number of Employed Hours**	
800-544-7521	Operations Manager	200	
Description of Duties			
Responsible for daily operations including receiving, pick, pack, shipping, record keeping, manage warehouse, inventory and conduct cycle counts.			

Business Name			From - To (MM/YY – MM/YY)
Patterson Logistic Services Inc.			01/21 -06/25
Business Address	**City**	**State**	**Zip**
804 Henrietta Creek Road	Roanoke	TX	76262
Phone	**Title**	**Number of Employed Hours**	
1-800-328-5536	Logistical Operations Supervisor	8,800	
Description of Duties			
Responsible for daily operations of Texas Fulfillment Center in areas of record keeping,safety, receiving, inventory control, shipping of animal health supplies including wholesale distribution and distribution of controlled substance.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

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

I, Brandon Cochran, **certify that as the MDEG Administrator for**

American Health Service Sales Corporation dba Med-Vet International,

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

1. BC Have a high school diploma or its equivalent;
2. JC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. BC 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. BC 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.

Brandon Cochran
Print Name (First, Last)

Brandon Cochran
Original Signature (electronic, copies or stamps not accepted)

11-24-25
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. N0029SU000178

Application/License No. _____

American Health Service Sales Corporation
dba Med-Vet International, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
13822 W. Boulton Blvd. Mettawa IL 60045, as
(Address of Applicant/Principal)
PRINCIPAL, and Accelerant National Insurance Company, a
(Surety Company)
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
400 Northridge Drive, Suite 800, Sandy Springs GA 30350 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 February 27, 2025.
(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 2 day of June, 2025.

APPLICANT/PRINCIPAL

American Health Service Sales Corporation dba Med-Vet International
COMPANY

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Accelerant National Insurance Company

Surety Company's Representative

Karen Bachy, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Non-Resident License# 542645 Karen Bachy
Nevada Resident Agent

State of PA

County of Westmoreland

SURETY ACKNOWLEDGEMENT (ATTORNEY-IN-FACT)

I, Notary Public of County, in the State of Pennsylvania ,

do hereby certify that Karen Bachy, Attorney-in-Fact, of the Accelerant National Insurance Company who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered said instrument, for and on behalf of the Accelerant National Insurance Company for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Pittsburgh in said County, this 2 day of June , 2025 .

Michelle Kwasny

Notary Public Michelle Kwasny

My Commission expires: 12-6-2027

Commonwealth of Pennsylvania - Notary Seal
Michelle L. Kwasny, Notary Public
Westmoreland County
My commission expires December 6, 2027
Commission number 1238412
Member, Pennsylvania Association of Notaries

Bond No. N0029SU000178

POWER OF ATTORNEY
Accelerant National Insurance Company

Accelerant National Insurance Company, a corporation duly organized under the laws of the State of Delaware and having its principal administrative office in Sandy Springs, Georgia, does hereby make, constitute and appoint:

Karen Bachy

as its true and lawful attorney-in-fact, each in their separate capacity, with full power and authority to execute, acknowledge, seal and deliver on its behalf as surety any bond or undertaking of $10,000,000 or less. This Power of Attorney is void if used for any bond over that amount.

This Power of Attorney is granted under and by authority of the following resolution(s) adopted by the Board of Directors of Accelerant National Insurance Company on December 12, 2023:

> **NOW, THEREFORE, IT IS HEREBY RESOLVED**, that that the President, CEO or any Vice-President, Secretary or Assistant Secretary shall be and is hereby vested with full power and authority to appoint suitable persons as Attorney-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 the behalf of the Company, to execute, acknowledge and deliver any and all bonds, contracts, 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 all notices and documents cancelling or terminating the Company's liability thereunder and any such instruments so executed by any Attorney-in Fact shall be binding upon the Company as if signed by the President and sealed by the Corporate Secretary; and further
>
> **RESOLVED**, that the signature of the President, CEO, any Vice-President, Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney, and the signature of the Secretary or any Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of such power, or any such power or certificate bearing such facsimile signature or seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed with respect to any bond to which it is attached continues to be valid and binding upon the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be signed and its corporate seal to be hereto affixed.

[SEAL]

Randall S. Gregg, Assistant Secretary

ACCELERANT NATIONAL INSURANCE COMPANY CORPORATE SEAL 1994 DELAWARE

State of Tennessee
County of Davidson

On this 13th day of September, 2024, before me, a notary public, personally appeared, Randall S. Gregg, Assistant Secretary of Accelerant National Insurance 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 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 the PENALTY of PERJURY under the laws of the State of Tennessee that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Notary

EMILY KEARNEY STATE OF TENNESSEE NOTARY PUBLIC My Commission Expires on 01/24/2028 DAVIDSON COUNTY

I, Randall S. Gregg, Assistant Secretary of Accelerant National Insurance Company, do hereby certify that the above and foregoing is true and correct copy of a Power of Attorney, executed by said company, which is still in full force and effect; furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney is in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company this 13th day of September, 2024.

Randall S. Gregg, Assistant Secretary

Attached to bond signed this June 2, 2025

Scott Kipper, Commissioner of Insurance

Non-Resident Producer

Qualification Effective Dates

Casualty 06/07/2007 Property 06/07/2007

KAREN BACHY

NPN: 2027697

EDGEWOOD PARTNERS INSURANCE CENTER
301 GRANT ST STE 470
PITTSBURGH, PA 15219-1407

is authorized to transact business as described above

License No: 542645 Issue Date: 06/07/2007 Expiration Date: 06/30/2028

Generated by Sircon 347360877

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

KAREN BACHY
EDGEWOOD PARTNERS INSURANCE CENTER
301 GRANT ST STE 470
PITTSBURGH, PA 15219-1407

LICENSE NUMBER: 542645 NPN: 2027697

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06/07/2007 Expiration Date: 06/30/2028

Generated by Sircon 347360877

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: American Health Service Sales Corporation dba Med-Vet International

Pharmacy/Wholesaler License # (if applicable): WH03274

Physical Address: 13822 W. Boulton Blvd

City: Mettawa State: IL Zip: 60045

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

City: State: Zip:

Telephone: 800-544-7521 Website: https://www.shopmedvet.com/

Licensing Company Email: Compliance.Revival@gmail.com

Section 2: Personal Information

First: Brandon Middle: William Last: Cochran

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

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

Mailing Addres: [redacted]

City: Rancine State: WI Zip: [redacted]

Telephone: [redacted] Email: Brandon.Cochran@cimaah.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)	
Texas A&M University		08/06 - 06/11	
Address	**City**	**State**	**Zip**
400 Bizzell Street	College Station	TX	77840
Diploma/Degree obtained, if any			
B.S. Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
JAMES BOWIE HIGH SCHOOL		08/02 - 05/06	
Address	**City**	**State**	**Zip**
2101 HIGHBANK DR	ARLINGTON	TX	76018
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
07/25 - Current	[redacted]	Racine	WI	[redacted]
08/17 - 07/25		Roanoke	TX	
07/98 - 08/17		Arlington	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
American Health Service Sales Corporation/DBA Med-Vet International			06/25 - Current	
Business Address		City	State	Zip
13822 W. Boulton Blvd		Mettawa	IL	60045
Phone	Title		Number of Employed Hours	
800-544-7521	Operations Manager		200	

Description of Duties

Responsible for daily operations including receiving, pick, pack, shipping, record keeping, manage warehouse, inventory and conduct cycle counts.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistic Services Inc.			01/21 -06/25	
Business Address		City	State	Zip
804 Henrietta Creek Road		Roanoke	TX	76262
Phone	Title		Number of Employed Hours	
1-800-328-5536	Logistical Operations Supervisor		8,800	

Description of Duties

Responsible for daily operations of Texas Fulfillment Center in areas of record keeping,safety, receiving, inventory control, shipping of animal health supplies including wholesale distribution and distribution of controlled substance.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Brandon Cook
Original Signature (electronic, copies or stamps not accepted)

10/6/2025
Date

I, Brandon Cochran, **certify that as the MDEG Administrator for**

American Health Service Sales Corporation dba Med-Vet International,

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

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

Brandon Cochran
Print Name (First, Last)

Brandon Cochran
Original Signature (electronic, copies or stamps not accepted)

10/6/25
Date

Board Use Only	Date Received: 10/9/25

	A	B	C
1	Ares Capital Corporation		Indebtor
2	Employees:		
3	**First Name**	**Last Name**	**Job Title**
4	Nancy	Guajardo	Data Admin
5	Michael	Moore	President
6	Brandon	Cochran	Operations Manager
7	Ramsha	Nasir	IT Systems Support
8	Cassandra	Casillas	Data Specialist
9	Daniel	Hagstrom	General Manager
10	Daphne	Reddy	Sales Representative
11	Wendy	Kaneshiro	Administrative Assistant
12	Mario	Bello	NetSuite Administrator
13	Joshua	Olson	Licensing Specialist
14	Efren	Ojeda	Warehouse
15	Brayan	Padilla	Warehouse
16	Joel	Martinez	Warehouse
17	Cesareo	Martinez	Warehouse
18	Aaron	Houser	Warehouse
19	Angel	Flores	Warehouse
20	Joel	Gomez	Licensing Specialist
21	Rebecca	Steele	Customer Service
22	Lizzet	Garcia	Customer Service
23	Britney	Martinez	Graphics/Marketing Specialist
24	Miranda	Lucas	Data Specialist

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	* 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: Renova Pharmaceuticals LLC

Physical Address: 161 Dwight Place

City: Fairfield State: NJ Zip: 07004

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

City: _____ State: _____ Zip: _____

Telephone: 908-887-0679 Website: _____

Name of Designated Representative (DR): Seshu Srinivas Akula

Licensing Company Email: compliance.renova@gmail.com DR Email: compliance.renova@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
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: OTC Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: 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)?		✔
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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

08/15/2025
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: Sterile-Gene Life Sciences Private Limited
Address: No.45, Main Road, Mangalam Village, Vill City: Puducherry State: IND Zip: 605110

Name: Direct Customer Solutions
Address: 4277 US HWY 412 City: Bells State: TN Zip: 38006

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): Renova Holdings, Inc
Corporation/Organization Name: Renova Pharmaceuticals LLC
Mailing Address: 161 Dwight Pl
City: Fairfield State: NJ Zip: 07004
Telephone: 908-887-0679 Email: compliance.renova@gmail.com
Contact Person Name: Seshu Srinivas Akula

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler code 84897		✔
1. Copy of FDA registration Labeler code 84897 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: N/A Labeler Code 84897 http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Renova Pharmaceuticals LLC

Facility Name

Seshu Srinivas Akula

Print Name of Authorized Person Submitting Application

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

08/15/2025

Date

Board Use Only	Date Received: 8/26/25	Amount: 1000-CK-1845

Date: 09/12/2025

Dear Authority

Re: Nevada Out-of-State Wholesaler Application-Renova Pharmaceuticals LLC

The FDA has issued a Labeler code – 84897 for Renova Pharmaceuticals LLC. However, Product will not be available and commercial until November 2025. The product approvals and sales are expected to begin starting November-2025. Renova Pharmaceuticals is a new generic prescription pharmaceutical company focused on Ophthalmic and Injectable products with its first product expected to commercialize starting November-2025

Warm Regards,
Renova Pharmaceuticals, LLC

AutoSave Off ndc_nhric_labeler_codes_09_05_2025 - Protected... • Saved to this PC Search

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PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing

617822

	A	B
1	**NDC/NHRIC Labeler**	**Firm Name**
309	75078	Scentsational Soaps & Candles, Inc.
310	85757	Rezolute Inc.
311	75013	Envase, LLC
312	51327	Fusion Brands America Inc.
313	89153	High Desert Pharmaceutics, Inc.
314	90050	THE LITTLE BATH LLC
315	76255	H&C 21 America Inc
316	74422	EVE CORPORATION
317	65300	Medox Healthcare
318	61156	JACKS MFG INC
319	72252	Neurelis, Inc.
320	75308	Production Assistance Link
321	79581	PurTouch LLC
322	84897	Renova Pharmaceuticals LLC
323	63041	LUEN WAH (HK) MEDICINE LTD
324	74555	Sutherland Distilling Company, LLC
325	61551	Guangzhou HanWindBeauty Commerce Co.,Ltd
326	74891	Golden Lab, LLC
327	76605	Pecan Bayou Enterprises, LLC
328	39386	Pilgrim's Pride Corporation
329	84280	The Janz Corporation
330	69933	PEARL WORLD INC

Verified M.H 10/4/25

RENOVA
PHARMACEUTICALS LLC
Reliability and Innovation in every dose

List of Officers

Seshu Srinavas Akula, Chief Executive Officer

Address: [redacted]

Phone [redacted]

Date of Birth [redacted]

Entity/Ownership

100%

Renova Holdings, Inc/Philippines

Block 1, Lot 14, Lloyd Avenue, First Bulacan Industrial City, Brgy. Tikay, City of Malolos, Bulacan 3000, Philippines

[redacted] Sakula@renovapharm.com

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

RENOVA PHARMACEUTICALS LLC
0451185577

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on October 01, 2024.

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:

SESHU AKULA
161 DWIGHT PL
FAIRFIELD, NJ 07004

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of April, 2025

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6163852654

Verify this certificate online at

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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0753816

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:

161 DWIGHT PL FAIRFIELD, NJ 07004-

Reg. No.
5006695

RENOVA PHARMACEUTICALS LLC
161 DWIGHT PL
FAIRFIELD, NJ 07004-

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

EXPIRES: January 31, 2026

Establishment Copy

Renova Pharmaceuticals LLC

Ownership Structure

Parent Company

Renova Holdings Inc

Address : Block 1, Lot 14, Lloyd Avenue, First Bulacan Industrial City, Brgy. Tikay, City of Malolos, Bulacan 3000, Philippines.



100 % owns

Renova Pharmaceuticals LLC

161 Dwight Pl, Fairfield, NJ 07004

(Renova Pharmaceuticals LLC has been registered and formed in Delaware)

Seshu Srinivas Akula

Is the designated officer and CEO for Renova Pharmaceuticals LLC

Name	Shareholdings %
Zenadia D Balajadia	31%
Maximo P Balajadia	16%
Dennis D Balajadia	16%
Lloyd D Balajadia	16%
Dick D Balajadia	16%
Seshu Srinivas Akula	5%

Renova Holdings Share Holders

Name	Address	Nationality	TIN
Maximo P. Balajadia	[redacted]		
Zenaida D. Balajadia	[redacted]		
Dennis D. Balajadia	[redacted]		
Lloyd D. Balajadia	[redacted]		
Dick D. Balajadia	[redacted]		
Seshu Srinivas Akula	[redacted]		

Name	Address	Nationality	TIN
Maximo P. Balajadia	[redacted]		
Zenaida D. Balajadia	[redacted]		
Dennis D. Balajadia	[redacted]		
Lloyd D. Balajadia	[redacted]		
Dick D. Balajadia	[redacted]		
Seshu Srinivas Akula	[redacted]		

SIXTH That the number of directors of the Corporation shall be Six (6) and that the names, nationalities and residences of the Directors who are to serve until their successors are elected and qualified as provided by the by-laws are as follows:

Name	Address	Nationality	TIN
Maximo P. Balajadia	[redacted]		

[redacted]

Zenaida D. Balajadia	[redacted]		
Dennis D. Balajadia	[redacted]		
Lloyd D. Balajadia	[redacted]		
Dick D. Balajadia	[redacted]		

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. UCSX372X7799

Application/License No. _____

Renova Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 161 Dwight Place, Fairfield, NJ 07004 (Address of Applicant/Principal), as PRINCIPAL, and United Casualty and Surety Insurance Company (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 303 Congress Street Suite 502, Boston, MA 02210 (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 03/21/2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 24th day of March, 2025.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Kelly Specht, 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
Nevada Resident Agent

TEXAS ORDINARY CERTIFICATE OF ACKNOWLEDGMENT
CIVIL PRACTICE & REMEDIES CODE § 121.007

The State of Texas

County of Bexar

Before me,

Delanie Davis, Notary Public,
Name and Character of Notarizing Officer, e.g., "John Smith, Notary Public"

on this day personally appeared

Kelly Specht,
Name of Signer

☒ known to me
☐ proved to me on the oath of

_____
Name of Credible Witness

☐ proved to me through _____

_____
Description of Identity Card or Document

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this

24th *Day* day of March *Month*, 2025 *Year*.

DELANIE DAVIS
Notary ID #133417012
My Commission Expires
December 6, 2025

Place Notary Seal and/or Stamp Above

Signature of Notarizing Officer

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: Bond No. UCSX372X7799

Document Date: March 24, 2025 Number of Pages: 2

Signer(s) Other Than Named Above: No Other Signers

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ucs

POWER OF ATTORNEY

171372

KNOW ALL MEN BY THESE PRESENTS: That United Casualty and Surety Insurance Company, a corporation of the State of Nebraska, and US Casualty and Surety Insurance Company and United Surety Insurance Company, assumed names of United Casualty and Surety Insurance Company (collectively, the Companies), do by these presents make, constitute and appoint:

Kelly Specht, Kandis Gregory, Anthony Balzano, JoAnn Smith, Cynthia S. Richter, Richard J. Taylor, Madeline Brown, Zachary R. Bradley, Donna Stolzenbach Felicia Thomas, Dawn E. Gittens, Rick Bredow, Ralph Earl Brown III, Ann Robertson, Kenda Freeman, Alexis Estrada, Deborah Perry

its true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver **any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed Three Million Five Hundred Thousand & 00/100 Dollars ($3,500,000.00).** This Power of Attorney shall expire without further action on December 31st, 2026.

This Power of Attorney is granted under and by authority of the following resolutions adopted by the Board of Directors of the Companies at a meeting duly called and held on the 1st day of July, 1993:

Resolved that the President, Treasurer, or Secretary be and they are hereby authorized and empowered to appoint Attorneys-in-Fact of the Company, in its name and as its 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.

That the signature of any officer authorized by Resolutions of this Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereunto affixed, this 23rd day of January, 2025

UNITED CASUALTY AND SURETY INSURANCE COMPANY
US Casualty and Surety Insurance Company
United Surety Insurance Company

R. Kyle Fowler
R. Kyle Fowler, Treasurer

Corporate Seals

Commonwealth of Massachusetts
County of Suffolk ss:

On this 23rd day of January, 2025, before me, Colleen A. Cochrane, a notary public, personally appeared, R. Kyle Fowler, Treasurer of United Casualty and Surety Insurance Company, US Casualty and Surety Insurance Company and United Surety Insurance 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(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the Commonwealth of Massachusetts that the foregoing paragraph is true and correct.
WITNESS my hand and seal.

(Seal)
Notary Public Commission Expires: 10/27/2028

COLLEEN A. COCHRANE
Notary Public, Commonwealth of Massachusetts
My Commission Expires 10/27/2028

I, Robert F. Thomas, President of United Casualty and Surety Insurance Company, US Casualty and Surety Insurance Company and United Surety Insurance Company do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Boston, Massachusetts this 24th day of March, 2025

Robert F. Thomas
Robert F. Thomas, President

Corporate Seals

TO CONFIRM AUTHENTICITY OF THIS BOND OR DOCUMENT EMAIL: CONFIRMBOND@UNITEDCASUALTY.COM

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: Renova Pharmaceuticals LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 161 Dwight Pl

City: Fairfield State: NJ Zip: 07004

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 908-887-0679 Website:

Licensing Company Email: compliance.renova@gmail.com

Section 2: Personal Information

First: Seshu Middle: Srinivas Last: Akula

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

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

Mailing Address: 161 Dwight Pl

City: Fairfield State: NJ Zip: 07004

Telephone: 908-887-0679 Email: compliance.renova@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: GLR New Model Junior College		From - To (MM/YY – MM/YY): 1981 - 1983	
Address: Sai Baba Temple Road	City: Dilsukhnagar	State: TN	Zip: 500058
Diploma/Degree obtained, if any: High school Intermediate Degree			
School Name: Birla Institute of Technology and Science		From - To (MM/YY – MM/YY): 1983 - 1987	
Address: Pilani	City: Pilani	State: Rajasthan	Zip: 333031
Diploma/Degree obtained, if any: B. Pharm (Hons) - Under Graduate Degree			
School Name: T.A Pai Management Institute		From - To (MM/YY – MM/YY):	
Address: Badagabettu Road	City: Manipal	State: Karnataka	Zip: 576104
Diploma/Degree obtained, if any: Post Graduate Degree in Business Management (M.B.A.)			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/17 - Present	[redacted]	Hillsborough	NJ	[redacted]
2/12 - 2/17		Hillsborough	NJ	
6/10 - 2/12		Belle Mead	NJ	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Renova Pharmaceuticals LLC			11/24 - Present	
Business Address		**City**	**State**	**Zip**
161 Dwight Pl		Fairfield	NJ	07004
Phone	**Title**		**Number of Employed Hours**	
908-887-0679	Chief Executive Officer		1,020 Hours	

Description of Duties

- CEO – North America – Renova Pharma LLC
- (Drive the US Business by creating the front end and managing the entire US Pipeline and Business. PnL responsibility for entire North America Operations)

Business Name			From - To (MM/YY – MM/YY)	
Pilnova Pharma Inc, USA			12/22 - 10/24	
Business Address		**City**	**State**	**Zip**
668 US-206 Suite C		Hillsborough Township	NJ	08844
Phone	**Title**		**Number of Employed Hours**	
	President		3,987 Hours	

Description of Duties

- President – North America – Pilnova Pharma Inc, USA (A 100% subsidiary of Shilpa Medicare Ltd)
- President – Shilpa Pharma Inc
- (Drive the US Business by creating the front end and managing the entire US Pipeline and Business. PnL responsibility for entire North America Operations

Business Name			From - To (MM/YY – MM/YY)	
Novadoz Pharmaceuticals LLC			03/18 - 11/22	
Business Address		**City**	**State**	**Zip**
20 Duke Rd		Piscataway	NJ	08854
Phone	**Title**		**Number of Employed Hours**	
	President		9,700 Hours	

Description of Duties

Head of North America Generics commercial organization with PnL responsibility. Driving the business including Sales& Marketing, R&D Portfolio, Product/Pipeline strategy (ANDA $ 505(b)(2)), Legal strategy, distribution warehousing & managing all day-2-day operations. Novadoz was set up from ground zero starting in March-2018 including all the state licenses, with the first commercial sale starting in October-2021. Portfolio is a combination of Oral Solids, Injectables both in the Oncology and General category space.

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

08/15/2025
Date

I, Seshu Srinivas Akula, **certify that as the designated representative for**

Renova Pharmaceuticals LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SSA I am at least 21 years of age;
3. SSA 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. SSA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SSA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SSA 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. SSA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Seshu Akula

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/15/2025

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.

Seshu Akula

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/15/2025

Date

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

State of New Jersey, ss. County of Somerset

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

Original Signature

08/15/2025

Date

Subscribed and Sworn to before me this 15th day of August 25

Notary Public Signature

CLARENCE T WASHINGTON
Notary Public
State of New Jersey
My Commission Expires Mar. 18, 2026
I.D.# 50155124

(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 Renova Pharmaceuticals, LLC

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

Physical Address 161 Dwight Place

City Fairfield, State NJ Zip 07004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email compliance.renova@gmail.com

Section 2: Personal Information

First ZENAIDA Middle DIZON Last BALAJADIA

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

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

Mailing Address [redacted]

City [redacted] State _____ Zip [redacted]

Telephon[redacted] Ema[redacted]

Are you a citizen of the United States? ☐ Yes ☐

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active 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: HARVARD BUSINESS SCHOOL			From - To (MM/YY – MM/YY): 2018 - 2020
Address: BOSTON MASSACHUSETTS	City	State	Zip
Diploma/Degree obtained, if any: PRESIDENT MANAGEMENT PROGRAM / OWNER			
School Name: UNIVERSITY OF STO. TOMAS			From - To (MM/YY – MM/YY): 1970 - 1974
Address: ESPANA , MANILA	City	State	Zip
Diploma/Degree obtained, if any: BACHELOR OF SCIENCE IN MATHEMATICS			
School Name: AQUINO MEMORIAL HIGH SCHOOL			From - To (MM/YY – MM/YY)
Address: CONCEPCION TARLAC	City	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): 2004 2025	[redacted]			
From - To (MM/YY – MM/YY)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: MOLO INTERCHEMICAL INDUSTRIES INC			From - To (MM/YY – MM/YY): 1996 [illegible]
Business Address: 73 SCOUT FERNANDEZ BRGY. LAGING HANDA QUEZON CITY		State: NCR	Zip: 1103
Phone: 8 372 3954	Title: MANAGING DIRECTOR		
Description of Duties: Managing Director			

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	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.

ZENAIDA D. BALAJADIA
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 _____, ss. County of _____

I, ZENAIDA D. BALAJADIA, 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 OCT 14 day of 2025.

Notary Public Signature

ATTY. TOMAS B. BAGA, JR.
NOTARY PUBLIC FOR QUEZON CITY
UNTIL DECEMBER 31, 2025
ROLL NO. 13003
ADM NO. NP-003 (2024-2025)
IBP NO. 481438 / CY 2025 / PASIG CITY
PTR NO. 3536602 / CY 2025 / COT. CITY
MCLE NO. VIII-0004620 / 11-07-2023 / PASIG CITY
ROH BLDG. TIMOG COR. PANAY AVE., Q.C.
(Seal)

DOC NO. 25
PAGE NO. 6
BOOK NO. XXIV
SERIES OF 20 25

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 Renova Pharmaceuticals, LLC

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

Physical Address 161 Dwight Place

City Fairfield, State NJ Zip 07004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email compliance.renova@gmail.com

Section 2: Personal Information

First MAXIMO Middle PONCE Last BALAJADIA

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telepho[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: JOSE RIZAL UNIVERSITY			From - To (MM/YY – MM/YY): 1970 - 1974
Address: MANDALUYONG CITY	City	State	Zip
Diploma/Degree obtained, if any: BACHELOR OF SCIENCE IN COMMERCE			
School Name: AQUINO MEMORIAL HIGH SCHOOL			From - To (MM/YY – MM/YY): 1966 - 1970
Address: CONCEPCION TARLAC	City	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): 2007 - 2025	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: MOLD INTERCHEMICAL INDUSTRIES INC.			From - To (MM/YY – MM/YY): 1996 - 2025	
Business Address: 73 SCOUT FERNANDEZ BRGY.	City: LAGING HANOM QUEZON		State: N CITY	Zip
Phone: (8)372 3984	Title: PRESIDENT			
Description of Duties:				

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

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

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

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

Continue on next page if additional space is needed.

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?		✓

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

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	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.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents 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.

MAXIMO P. BALAJADIA

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 _____, ss. County of _____

I, MAXIMO P. BALAJADIA, 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 OCT 14 2025 day of _____.

Notary Public Signature

ATTY. TOMAS B. BAGA, JR.
NOTARY PUBLIC FOR QUEZON CITY
UNTIL DECEMBER 31, 2025
ROLL NO. 13003
ADM NO. NP-003 (2024-2025)
IBP NO. 481438 / CY 2025 / PASIG CITY
PTR NO. 3536602 / CY 2025 / COT. CITY
MCLE NO. VII-0004820 / 11-07-2023 / PASIG CITY
RGH BLDG. TIMOG COR. PANAY AVE., Q.C.

DOC NO. 24
PAGE NO. 6
BOOK NO. XXII
SERIES OF 20 25

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 Renova Pharmaceuticals, LLC

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

Physical Address 161 Dwight Place

City Fairfield, State NJ Zip 07004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email compliance.renova@gmail.com

Section 2: Personal Information

First LLOYD Middle DIZON Last BALANTADIA

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

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

Mailing Address [redacted]

City _____ State _____ Zip [redacted]

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: Harvard Business School			From - To (MM/YY – MM/YY): 2015 - 2017	
Address: 111 Western Avenue Boston	City: Massachussetts		State:	Zip: 02163
Diploma/Degree obtained, if any: Owner / President Management				
School Name: Philippine General Hospital			From - To (MM/YY – MM/YY): 2004 - 2005	
Address: Taft Avenue Ermita	City: Manila, Philippines		State:	Zip: 1000
Diploma/Degree obtained, if any: Medical Internship				
School Name: De La Salle Health Sciences Campus Philippines			From - To (MM/YY – MM/YY): 2000 - 2003	
Address: Dasmariñas	City: Cavite, Philippines		State:	Zip: 4114
Diploma/Degree obtained, if any: Doctor of Medicine				
School Name: La Salle University Manila			From - To (MM/YY – MM/YY): 1997 - 2000	
Address: 2401 Taft Avenue	City: Manila, Philippines		State:	Zip: 1004
Diploma/Degree obtained, if any: Human Biology				
School Name: La Salle Greenhills Mandaluyong			From - To (MM/YY – MM/YY): 1992 - 1997	
Address: 343 Ortigas Avenue	City: Mandaluyong, Philippines		State:	Zip: 1550
Diploma/Degree obtained, if any: High School				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2004 - present	[redacted]	Quezon City	NCR	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Lloyd Laboratories Inc.			From - To (MM/YY – MM/YY): 01/2007 - present	
Business Address: #10 Lloyd Avenue First Bulacan Industrial	City: City of Malolos, Bulacan		State: Philippines	Zip: 3000
Phone	Title: President			
Description of Duties: Executive, Decision Maker				

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

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

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	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.

LLOYD BALAJADIA

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 _____, ss. County of _____

I, LLOYD BALAJADIA, 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 OCT 14 2025 day of _____.

Notary Public Signature

ATTY. TOMAS B. BAGA, JR.
NOTARY PUBLIC FOR QUEZON CITY
UNTIL DECEMBER 31, 2025
ROLL NO. 13003
ADM NO. NP-003 (2024-2025)
IBP NO, 481438 / CY 2025 / PASIG CITY
PTR NO. 3586608 / CY 2025 / COT. CITY
MCLE NO. VIII-0004620 / 11-07-2023 / PASIG CITY
RGH BLDG. TIMOG COR. PANAY AVE., Q.C.

DOC NO. 72
PAGE NO. 6
BOOK NO. XXII
SERIES OF 20 25

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 Renova Pharmaceuticals, LLC

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

Physical Address 161 Dwight Place

City Fairfield, State NJ Zip 07004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email compliance.renova@gmail.com

Section 2: Personal Information

First Dick Middle DIZON Last BALASADIA

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

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

Mailing Address [redacted]

City QUEZON CITY State [redacted] Zip [redacted]

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)	
HARVARD BUSINESS SCHOOL		June 2008 - OCT 2012	
Address	**City**	**State**	**Zip**
BOSTON, MA			02138
Diploma/Degree obtained, if any			
OWNER/PRESIDENT MANAGMENT			

School Name		From - To (MM/YY – MM/YY)	
CALIFORNIA CULINARY ACADEMY		Jan 2004 - JUNE 2005	
Address	**City**	**State**	**Zip**
SAN FRANCISCO, CA			94103
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
THAMES INTERNATIONAL BUSINESS SCHOOL		June 2001 - JUN/2003	
Address	**City**	**State**	**Zip**
EASTWOOD CITY	QUEZON CITY		1110
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
2004 to present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
DM GLOBAL INC			01/2023 - present
Business Address	**City**	**State**	**Zip**
73 SCOUT FERNANDEZ, BRGY LAGING HANDA	QUEZON CITY	NCR	1103
Phone	**Title**		
02 8372-39-84 LOC 136	PRESIDENT		
Description of Duties			
Executive / Decision Maker			

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

DICK BALAJADIA

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 _____, 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 OCT 14 2025 day of _____.

Notary Public Signature

ATTY. TOMAS B. BAGA, JR.
NOTARY PUBLIC FOR QUEZON CITY
UNTIL DECEMBER 31, 2025
ROLL NO. [illegible]0003
ADM NO. NP-003 (2024-2025)
IBP NO, 481438 / CY 2025 / PASIG CITY
PTR NO. 3536602 / CY 2025 / COT. CITY
MCLE NO. VIII-C004620 / 11-07-2023 / PASIG CITY
RGH BLDG. TIMOG COR. PANAY AVE., Q.C.

DOC NO. 21
PAGE NO. 6
BOOK NO. XXIII
SERIES OF 20 25

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 Renova Pharmaceuticals, LLC

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

Physical Address 161 Dwight Place

City Fairfield, State NJ Zip 07004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email compliance.renova@gmail.com

Section 2: Personal Information

First DENNIS Middle DIZON Last BALAJADIA

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

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

Mailing Addre[redacted]

City Quezon City State NCR Zip _____

Telephone [redacted] Emai[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)	
Asian Institute of Management		1999 to 2003	
Address	City	State	Zip
		NCR	
Diploma/Degree obtained, if any			
Master in Entrepreneurship			

School Name		From - To (MM/YY – MM/YY)	
Ateneo de Manila University		1995 to 1999	
Address	City	State	Zip
Katipunan Avenue Loyola Heights	Quezon City	NCR	1008
Diploma/Degree obtained, if any			
Bachelor of Science in Management of Applied Chemistry			

School Name		From - To (MM/YY – MM/YY)	
La Salle Green Hills		1991 to 1995	
Address	City	State	Zip
343 Ortigas Avenue	Mandaluyong City		
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
07/1997 — 10/2025	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Dragon Edge Group, Inc.		Current	
Business Address	**City**	**State**	**Zip**
4F MNB Bldg., 124 & 126 Sct. Dr. Lazcano St., Brgy. Sacred Heart	Quezon City	NCR	1103
Phone	**Title**		
	Owner/Chief Executive 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 # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		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.

DENNIS D. BALAJADIA

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 _____, ss. County of _____

I, DENNIS D. BALAJADIA, 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 OCT 20 2025 day of _____.

Notary Public Signature

ATTY. TOMAS B. BAGA, JR.
NOTARY PUBLIC FOR QUEZON CITY
UNTIL DECEMBER 31, 2025
ROLL NO. 13003
ADM NO. NP-003 (2024-2025)
IBP NO, 481438 / CY 2025 / PASIG CITY
PTR NO. 3536602 / CY 2025 / COT. CITY
MCLE NO. VIII-0004690 / 11-07-2022 / PASIG CITY
RGH BLDG. TIMOG COR. PANAY AVE., Q.C.

(Seal)

DOC NO. 281
PAGE NO. 58
BOOK NO. XXIII
SERIES OF 20 25

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 Renova Pharmaceuticals, LLC

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

Physical Address 161 Dwight Place

City Fairfield, State NJ Zip 07004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email compliance.renova@gmail.com

Section 2: Personal Information

First SESHU SRINIVAS Middle _____ Last AKULA

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

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

Mailing Address [redacted]

City HILLSBOROUGH State NJ Zip [redacted]

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

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

School Name: T.A. PAI MANAGEMENT INSTITUTE, INDIA		From - To (MM/YY – MM/YY): JUNE 1988 - MAY 1990	
Address: BADAGABETTU ROAD	City: MANIPAL	State: KN	Zip: 576104
Diploma/Degree obtained, if any: M.B.A			
School Name: BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, INDIA		From - To (MM/YY – MM/YY): JUNE 1983 - MAY 1987	
Address: PILANI CAMPUS	City: PILANI	State: RAJASTHAN	Zip: 333031
Diploma/Degree obtained, if any: B. PHARMACY (HONS)			
School Name: NEW MODEL JUNIOR College, INDIA		From - To (MM/YY – MM/YY): JUNE 1981 - MAY 1983	
Address: SAIBABA TEMPLE LANE	City: DILSUKHNAGAR	State: TELANGANA	Zip: 500060
Diploma/Degree obtained, if any: HIGH SCHOOL INTERMEDIATE EDUCATION			
School Name		From - To (MM/YY – MM/YY)	
Address	City	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
FEB 2017 - CURRENT	[redacted]	HILLSBOROUGH	NJ	[redacted]
JAN 2012 - FEB 2017	[redacted]	HILLSBOROUGH	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
RENOVA PHARMACEUTICALS LLC		JAN-2025 – CURRENT	
Business Address	**City**	**State**	**Zip**
161 DWIGHT PLACE	FAIRFIELD	NJ	07004
Phone	**Title**		
908 887 0679	C.E.O		

Description of Duties
→ HEAD OF Commercial operations, Sales and Driving product Development
→ P&L ACCOUNTABILITY
→ DISTRIBUTION OF Generic PHARMACEUTICALS

Business Name		From - To (MM/YY – MM/YY)	
SHILPA PHARMA USA INC		JAN-2023 – OCT 2024	
Business Address	**City**	**State**	**Zip**
668 US 206 - SUITE F	HILLSBOROUGH	NJ	08844
Phone	**Title**		
908 887 0679	PRESIDENT		

Description of Duties
- ESTABLISH US DISTRIBUTION and Commercial Sales Organization
- Head of Sales and Operations
- MANAGE and DRIVE product development and Portfolio

Business Name		From - To (MM/YY – MM/YY)	
NOVADOZ PHARMACEUTICALS LLC		MAR 2018 – OCT 2022	
Business Address	**City**	**State**	**Zip**
20 DUKE Rd	PISCATAWAY	NJ	08854
Phone	**Title**		
908 360 1500	PRESIDENT		

Description of Duties
→ HEAD OF Commercial operations & Sales IN USA
→ MANAGE DISTRIBUTION OF GENERIC PHARMACEUTICAL products.

Business Name		From - To (MM/YY – MM/YY)	
HETERO USA INC		JUNE 2010 – MAR 2018	
Business Address	**City**	**State**	**Zip**
1035 Centennial AVE	PISCATAWAY	NJ	08854
Phone	**Title**		
732-529-0422	PRESIDENT		

Description of Duties
- Head of Portfolio and Business Development – MANAGE P&L
- Head of OTC products Commercialization – MANAGE DISTRIBUTION

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

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

SESHU SRINIVAS AKULA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/13/2025

Date

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

State of New Jersey, ss. County of Somerset

I, SESHU SRINIVAS AKULA, 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

10/13/2025

Date

Subscribed and Sworn to before me this 13 day of October, 2025

Notary Public Signature

MATTHEW P. TOSTE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50239201
MY COMMISSION EXPIRES JULY 2, 2030

(Seal)

RENOVA
PHARMACEUTICALS LLC
Reliability and Innovation in every dose

Seshu Akula – CEO

Michael Clark – Vice President Commercial Operations

161 Dwight Pl, Fairfield, NJ 07004 +1 (908) 887 0679 Sakula@renovapharm.com

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Chewy Wholesale MCO5, LLC

Physical Address: 3372 NW 35th Avenue Road

City: Ocala State: FL Zip: 33322

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

City: State: Zip:

Telephone: 352-820-7413 Website: N/A

Name of Designated Representative (DR): Lindsay Richie

Licensing Company Email: Pharmacylicensing@chewy.com DR Email: lconstant@chewy.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: Over-the-Counter Drugs	☐ Warehouse
■ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

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

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

This is in response to Question # 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:

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

10/5/2025
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: Zoetis US LLC
Address: 1950 W. Oak Circle City: Marietta State: GA Zip: 30062

Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140

Name: PetIQ
Address: 530 Fentress Blvd. City: Daytona Beach State: FL Zip: 32114

Name: The Harvard Drug Group
Address: 5960 E. Shelby Drive City: Memphis State: TN Zip: 38141

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): Chewy Pharmacy Florida Holding, LLC
Corporation/Organization Name: Chewy Wholesale MCO5, LLC
Mailing Address: 7700 W. Sunrise Blvd.
City: Plantation State: FL Zip: 33322
Telephone: 352-820-7413 Email: pharmacylicensing@chewy.com
Contact Person Name: Magan Wagner

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Chewy Wholesale MCO5, LLC

Facility Name

Brent Yoder

Print Name of Authorized Person Submitting Application

Brent E. Yoder

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

10/5/2025

Date

Board Use Only	Date Received: 10/15/25	Amount: $1,000 fee

Chewy Wholesale MCO5, LLC
Owner & Officers

Chewy Pharmacy Florida Holding, LLC

Parent Company - 100% Owner

FEIN 92-3704456

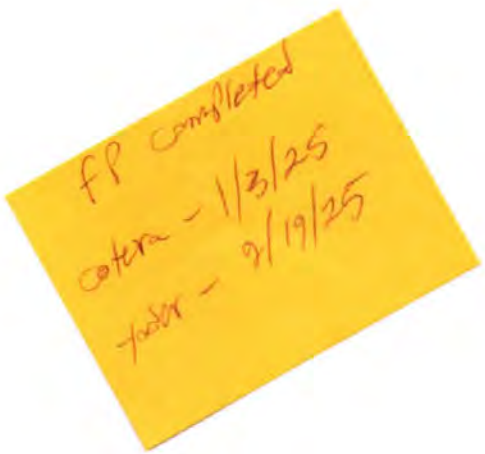
Chewy Wholesale MCO5, LLC

100% Owner

FEIN 93-2283806

Officers:

1. Ornel Cotera – President – 0% Ownership
2. Brent Yoder – Vice President – 0% Ownership



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHEWY WHOLESALE MCO5, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHEWY WHOLESALE MCO5, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2023.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7529399 8300

SR# 20254146836

Authentication: 204917444

Date: 10-01-25

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



Florida dbpr Department of Business & Professional Regulation

ONLINE SERVICES

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LICENSEE DETAILS

10:24:30 AM 10/14/2025

Licensee Information

Name:	**CHEWY WHOLESALE MCO5, LLC (Primary Name)**
Main Address:	**3372 NW 35TH AVENUE ROAD OCALA Florida 34475**
County:	**MARION**
License Location:	**3372 NW 35TH AVENUE ROAD OCALA FL 34475**
County:	**MARION**

License Information

License Type:	**Prescription Drug Wholesale Distributor**
Rank:	**Rx Drug Whlslr**
License Number:	**2220336**
Status:	**Current**
Licensure Date:	**06/19/2025**
Expires:	**06/30/2027**

Alternate Names

View Related License Information
View License Complaint

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

CHEWY WHOLESALE MCO5, LLC

3372 NW 35TH AVENUE ROAD
OCALA FL 34475

LICENSE NUMBER: 2220336

EXPIRATION DATE: JUNE 30, 2027

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/20/2025

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

0620

chewy | Health

October 14, 2025

Chewy Wholesale **MC05** , LLC does not hold a DEA Registration, FDA Registration, or a Controlled Substance Registration and therefore does not dispense any controlled substances.

Regards,

Magan Wagner

Magan Wagner
Licensing & Accreditation Manager
Mwagner6@chewy.com

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 03/13/2025

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

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

PRODUCER
Aon Risk Insurance Services West, Inc.
Phoenix AZ Office
4300 East Camelback Rd.
Suite 460
Phoenix AZ 85018 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Safety National Casualty Corp	15105
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Chewy Wholesale DFW5, LLC
7243 Grady Niblo Road
Suite 110
Dallas TX 75236 USA

COVERAGES **CERTIFICATE NUMBER:** 570111368938 **REVISION NUMBER:**

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			GL4064502 SIR applies per policy terms & conditions	02/12/2025	02/12/2026	EACH OCCURRENCE	$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$500,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$5,000,000
							PRODUCTS - COMP/OP AGG	$4,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			CA 6675895	02/12/2025	02/12/2026	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS4064501 AOS	02/12/2025	02/12/2026	X PER STATUTE / OTH-ER	
A				PS4066279 WI	02/12/2025	02/12/2026	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)

CERTIFICATE HOLDER

MDH - Maryland Board of Pharmacy
4201 Patterson Avenue, 5th Floor
Baltimore MD 21215 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc.

Holder Identifier :

Certificate No : 570111368938

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AGENCY CUSTOMER ID: 570000080467

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Insurance Services West, Inc.	Chewy Wholesale DFW5, LLC
POLICY NUMBER	
See Certificate Number: 570111368938	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570111368938	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

The following are included as Named Insureds under the referenced policies:

Chewy, Inc.
American Journey, LLC
CF Services, LLC
Chewy Canada, Inc.
Chewy Fulfillment Services, LLC
Chewy Health, LLC
Chewy Insurance Services, LLC
Chewy Kentucky Holding, LLC
Chewy Pet Supplies Shanghai Co., Ltd
Chewy Pharmacy DFW8, LLC
Chewy Pharmacy Florida Holding, LLC
Chewy Pharmacy KY, LLC
Chewy Pharmacy MCO4, LLC
Chewy Pharmacy Texas Holding, LLC
Chewy Pharmacy, LLC
Chewy Private Brands, LLC
Chewy Promotions LLC
Chewy Sourcing, LLC
Chewy Team Member Services, LLC
Chewy US Direct Procurement, LLC
Chewy US Indirect Procurement, LLC
Chewy Vet Care Arizona, LLC (fka W.F. Stark, LLC)
Chewy Vet Care Colorado, LLC (fka W.F. Square, LLC)
Chewy Vet Care Florida, LLC (fka B.B. Views, LLC)
Chewy Vet Care Georgia, LLC (fka C.R. Gardens, LLC)
Chewy Vet Care Holding, LLC (fka Bella Services, LLC)
Chewy Vet Care MSO, LLC (fka R.R. Waters, LLC)
Chewy Virtual Care, LLC
Chewy Wholesale DFW5, LLC
Chewy Wholesale MCO5, LLC
Chewy Wholesale, LLC
Dania Pet Goods, LLC
Dr. Lyon's, LLC
Lab 11, LLC
Onguard Pet Products, LLC
Paw & Parcel Food Co, LLC
Petabyte Technology, Inc.
Tiny Tiger, LLC
Tylee's, LLC

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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. 285079115

Application/License No. _____

CHEWY WHOLESALE MCO5, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3372 NW 35th Avenue Road Ocala, FL 34475 (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 ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 1, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of October, 2025.

APPLICANT/PRINCIPAL
CHEWY WHOLESALE MCO5, LLC

COMPANY

Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Aerie Walton, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Titus Simons III

Witness

Witness Robert Kraszewski

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

Liberty Mutual.
SURETY

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8214194-285057

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, Aaron D. Griffin; Aerie Walton; Bartlomiej Siepierski; Corinne Chapman; Dartonya Wright; Derek J. Elston; George F. Douaire, V; Jean Torres; Jennifer L. Jakaitis; Jessica B. Dempsey; Judith A. Lucky-Eftimov; Kristin L. Hannigan, Melissa L. Fortier; Nicholas Kertesz; Richard Casas; Robert Nachreiner; Roger Paraison; Samantha Chierici; Sandra M. Winsted; Susan A. Welsh; Tara A. Maquinto; Victoria Johnson

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 10th day of June, 2025.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 10th day of June, 2025 before me personally appeared Nathan J. Zangerle, 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 Plymouth Meeting, 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, 2029
Commission number 1129044
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 Nathan J. Zangerle, 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 1st day of October 2025

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/24

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.

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 Chewy Wholesale MCO5, LLC MDEG License # (if applicable) N/A

Physical Address 3372 NW 35th Avenue Road

City Ocala State FL Zip 34475

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

City _____ State _____ Zip _____

Telephone 352-820-7413 Website N/A

Licensing Company Email pharmacylicensing@chewy.com

Section 2: Personal Information

First Lindsay Middle M Last Richie

Alias(es, nicknames, name changes, etc.) Maiden Name: Lindsay Constant

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

Mailing Address [redacted]

City Fruitland Park State FL Zip [redacted]

Telephone [redacted] Email lconstant@chewy.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)	
Union University School of Pharmacy		08/2013 - 05/2017	
Address	**City**	**State**	**Zip**
1050 Union University Drive	Jackson	TN	38305
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
Arkansas State University		08/2008- 05/2013	
Address	**City**	**State**	**Zip**
2105 E Aggie Road	Jonesboro	AR	72401
Diploma/Degree obtained, if any			
Associates of Science			

School Name		From - To (MM/YY – MM/YY)	
Marked Tree High School		08/2002- 05/2008	
Address	**City**	**State**	**Zip**
406 St Francis Street	Marked Tree	AR	72365
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20 - Current	[redacted]	Fruitland Park	FL	[redacted]
08/19 - 11/20	[redacted]	Brookland	AR	[redacted]
08/18 - 08/19	[redacted]	Jonesboro	AR	[redacted]
10/17 - 08/18	[redacted]	Jackson	TN	[redacted]
10/15 - 10/17	[redacted]	Jackson	TN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Chewy Wholesale MCO5, LLC			08/24 - Current	
Business Address	**City**		**State**	**Zip**
3372 NW 35th Avenue Road	Ocala		FL	34475
Phone	**Title**		**Number of Employed Hours**	
352-820-7413	Designated Representative		2,240 Hours	
Description of Duties				
Maintain & manage inventory, drug storage, policies, & distribution operations. Institute & maintain compliance to all state & federal regulations.				

Business Name			From - To (MM/YY – MM/YY)	
Chewy Pharmacy MCO4, LLC			01/24 - 08/24	
Business Address	**City**		**State**	**Zip**
3376 NW 35th Avenue Road	Ocala		FL	34475
Phone	**Title**		**Number of Employed Hours**	
352-820-7412	Staff Pharmacist		1,280 Hours	
Description of Duties				
Approving, dispensing & record keeping prescriptions. Also supervised pharmacy technicians & on-boarded new pharmacist. Maintain compliant with all state & federal regulations.				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/3/25
Date

I, Lindsay Richie, **certify that as the MDEG Administrator for**

Chewy Wholesale MCO5, LLC,

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

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

Lindsay Richie
Print Name (First, Last)

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

11/3/25
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: Chewy Wholesale MCO5, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 3372 NW 35th Avenue Road

City: Ocala State: FL Zip: 34475

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

City: State: Zip:

Telephone: 352-820-7413 Website: N/A

Licensing Company Email: pharmacylicensing@chewy.com

Section 2: Personal Information

First: Lindsay Middle: Michelle Last: Richie

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

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

Mailing Address: [redacted]

City: Fruitland Park State: FL Zip: [redacted]

Telephone: [redacted] Email: lconstant@chewy.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)	
Union University School of Pharmacy		08/13 - 05/17	
Address	City	State	Zip
1050 Union University Drive	Jackson	TN	38305
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Arkansas State University		08/08 - 05/13	
Address	City	State	Zip
2105 E Aggie Road	Jonesboro	AR	72401
Diploma/Degree obtained, if any			
Associates of Science			

School Name		From - To (MM/YY – MM/YY)	
Marked Tree High School		08/04 - 05/08	
Address	City	State	Zip
406 St Francis Street	Marked Tree	AR	72365
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
11/20 - Current	[redacted]	Fruitland Park	FL	[redacted]
08/19 - 11/20		Brookland	AR	
08/18 - 08/19		Jonesboro	AR	
10/17 - 08/18		Jackson	TN	
10/15 - 10/17		Jackson	TN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Chewy Wholesale MCO5, LLC			08/24 - Current	
Business Address	**City**		**State**	**Zip**
3372 NW 35th Avenue Road	Ocala		FL	34475
Phone	**Title**		**Number of Employed Hours**	
352-820-7413	Designated Representative		2,240 Hours	
Description of Duties				
Maintain & manage inventory, drug storage, policies, & distribution operations. Institute & maintain compliance to all state & federal regulations.				

Business Name			From - To (MM/YY – MM/YY)	
Chewy Pharmacy MCO4, LLC			01/24 - 08/24	
Business Address	**City**		**State**	**Zip**
3376 NW 35th Avenue Road	Ocala		FL	34475
Phone	**Title**		**Number of Employed Hours**	
352-820-7412	Staff Pharmacist		1,280 Hours	
Description of Duties				
Approving, dispensing & record keeping prescriptions. Also supervised pharmacy technicians & on-boarded new pharmacist. Maintain compliant with all state & federal regulations.				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens Pharmacy			10/20 - 01/24	
Business Address	**City**		**State**	**Zip**
Various Stores in The Villages and Ocala districts	The Villages & Ocala		FL	
Phone	**Title**		**Number of Employed Hours**	
352-753-3257	Pharmacist Manager & Floater		6,720 Hours	
Description of Duties				
Reviewed, verified & provided medication management as well as accurately dispensed prescribed medications. Ensured the pharmacy operated in accordance with state & federal regulations, as well as company policies and standards.				

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

Original Signature (electronic, copies or stamps not accepted)

10/16/25
Date

I, Lindsay Richie, **certify that as the designated representative for**

Chewy Wholesale MCO5, 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.

Lindsay Richie
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/25
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.

Lindsay Richie

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/25

Date

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

State of Florida, ss. County of Marion

I, Lindsay Richie, 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

10/8/25

Date

Subscribed and Sworn to before me this 8th day of October 2025

Notary Public Signature

JENNIFER BINGGELI
Notary Public, State of Florida
My Comm. Expires October 24, 2028
Commission No. HH606175

(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: Chewy Wholesale MCO5, LLC

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

Physical Address: 3372 NW 35th Avenue Road

City: Ocala State: FL Zip: 34475

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

City: State: Zip:

Telephone: 352-820-7413 Website: N/A

Licensing Company Email: pharmacylicensing@chewy.com

Section 2: Personal Information

First: Ornel Middle: Alexander Last: Cotera

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

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

Mailing Address: 7700 W. Sunrise Blvd.

City: Plantation State: FL Zip: 33322

Telephon[redacted] Email: ocotera@chewy.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 Florida		06/96 - 5/00	
Address	City	State	Zip
205 Fletcher Drive	Gainesville	FL	32611
Diploma/Degree obtained, if any			
B.S Economics			

School Name		From - To (MM/YY – MM/YY)	
Mast Academy		06/96 - 5/00	
Address	City	State	Zip
3979 Rickenbacker Causeway	Miami	FL	33149
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
05/19 - Current	[redacted]	Deerfield Beach	FL	[redacted]
10/09 - 5/19		Deerfield Beach	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Chewy Inc.			09/15 - Current
Business Address	**City**	**State**	**Zip**
7700 W. Sunrise Blvd.	Plantation	FL	33322
Phone	**Title**		
786-320-7111	President, Category Management		
Description of Duties			
Monitor & oversee Chewy Pharmacy, Chewy Wholesale, Compounding, OTC, F&T and the practice hub business teams.			

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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) 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.

Ornel Cotera

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/2/25

Date

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

State of Florida, ss. County of Broward

I, Ornel Cotera, 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

10/2/25

Date

Subscribed and Sworn to before me this 2nd day of October.

Notary Public Signature

Silvana Mainieri
Comm.: HH 383167
Expires: April 5, 2027
Notary Public - State of Florida

(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: Chewy Wholesale MCO5, LLC

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

Physical Address: 3372 NW 35th Avenue Road

City: Ocala State: FL Zip: 34475

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

City: State: Zip:

Telephone: 352-820-7413 Website: N/A

Licensing Company Email: pharmacylicensing@chewy.com

Section 2: Personal Information

First: Brent Middle: Edward Last: Yoder

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

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

Mailing Address: [redacted]

City: Zionsville State: IN Zip: [redacted]

Telephone: [redacted] Email: byoder@chewy.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology		06/11 - 05/13	
Address	**City**	**State**	**Zip**
1 Amherst Street	Cambridge	MA	02142
Diploma/Degree obtained, if any			
Masters of Business Administration & Masters of Systems Engineering			

School Name		From - To (MM/YY – MM/YY)	
Georgia Institute of Technology		08/99 - 05/04	
Address	**City**	**State**	**Zip**
311 Ferst Drive	Atlanta	GA	30332
Diploma/Degree obtained, if any			
BS Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Crete-Monee High School		08/95 - 05/99	
Address	**City**	**State**	**Zip**
1515 W. Exchange Street	Crete	IL	60417
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
03/15 - Current	[redacted]	Zionsville	IN	[redacted]
From - To (MM/YY – MM/YY)	[redacted]	City	State	
06/13 - 03/15		Indianapolis	IN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Chewy Inc.			11/22 - Current	
Business Address		**City**	**State**	**Zip**
7700 W. Sunrise Blvd.		Plantation	FL	33322
Phone	**Title**			
786-320-7111	Vice President			
Description of Duties				
Monitor & oversee operations & category management for Chewy Wholesale, LLC, Chewy Pharmacy DFW8, LLC, Chewy Pharmacy MCO4, LLC, Chewy Wholesale DFW5, LLC, & Chewy Wholesale MCO5, LLC.				

Business Name			From - To (MM/YY – MM/YY)	
Chewy.com			03/20 - 11/22	
Business Address		**City**	**State**	**Zip**
1974 Innovation Blvd.		Clayton	IN	46118
Phone	**Title**			
317-539-8549	Sr. Director of Quality, Design & Infrastructure, & Pharmacy Operations			
Description of Duties				
Responsible for the fulfillment operations of pharmacy orders, fulfillment network quality, SOX compliance, & customer experience. Also developed & executed learning programs for employees.				

Business Name			From - To (MM/YY – MM/YY)	
Amazon.com			01/18 - 2/19	
Business Address		**City**	**State**	**Zip**
4255 Anson Blvd.		Whitestown	IN	46075
Phone	**Title**			
317-769-8011	Director, Reliability and Maintenance Engineering			
Description of Duties				
Responsible for the support and maintenance of mechanical, pneumatic, and electrical assets in North, Central, and South America.				

Business Name			From - To (MM/YY – MM/YY)	
Amazon.com			01/15 - 12/17	
Business Address		**City**	**State**	**Zip**
4255 Anson Blvd.		Whitestown	IN	46075
Phone	**Title**			
317-769-8011	Director of Operations			
Description of Duties				
Responsible for the fulfillment activities for Amazon.com orders, from multiple warehouses.				

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? 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:

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

10/5/2025
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.

Brent Yoder

Print Name (First, Last)

Brt E. Yoder — 10/5/2025

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

---

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

State of INDIANA, ss. County of BOONE

I, BRENT YODER, 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.

Brt E. Yoder — 10/5/2025

Original Signature — **Date**

Subscribed and Sworn to before me this 5th day of October, 2025

Hajar Gaznawi

Notary Public Signature

NOTARY PUBLIC SEAL

Hajar Gaznawi
Notary Public - State of Indiana
County of Residence: Marion
Commission Number: NP0760824
My Commission Expires: 01-08-2033

(Seal)

Chewy Wholesale MCO5, LLC - Employee List

Name	Title
Lindsay Richie	Designated Representative

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 (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 ■ Ownership Change* ■ Name Change* ■ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ■ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: FedEx Supply Chain, Inc.

Physical Address: 2901 Black Bridge Rd, Suite 14

City: York State: PA Zip: 17406

Mailing Address (if different from physical address): 145 Lt. George W. Lee Ave.

City: Memphis State: TN Zip: 38103

Telephone: 717-849-9106 Website: www.fedex.com

Name of Designated Representative (DR): James Whitton

Licensing Company Email: fsc-pharmalicensing@fedex.com DR Email: joshua.kurlander@fedex.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 # 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

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 - New Facility

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): FedEx Supply Chain Holdings, Inc.

Corporation/Organization Name: FedEx Supply Chain, Inc.

Mailing Address: 145 Lt. George W. Lee Ave.

City: Memphis State: TN Zip: 38103

Telephone: 800-677-3110 Email: fsc-pharmalicensing@fedex.com

Contact Person Name: Joey Yopp

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

FedEx Supply Chain, Inc.

Facility Name

Scott M. Temple

Print Name of Authorized Person Submitting Application

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

7/14/25

Date

Board Use Only	Date Received: 8/13/25	Amount: $6000 CK. 00011327100

FedEx Supply Chain, Inc.

FEIN: 25-1766580

Incorporated in the State of Delaware on June 7, 1995

FedEx Supply Chain Holdings, Inc.

Address: 145 Lt. George W, Lee Ave, Memphis, TN 38103

Ownership: 100%

- **Scott Temple, CEO/President (Effective 01/14/2019)**

  Business Address: 145 Lt. George W. Lee Ave, Memphis, TN 38103

  Business Phone: 800-677-3110

- **Courtney Keen, CFO/Vice President (Effective 01/01/2024)**

  Business Address: 145 Lt. George W. Lee Ave, Memphis, TN 38103

  Business Phone: 800-677-3110

Secretary - Vacant

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEDEX SUPPLY CHAIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2025.

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.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2513710 8300

SR# 20252083386

Authentication: 203630772

Date: 05-07-25

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

Certificate of Registration

Certificate No. 6000011000
(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
2525 N. 7th ST.
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Devices

FEDEX SUPPLY CHAIN, INC.
2901 BLACK BRIDGE ROAD
YORK, PA 17406

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: January 02, 2025
Expiration Date: The Last Day of January, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance

Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/17/2025

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.
6410 Poplar Avenue, Suite 540
Memphis, TN 38119
Attn: Memphis.Certs@marsh.com, P# 866-966-4664

CN103054409-FedEx-GAW-25-26

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Co	24147
INSURER B : ACE American Insurance Company	22667
INSURER C : Indemnity Ins Co Of North America	43575
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
FedEx Supply Chain Distribution System, Inc.
50 Pennwood Place
Warrendale, PA 15086

COVERAGES **CERTIFICATE NUMBER:** ATL-006096265-01 **REVISION NUMBER:** 2

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			MWZY31577025	10/01/2025	10/01/2026	EACH OCCURRENCE	$	10,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	EXCLUDED
							PERSONAL & ADV INJURY	$	10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	10,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			MWTB31576925	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	15,000,000
	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 $							$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLRC72797620 (AOS)	10/01/2025	10/01/2026	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) N/A			SCFC72797632 (WI)	10/01/2025	10/01/2026	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
B	Excess Work Comp & Employers Liability			WCUC72797644 (Excess)(OH) (Self Insured Retention 450,000)	10/01/2025	10/01/2026	Statutory Comp		STATUTORY
							Employers Liability Incls SIR		4,550,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: FedEx Supply Chain, Inc. – 12121 Forest Park Drive, Olive Branch, MS 38654
FedEx Supply Chain, Inc. – 5425 Exploration Drive, Indianapolis, IN 46241
FedEx Supply Chain, Inc. – 2901 Black Bridge Road, York, PA 17406
FedEx Supply Chain, Inc. – 5885 Sierra Avenue Ste. 200, Fontana, CA 92336
FedEx Supply Chain, Inc. – 3955 E Holmes Road, Memphis, TN 38118

CERTIFICATE HOLDER
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway 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
Marsh USA LLC

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SURETY RIDER

To be attached to and form a part of

Bond No. 108296179

dated effective July 14, 2025
(MONTH-DAY-YEAR)

executed by Federal Express Corporation
(PRINCIPAL) , as Principal,

and by Travelers Casualty and Surety Company of America , as Surety,

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

Add Location to Bond:

2901 Black Bridge Road, Suite 14, York, PA 17406

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective July 14, 2025
(MONTH-DAY-YEAR)

Signed and Sealed July 30, 2025
(MONTH-DAY-YEAR)

Federal Express Corporation
(PRINCIPAL)

By: _____
(PRINCIPAL)

Travelers Casualty and Surety Company of America
(SURETY)

By: _____
Elizabeth A. Hartzberg, Attorney-in-Fact

S-0443/GEEF 10/99

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Elizabeth A. Hartzberg of Pittsburgh, Pennsylvania, 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.**

HARTFORD, CONN.

HARTFORD, CONN.

CORPORATE SEAL

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**

NOTARY PUBLIC CONNECTICUT

_____
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 30th day of July, 2025.

HARTFORD, CONN.

HARTFORD, CONN.

CORPORATE SEAL

_____
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.

TRAVELERS

SURETY BOND ELECTRONIC SIGNATURE & SEAL ADDENDUM
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Travelers Casualty and Surety Company of America ("Travelers") has authorized its Attorneys-In-Fact to utilize an electronic, facsimile, or digital signature (each an "Electronic Signature") to execute bonds on behalf of Travelers and has further authorized its Attorneys-in-Fact to attach this Addendum to any such bonds.

Travelers hereby acknowledges and agrees that the attached bond executed by the Attorney-in-Fact on behalf of Travelers with an Electronic Signature shall have the same force and effect as if executed by the Attorney-in-Fact with a wet ink signature.

Travelers also hereby agrees that the seal below shall be deemed affixed to the attached bond to the same extent as if Travelers' raised corporate seal was physically affixed to the face of the bond.

Dated this 22nd day of September, 2020.

Travelers Casualty and Surety Company of America

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
HARTFORD, CONN.

By: _____
Robert L. Raney, Senior Vice President

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. 108296179

Application/License No. _____

Federal Express Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 12121 Forest Park Drive, Olive Branch,MS 38654 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183-6014 (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 July 14, 2025 (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 14 day of July, 2025.

APPLICANT/PRINCIPAL
Federal Express Corporation

Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Elizabeth A. Hartzberg, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Dana McCaskey

Witness JoAnn R. Frank

Countersigned by:

N/A
Nevada Resident Agent
N/A

Liberty Mutual. SURETY

POWER OF ATTORNEY

Certificate No 8204868

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

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,

Elizabeth A. Hartzberg

all of the city of Pittsburgh, state of Pennsylvania 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 1st day of July, 2024

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 1st day of July, 2024, before me personally appeared Nathan J Zangerle, 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 Plymouth Meeting, 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, 2029
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 Nathan J Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed

I, Renee C Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 25th day of July, 2025

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

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 FedEx Supply Chain, Inc. MDEG License # (if applicable) _____

Physical Address 2901 Black Bridge Rd, Suite 14

City York State PA Zip 17406

Mailing Address (if different from physical address) 145 Lt. George W. Lee Ave.

City Memphis State TN Zip 38103

Telephone 800-677-3110 Website www.fedex.com

Licensing Company Email FSC-pharmalicensing@fedex.com

Section 2: Personal Information

First James Middle Michael Last Whitton

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

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

Mailing Addres[redacted]

City Lancaster State PA Zip [redacted]

Telephor[redacted] Email james.whitton@fedex.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)	
Immaculata University		08/10 - 05/13	
Address	City	State	Zip
1145 West King Road, Immaculata Drive	Immaculata	PA	19345
Diploma/Degree obtained, if any			
Master of Arts in Leadership Studies			

School Name		From - To (MM/YY – MM/YY)	
Immaculata University		08/05 - 05/08	
Address	City	State	Zip
1145 West King Road, Immaculata Drive	Immaculata	PA	19345
Diploma/Degree obtained, if any			
Bachelor of Arts in Organization Dynamics			

School Name		From - To (MM/YY – MM/YY)	
The PJA School		01/04 - 07/05	
Address	City	State	Zip
7900 West Chester Pike	Upper Darby	PA	19082
Diploma/Degree obtained, if any			
Associate in Paralegal Studies			

School Name		From - To (MM/YY – MM/YY)	
Delaware County Community College		08/91 - 5/94	
Address	City	State	Zip
901 S. Media Line Road	Media	PA	19063
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
The Christian Academy		08/88 - 05/91	
Address	City	State	Zip
4301 Chandler Drive	Brookhaven	PA	19015
Diploma/Degree obtained, if any			
High School Diploma			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/06 - Present	[redacted]	Lancaster	PA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
See attached resume.				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

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

I, James M. Whitton, **certify that as the MDEG Administrator for**

FedEx Supply Chain, Inc.,

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

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

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

James M. Whitton
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/22/2025
Date

Board Use Only	Date Received: 8/13/25

JIM WHITTON

[redacted]

Results-oriented professional seeks an opportunity utilizing proven leadership, operations management experience, and resource planning skills for the benefit of your facility. I am a passionate relationship builder with a focus for team success. I thrive in a group atmosphere, calling upon my years of experience as an Operations Manager, Planning Manager, and an Assistant General Manager to move projects forward and meet expected goals. I have been successful in leading and motivating a facility of ~300 teammates. Offering an extensive educational background in organization behavior and leadership studies that would benefit your organization.

KEY SKILLS:

- Budgeting/Forecasting
- Operations/Production
- Planning/Scheduling
- Facilitating
- People Focused
- Material/Inventory
- Coaching/Mentoring
- Team Building
- Excel/PowerPoint
- Leadership Development
- Organization Dynamics
- Project Management

EXPERIENCE:

Operations Manager (Jan 2024 – Present)
FedEx Supply Chain (York Logistics Center) York, PA

- Supporting GM in overseeing and managing ~125 teammates in an operations/warehouse facility
- ~185,000 square foot facility, Multi-Tenant, Temperature Controlled, 14 Unloading/Loading Dock Doors
- Overseeing Direct Fulfillment and Bulk/Retail Orders – Conveyance and Non-Conveyance operations
- Directly manage the Operation Supervisors and Safety Coordinator
- Implement and manage facility goals and objectives
- Facilitate weekly teammate huddle sessions and bi-weekly leadership meetings
- Participate in monthly customer KPI/SLA meetings
- Facilitate feedback sessions with teammates, gathering data for continuous improvement
- Customer focused, delivering outstanding service, on time delivery and 100% Conformance to Plan
- Participating in numerous Quality Driven Management projects and various LEAN events

Assistant General Manager (Oct 2022 – Sep 2023)
FedEx Supply Chain (Healthcare Facility) York, PA

- Supported GM in overseeing and managing ~300 teammates in an operations/warehouse facility
- Operation of 22 production lines
- Procurement of material – 8MM in component inventory
- Oversaw ~85,000 square feet of warehouse space with ~12,000 pallet space capacity
- Managed the Operations Supervisors and Facility Job Coach
- Implemented and managed facility goals and objectives
- Prepared and managed P&L – revenue, costs, and expenses
- Prepared and managed budget, forecast, and actuals
- Customer focused, delivering outstanding service, on time delivery and 100% Conformance to Plan
- Participated in numerous Quality Driven Management projects and various LEAN events

Planning Manager (Aug 2019 – Oct 2022)
FedEx Supply Chain (Healthcare Facility) York, PA

- Directly managed planning, scheduling, and inventory teams
- Prepared and managed capacity vs demand plans
- Implemented and managed departmental goals and objectives
- Facilitated meetings for our customer and their leadership audience
- Interviewed, hired, and trained for all departmental positions
- Prepared and delivered quarterly and annual performance reviews
- Participated in various continuous improvement and self-developmental events

Senior Resource Planning Management Specialist (Jun 2015 – June 2019)
ExecuPharm on assignment to Merck (Pharmaceutical) Upper Gwynedd, PA

- Customer facing role, building strong relationships with the leadership teams across the business
- Resource forecasting and support for 6 functional areas, over 1,000 associates
- Creating and developing numerous algorithms for 10+ skillsets
- Preparing and delivering various demand reports and slide presentations for quarterly forecasts
- Global Time Tracking Super User – assisting users and delivering actuals data to the functional areas
- Representing Portfolio Resource Forecasting and validating resources for Project Cost Estimates

Senior Production Planner Workforce Management (Mar 2009 – Jun 2015)
hibu (Marketing/Advertising) King of Prussia, PA

- Trained, coached, and supported planning team
- Responsibility for 10 product areas, over 400 associates across multiple geographical locations
- Facilitated production and planning meetings to a global audience
- Retrieved, analyzed, and delivered data to various areas of the business
- Meetings with sales and marketing to implement forecasted volumes and resources
- Participated in multiple projects, ensuring continuous improvement and development

Associate Manager (Sep 2004 – Mar 2009)
Yell Adworks (Marketing/Advertising) King of Prussia, PA

- Managed 3 departments, 25+ associates across multiple shifts
- Implemented and managed departmental goals and objectives
- Facilitated meetings to a global audience
- Interviewed, hired, and trained for all departmental positions
- Prepared and delivered quarterly and annual performance reviews
- Participated in various continuous improvement and development events

EDUCATION:

- IMMACULATA UNIVERSITY, Malvern, PA
  Master of Arts in Leadership Studies, May 2013
- IMMACULATA UNIVERSITY, Malvern, PA
  Bachelor of Arts in Organization Dynamics, May 2008
- THE PJA SCHOOL, Upper Darby, PA
  Associate in Paralegal Studies, July 2005

CERTIFICATION:

- **Six Sigma Green Belt (Continuous Improvement)**
  July 2013 to Present

AWARDS:

- **Bravo Zulu Award (FedEx 2023)**
  Outstanding Leadership – Quality Audit Leadership and Support
- **Bravo Zulu Award (FedEx 2022)**
  Outstanding Leadership – Teammate Contribution and Support
- **Bravo Zulu Award (FedEx 2021)**
  Outstanding Contribution – Unwavering Commitment and Support
- **Innovation Award (Merck 2016)**
  Reporting System Innovation – Initiative, Efficiency, and Creativity
- **Unsung Hero Award (hibu 2012)**
  Outstanding Contribution – Training, Team Building, and Leadership
- **Annual Award (Yell Adworks 2009)**
  Global Contribution/Facility Startup in Manila, Philippines

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 FedEx Supply Chain, Inc.

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 2901 Black Bridge Rd, Suite 14

City York State PA Zip 17406

Mailing Address (if different from physical address) 145 Lt. George W. Lee Ave.

City Memphis State TN Zip 38103

Telephone 800-677-3110 Website www.fedex.com

Licensing Company Email FSC-pharmalicensing@fedex.com

Section 2: Personal Information

First James Middle Michael Last Whitton

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

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

Mailing Address [redacted]

City Lancaster State PA Zip [redacted]

Telephone [redacted] Email james.whitton@fedex.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)	
Immaculata University		08/10 - 05/13	
Address	City	State	Zip
1145 West King Road, Immaculata Drive	Immaculata	PA	19345
Diploma/Degree obtained, if any			
Master of Arts in Leadership Studies			

School Name		From - To (MM/YY – MM/YY)	
Immaculata University		08/05 - 05/08	
Address	City	State	Zip
1145 West King Road, Immaculata Drive	Immaculata	PA	19345
Diploma/Degree obtained, if any			
Bachelor of Arts in Organization Dynamics			

School Name		From - To (MM/YY – MM/YY)	
The PJA School		01/04 - 07/05	
Address	City	State	Zip
7900 West Chester Pike	Upper Darby	PA	19082
Diploma/Degree obtained, if any			
Associate in Paralegal Studies			

School Name		From - To (MM/YY – MM/YY)	
Delaware County Community College		08/91 - 5/94	
Address	City	State	Zip
901 S. Media Line Road	Media	PA	19063
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
The Christian Academy		08/88 - 05/91	
Address	City	State	Zip
4301 Chandler Drive	Brookhaven	PA	19015
Diploma/Degree obtained, if any			
High School Diploma			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/06 - Present	[redacted]	Lancaster	PA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
See attached resume.			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/22/2025
Date

I, James M. Whitton, **certify that as the designated representative for**

FedEx Supply Chain, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JW I am at least 21 years of age;
3. JW 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. JW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JW 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. JW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James M. Whitton
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/22/2025
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 M. Whitton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/22/2025

Date

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

State of PA, ss. County of Lancaster

I, JAMES WHITTON, 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

7/22/2025

Date

Subscribed and Sworn to before me this 22 day of July 2025

Melissa Laporte

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Melissa Laporte, Notary Public
Lancaster County
My commission expires October 9, 2027
Commission number 1293826
(Seal)
Member, Pennsylvania Association of Notaries

FedEx Supply Chain, Inc.
2901 Black Bridge Rd., Suite 14
York, PA 17406

List of Employees

Wendi Miller, General Manager

James Whitton, Operations Manager, DR

*Note: this facility is not open and has not been staffed yet.

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Geodis Logistics LLC

Physical Address: 9472 Distribution Dr

City: Clayton State: IN Zip: 46118

Mailing Address (if different from physical address): 7101 Executive Center Dr

City: Brentwood State: TN Zip: 37027

Telephone: 317-754-3533 Website: www.geodis.com

Name of Designated Representative (DR): Thomas Greening

Licensing Company Email: licensing.cl.us@geodis.com DR Email: thomas.greening@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:		☐ 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:

Thomas Greeney

Original Signature (electronic, copies or stamps not accepted)

7-31-2025

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: Impact Innovations LLC
Address: 138 NW 16th St, City: Boca Raton State: FL Zip: 33432
Name: Infirst Healthcare Inc
Address: 8 Church Ln City: Westport State: CT Zip: 06880
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
City: Brentwood State: TN Zip: 37027
Telephone: 317-754-3533 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 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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

Thomas Greening

Print Name of Authorized Person Submitting Application

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

7-31-2025

Date

Board Use Only	Date Received: 9/15/25	Amount: $1000.00

GEODIS
We logistic your growth

GEODIS LOGISTICS LLC
7101 Executive Center Drive
Brentwood, TN 37027
(615)401-6400
Organized in Tennessee on 02/08/1996

Sole Member, Parent Company, and 100% Owner is Ozburn-Hessey Holding Company, LLC

Officers:

- Laura Ritchey - President and CEO
  laura.ritchey@geodis.com
  7101 Executive Center Drive, Brentwood, TN 37027

- Jeremy Wright - EVP & Chief Financial Officer
  jeremy.wright@geodis.com
  7101 Executive Center Drive, Brentwood, TN 37027

- Mark Vane - Chief Legal Officer and Secretary
  mark.vane@geodis.com
  7101 Executive Center Drive, Brentwood, TN 37027

Details

GEODIS LOGISTICS LLC

Entity Type: Limited Liability Company (LLC)
Formed in: TENNESSEE
Term of Duration: Perpetual
Managed By: Board Managed
Series LLC: No
Number of Members: 6 or less
Status: Active
Control Number: 000307202
Initial Filing Date: 2/8/1996 3:48:00 PM
Fiscal Ending Month: December
AR Due Date: 04/01/2026
Obligated Member Entity: No

Registered Agent
CORPORATION SERVICE COMPANY
2908 POSTON AVE
NASHVILLE, TN 37203-1312
Principal Office Address
7101 EXECUTIVE CENTER DR SUITE 333
BRENTWOOD, TN 37027-3283
Mailing Address
7101 EXECUTIVE CENTER DR SUITE 333
BRENTWOOD, TN 37027-3283

Details

GEODIS LOGISTICS LLC

Entity Type: Limited Liability Company (LLC)
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BRENTWOOD, TN 37027-3283

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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

Filing Information

Name: **Geodis Logistics LLC**

General Information

SOS Control #	**000307202**	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	02/08/1996
	02/08/1996 3:48 PM	Fiscal Year Close	12
Status:	Active	Member Count:	2
Duration Term:	Perpetual		
Managed By:	Board Managed		

Registered Agent Address
CORPORATION SERVICE COMPANY
2908 POSTON AVE
NASHVILLE, TN 37203-1312

Principal Address
SUITE 333
7101 EXECUTIVE CENTER DR
BRENTWOOD, TN 37027-3283

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
03/17/2024	2023 Annual Report	B1528-4887
	Principal Address 2 Changed From: No value To: SUITE 333	
	Member Count Changed From: 1 To: 2	
09/19/2023	Assumed Name Renewal	B1452-3583
	Assumed Name Changed From: MATERIAL HANDLING RESOURCES To: MATERIAL HANDLING RESOURCES	
	Expiration Date Changed From: 11/06/2023 To: 09/19/2028	
03/17/2023	2022 Annual Report	B1357-4064
03/22/2022	2021 Annual Report	B1185-1451
03/20/2021	2020 Annual Report	B1003-2034
03/25/2020	2019 Annual Report	B0845-4154
02/14/2019	2018 Annual Report	B0654-0680
11/06/2018	Assumed Name Renewal	B0615-1321
	Assumed Name Changed From: MATERIAL HANDLING RESOURCES To: MATERIAL HANDLING RESOURCES	
	Expiration Date Changed From: 12/26/2018 To: 11/06/2023	
02/21/2018	2017 Annual Report	B0502-0892
02/27/2017	2016 Annual Report	B0353-4353
07/28/2016	Articles of Amendment	B0265-4459

Filing Information

Name: **Geodis Logistics LLC**

Filing Name Changed From: OZBURN-HESSEY LOGISTICS, LLC To: Geodis Logistics LLC
02/04/2016 2015 Annual Report B0195-3773
02/25/2015 2014 Annual Report B0057-7692
09/03/2014 Assumed Name Renewal 7377-1694
Assumed Name Changed From: OHL To: OHL
Expiration Date Changed From: 10/28/2014 To: 09/03/2019
03/04/2014 2013 Annual Report A0218-1637
Principal Address 3 Changed From: No value To: GINA RUDOLPH
12/26/2013 Assumed Name Renewal 7267-0393
Assumed Name Changed From: MATERIAL HANDLING RESOURCES To: MATERIAL HANDLING RESOURCES
Expiration Date Changed From: 02/11/2014 To: 12/26/2018
03/25/2013 2012 Annual Report A0165-3053
02/22/2012 2011 Annual Report 7002-0167
Principal Address 1 Changed From: 7101 EXECUTIVE CENTER DR STE 333 To: 7101 EXECUTIVE CENTER DR
Principal Address 2 Changed From: No value To: STE 333
Principal Postal Code Changed From: 37027 To: 37027-3283
Principal County Changed From: No value To: WILLIAMSON COUNTY
01/21/2011 2010 Annual Report 6818-3098
Member Count Changed From: 2 To: 1
05/24/2010 Merger - Survivor (Delayed Date 06/01/2010) 6723-1344
Qualified Survivor Control # Changed To: 000307202
Qualified Survivor Changed To: OZBURN-HESSEY LOGISTICS, LLC (Davidson County)
Qualified Non-survivor Control # Changed To: 000567947
Qualified Non-survivor Changed To: VOLUNTEER STATE SERVICES COMPANY, LLC (Williamson County)
03/24/2010 2009 Annual Report 6683-2399
Member Count Changed From: 1 To: 2
11/16/2009 Duplicate Name Consent 6625-0199
Consent Method Changed From: No Value To: Both entities will share name and registered agent
Consent Given to Control # Changed From: No Value To: 000547234
Consent Given to Name Changed From: No Value To: OZBURN-HESSEY DISTRIBUTING, INC.
Name Given Changed From: No Value To: OHL
10/28/2009 Assumed Name 6616-1763
New Assumed Name Changed From: No Value To: OHL
03/31/2009 2008 Annual Report 6503-0342
02/11/2009 Assumed Name 6443-1456
12/12/2008 Merger 6407-2451
Merged Control # Changed From: 000307202

Filing Information

Name: **Geodis Logistics LLC**

Merged Control # Changed From: 000309342	
11/21/2008 Common Amendment	6402-1056
08/25/2008 Registered Agent Change (by Entity)	6368-0633
Registered Agent Physical Address Changed	
Registered Agent Changed	
03/26/2008 2007 Annual Report	6262-1637
Registered Agent Changed	
01/30/2007 2006 Annual Report	5932-1945
06/19/2006 Common Amendment	5811-0542
06/19/2006 Common Amendment	5811-0550
06/19/2006 Common Amendment	5811-0554
02/28/2006 2005 Annual Report	5702-0603
Principal Address Changed	
Registered Agent Physical Address Changed	
06/22/2005 2004 Annual Report	5489-1641
06/14/2005 Notice of Determination	ROLL 5484
02/04/2004 2003 Annual Report	5025-2985
05/08/2003 Common Amendment	4798-3070
03/18/2003 2002 Annual Report	4756-1683
12/20/2002 Common Amendment	4683-0033
11/19/2002 Merger	4657-0042
Merged Control # Changed From: 000390602	
Merged Control # Changed From: 000307202	
03/19/2002 2001 Annual Report	4450-1889
Member Count Changed	
03/26/2001 2000 Annual Report	4157-2774
03/14/2000 1999 Annual Report	3852-2199
01/22/1999 CMS Annual Report Update	3617-0845
03/18/1998 CMS Annual Report Update	3473-2648
Registered Agent Changed	
03/25/1997 CMS Annual Report Update	3313-1200
Fiscal Year Close Changed	
03/01/1996 Common Amendment	3127-1162
02/08/1996 Initial Filing	3115-1681

Active Assumed Names (if any)	Date	Expires

Filing Information

Name: **Geodis Logistics LLC**

MATERIAL HANDLING RESOURCES	02/11/2009	09/19/2028

GEODIS

Detailed Description

The facility located at 9472 Distribution Drive, Clayton, IN 46118 currently operates as a third-party logistics provider distributing Non-prescription Drugs, Non-prescription Devices, and Prescription Devices.

The Indiana Professional Licensing Agency does not require third party logistics businesses distributing the products listed to license with the state. Please see Indiana Professional Licensing Agency Statute below:

IC 25-26-14-29Third party logistics provider license requirements

Sec. 29. (a) A third party logistics provider located in another state seeking to engage in third party logistics of legend drugs in Indiana must be licensed with the board.

IC 25-26-14-7"Legend drug"

Sec. 7. As used in this chapter, "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. The term does not include a device or a device component, part, or accessory.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/6/2025

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
Arthur J. Gallagher Risk Management Services, LLC
12444 Powerscourt Drive
Suite 500
St. Louis MO 63131

CONTACT NAME: Sandy Gross
PHONE (A/C, No, Ext): 314-800-2269 **FAX (A/C, No):**
E-MAIL ADDRESS: sandy_gross@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : XL Insurance America, Inc.	24554
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED GEODLOG-01
GEODIS LOGISTICS LLC
7101 Executive Center Drive, Suite 333
Brentwood, TN 37027

COVERAGES **CERTIFICATE NUMBER:** 789483469 **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	Y	US00108264LI25A	1/1/2025	1/1/2026	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?	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) 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
9472 Distribution Drive
Clayton IN 46118

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 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 $700,000 from $500,000 (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 1st day of July , 2025 .

Geodis Logistics, LLC
Principal

Executed by:

By The Cincinnati Insurance Company
Surety

CINCINNATI OHIO

Andrea Ferguson
Andrea Ferguson Attorney-in-fact

F-650 (7/18)

B-6749120

MULTI LOCATION SCHEDULE

Current Schedule as of 11/21/2023

LOCATION	ACCOUNT NAME & ADDRESS	BOND AMOUNT
1.	349 Gateway Commerce Center Dr. East Edwardsville, IL 62025	$100,000.00
2.	1004 Trade Center Pkwy, Suite 100 Rincon, GA 31326	$100,000.00
3.	7101 Executive Center Dr Brentwood, TN 37027	$100,000.00
4.	1793 State Route 42 Suite 100 McDonough, GA 30252	$100,000.00
5.	951-959 Willowbrook Rd. Northampton, PA 18067	$100,000.00
6.	1801 Innovation Blvd, Clayton, IN 46118	$100,000.00
7.	9472 Distribution Dr Clayton, IN 46118	$100,000.00

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 Ferguson

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:

Seven Hundred Thousand Dollars $ 700,000.00

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. Jantra

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 13th day of June 2025

BN-1457 (3/21)

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Geodis Logistics LLC

Pharmacy/Wholesaler License # (if applicable) n/a

Physical Address 9472 Distribution Drive

City Clayton State IN Zip 46118

Mailing Address (if different from physical address) 7101 Executive Center Dr

City Brentwood State TN Zip 37027

Telephone 317-754-3533 Website www.geodis.com

Licensing Company Email licensing.cl.us@geodis.com

Section 2: Personal Information

First Thomas Middle Earl Last Greening

Alias(es, nicknames, name changes, etc.) n/a

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

Mailing Address [redacted]

City Avon State IN Zip [redacted]

Telephone 317-754-3533 Email thomas.greening@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)	
Hall High School		(08/95 - 05/99)	
Address	**City**	**State**	**Zip**
800 W Erie St	Spring Valley	IL	61362
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Indiana Weslyan University		(11/17 - 12/20)	
Address	**City**	**State**	**Zip**
4201 S Washington St	Marion	IN	46953
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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/11- Present	[redacted]	Avon	IN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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			09/11- Present
Business Address	**City**	**State**	**Zip**
9472 Distribution Drive	Clayton	IN	46118
Phone	**Title**		**Number of Employed Hours**
317-754-3533	Director of Operations		28,500
Description of Duties			
Overall responsibility of managing, 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:

Original Signature (electronic, copies or stamps not accepted)

8-11-25
Date

I, Thomas Greening, **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. T.G. I am at least 21 years of age;
3. T.G. 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. T.G. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. T.G. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. T.G. 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. T.G. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thomas Greening

Print Name (First, Last)

Thomas Greening

Original Signature (electronic copies or stamps not accepted)

8-11-25

Date

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

Thomas Greening

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-11-25

Date

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

State of Indiana, ss. County of Hendricks

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

Original Signature

8-11-25

Date

Subscribed and Sworn to before me this 11 day of August.

Notary Public Signature

CYNTHIA A POWELL
Notary Public, State of Indiana
Morgan County
Commission Number NP0763970
My Commission Expires
June 09, 2033

NOTARY PUBLIC SEAL INDIANA

(Seal)

THOMAS **GREENING**

[redacted]

Motivated by challenges and developing high performing teams in pursuit of operational excellence, economic stability, and alignment in goals

EXECUTIVE SUMMARY

- Exemplary experience in customer service, distribution management in 3rd party logistics and high volume fulfillment
- P&L management, utilizing budgeting and forecasting for $30 million yearly revenue
- Strong process management skills in quality, lean, training, and employee retention
- Strong customer focus – 2016 reduced overall operating costs by 20%, reduction in workforce by 200 employees, while still providing customer expectations
- Extensive experience with diverse workforce, working with diversity to achieve goals
- Proven ability to adapt to changing environments, make calculated decisions on demand, and balance competing priorities
- Ability to execute strategic improvements and processes
- Outstanding interpersonal, motivational, analytical, strategic, and organizational skills

EXPERIENCE

9/2011 – CURRENT

DIRECTOR OF OPERATIONS, GEODIS

- Proficient in multiple WMS systems – Synapse/Manhattan/Red Prairie/Kronos/Unitime
- Strong customer communication – ability to understand customer needs and concerns
- Leader of business meetings – customer, peer, management meetings – developing agenda for businesses and leadership reviews
- One on one leadership development – developed hourly teammates to salary, and developed supervisors to managers
- Leader of fulfillment operations for multiple business lines – ecommerce, automotive, food (Emerson Healthcare, Novartis, H&M, Hitachi, Stitchfix, Treehouse foods, eBags)
- Managed eCommerce account 600+ employees and $30M annual revenue in 2015-2018
- Managed multiple business lines 100+ employees and $13M annual revenue 2018-2019
- Partner in successful startup accounts – H&M and Stitchfix
- Manage recordkeeping, storage, and shipment of product.

4/2004 – 9/2011

DETECTIVE/POLICE OFFICER, DEKALB COUNTY GA (METRO ATLANTA)

- Investigate crimes – Homicide/Robbery unit
- Interview and Interrogation skills

- Ability to stay calm under pressure
- De-escalation techniques during times of chaos

10/1999 – 4/2004
U.S. AIR FORCE

- Investigate crimes – Homicide/Robbery units
- Interview and Interrogation skills
- Ability to stay calm under pressure
- De-escalation techniques during times of chaos

EDUCATION/TRAINING

NOVEMBER 2017
BACHELOR OF SCIENCE, BUSINESS MANAGEMENT, INDIANA WESLEYAN UNIVERSITY

APRIL 2019 – DECEMBER 2020
MASTERS OF BUSINESS ADMINISTRATION, INDIANA WESLEYAN UNIVERSITY

TRAINING CLASSES ATTENDED

- NCO leadership academy
- Interview and interigation techniques
- Leadership essentials
- Dale Carnegie Leadership
- Strength finders
- 5 behaviors of a team
- Lean six sigma white belt

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: 9472 Distribution Drive

City: Clayton — State: IN — Zip: 46118

Mailing Address (if different from physical address): 7101 Executive Center Dr

City: Brentwood — State: TN — Zip: 37027

Telephone: 317-754-3533 — Website: www.geodis.com

Licensing Company Email: licensing.cl.us@geodis.com

Section 2: Personal Information

First: Thomas — Middle: Earl — Last: Greening

Alias(es, nicknames, name changes, etc.): n/a

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

Mailing Address: [redacted]

City: Avon — State: IN — Zip: [redacted]

Telephone: 317-754-3533 — Email: thomas.greening@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)	
Hall High School		(08/95 - 05/99)	
Address	**City**	**State**	**Zip**
800 W Erie St	Spring Valley	IL	61362
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Indiana Weslyan University		(11/17 - 12/20)	
Address	**City**	**State**	**Zip**
4201 S Washington St	Marion	IN	46953
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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/11 - Present	[redacted]	Avon	IN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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			09/11 - Present	
Business Address		**City**	**State**	**Zip**
9472 Distribution Dr		Clayton	IN	46118
Phone	**Title**		**Number of Employed Hours**	
317-754-3533	Director of Operations		28,500	
Description of Duties				
Overall duty of managing, 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: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

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

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

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

Provide explanation below:

Thomas Greene

Original Signature (electronic, copies or stamps not accepted)

7-31-25

Date

I, Thomas Greening, **certify that as the MDEG Administrator for**

Geodis Logistics LLC,

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

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

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

Thomas Greening
Print Name (First, Last)

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

7-31-25
Date

Board Use Only	Date Received: 9/15/25

Employee: Thomas Greening – Director of Operations

Brandon Hill – Regulatory Affairs Specialist

Agent: Corporation Service Company, 112 North Curry Street, Carson City, NV 89703

4T

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* 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: Guardian DME

Physical Address: 1750 S Rainbow Blvd Suite 20

City: Las Vegas State: Nevada Zip: 89146

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-258-0593 Website: guardian-dme.square.site

Name of Designated Representative (DR): Gevorg Khachoyan

Licensing Company Email: guardiandme@gmail.com DR Email: gevorgkdme@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
■ 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)

7/13/25
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: McKesson
Address: 6555 State Hwy 161 City: Irving State: TX Zip: 75039

Name: Medline
Address: 1960 Miro Way City: Rialto State: CA Zip: 92376

Name: Sigma
Address: 701 W. Harvard St. City: Glendale State: CA Zip: 91204

Name: Complete Medical
Address: 21 Wes Warren Drive City: Middletown State: NY Zip: 10941

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: Nevada
Parent Company (if any):
Corporation/Organization Name: Guardian DME
Mailing Address: 1750 S Rainbow Blvd Suite 20
City: Las Vegas State: NV Zip: 89146
Telephone: 702-258-0593 Email: guardiandme@gmail.com
Contact Person Name: Gevorg Khachoyan

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: 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.

Guardian DME

Facility Name

Gevorg Khachoyan

Print Name of Authorized Person Submitting Application

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

7/13/25

Date

Board Use Only	Date Received: 7/17/25	Amount: $1000 ck

Guardian DME Officers and Employees

Officers of Guardian DME
Gevorg Khachoyan is the sole officer of Guardian DME

Employees of Guardian DME
Gevorg Khachoyan is the sole employee of Guardian DME

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 **GUARDIAN DME LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) 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 11/18/2024, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 07/31/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202507315956287
You may verify this certificate online at https://www.nvsilverflume.gov/home

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/04/2025

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
Axcess Insurance Services
4444 W. CRAIG RD STE 108
North Las Vegas, NV 89032
Phone: (702) 877-0035 Fax: (702) 821-1263

CONTACT NAME: JESSE POTTER
PHONE (A/C, No, Ext): (702)877-0035 **FAX (A/C, No):** (702)821-1263
E-MAIL ADDRESS: jesse@getaxcess.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : MESA UNDERWRITERS SPECIALTY INSURA	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
GUARDIAN DME LLC

1750 S RAINBOW BLD
LAS VEGAS NV 89146-

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	X		MP002700210024601	11/01/2025	11/01/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	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? N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER
TO BE LISTED AS A CERTIFICATE HOLDER PLEASE EMAIL
JESSE@GETAXCESS.COM
OR CALL (702) 877-0035 OR FAX (702) 821-1263

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. 5858081

Application/License No. _____

GUARDIAN DME LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1750 S RAINBOW BLVD , SUITE 20, LAS VEGAS, NV, 89146 (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 14, 2025 (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 16th day of July, 20 25.

APPLICANT/PRINCIPAL
GUARDIAN DME LLC
COMPANY

SURETY
Great American Insurance Company

Authorized Representative

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

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 on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 13TH day of DECEMBER , 2018 .

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

JOHN K. WEBSTER (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 13TH day of DECEMBER , 2018 , before me personally appeared JOHN K. WEBSTER, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2030

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 16th day of July , 2025 .

Assistant Secretary

S1029AI (10/24)
To verify the bond please visit https://www.suretybond.org/validate/?code=XVRY0SXw7FVw7+BFJfWQR/RQ&transaction=XFkG0VQV16cwheQwRcVVdJCQ

GREAT AMERICAN INSURANCE GROUP

Great American Insurance Group Tower
301 E. Fourth St.
Cincinnati, OH 45202

GAIG.com

Financial Division

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2024

ADMITTED ASSETS		LIABILITIES, CAPITAL AND SURPLUS		
Bonds	$ 5,845,018,164	Unpaid losses and loss expenses		$ 6,256,158,380
Stocks	1,274,791,631	Reserve for underwriting expenses		436,483,155
Mortgage loans on real estate	786,549,193	Reserve for unearned premiums		2,103,265,814
Real estate (net of encumbrances)	1,804,762	Federal income taxes		12,223,324
Cash and short-term investments	561,729,903	Ceded reinsurance premiums payable		233,911,190
Other invested assets	2,564,685,626	Funds held under reinsurance treaties		865,928,291
Receivable for securities	239,165	Provision for reinsurance		46,334,958
Investment income due and accrued	76,052,024	Retroactive reinsurance ceded		(55,645,110)
Agents' and premium balances	932,184,155	Other liabilities		240,895,349
Reinsurance recoverable on loss payments	164,362,713	Total liabilities		10,139,555,351
Federal income taxes	-			
Net deferred tax asset	38,762,419			
Receivable from affiliates	30,071,335			
Receivable from Federal Crop Insurance Corporation	838,503,799			
Company owned life insurance	203,209,682	Capital stock	$ 15,440,600	
Funds held as collateral	42,558,181	Paid in surplus	911,548,324	
Funded deductibles	40,346,543	Special surplus funds	53,160,920	
Other admitted assets	40,901,134	Unassigned funds	2,322,065,234	
		Policyholders' surplus		3,302,215,078
Total	$ 13,441,770,429	Total		$ 13,441,770,429

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

STATE OF OHIO

COUNTY OF HAMILTON

Judith E. Gill, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2024.

Subscribed and sworn to before me

this 28th day of March, 2025.

Judith Gill
Controller

Assistant Secretary

Valerie Smith
Public Notary

VALERIE SMITH
Notary Public
State of Ohio
My Comm. Expires
October 17, 2026

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 Guardian DME LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) MP03188

Physical Address 1750 S Rainbow Blvd Ste 20

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-258-0593 Website _____

Licensing Company Email guardiandme@gmail.com

Section 2: Personal Information

First Gevorg Middle _____ Last Khachoyan

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

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

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephon[redacted] Email guardiandme@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)	
University Of Nevada Las Vegas		2021-Current	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
Undergraduate			

School Name		From - To (MM/YY – MM/YY)	
West Career and Technical Academy		2017-2021	
Address	**City**	**State**	**Zip**
11945 W Charleston Blvd	Las Vegas	NV	89135
Diploma/Degree obtained, if any			
Highschool Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/14- ~~12/24~~ -Curren	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Guardian DME LLC			11/24-~~12/24~~ Current	
Business Address	**City**		**State**	**Zip**
1750 S Rainbow Blvd Ste 20	Las Vegas		NV	89146
Phone	**Title**			
702-258-0593	Administrator			
Description of Duties				
Managing and operating the office, patient care and assisting the patient with a correct medical product, patient follow up, and sales.				

Business Name			From - To (MM/YY – MM/YY)	
Modern Closets Design LLC			6/23-10/24	
Business Address	**City**		**State**	**Zip**
2901 S Highland Dr. Ste 12A	Las Vegas		NV	89109
Phone	**Title**			
702-568-6882	Sales			
Description of Duties				
Cold calls, visiting client homes, and filing accounts payables.				

Business Name			From - To (MM/YY – MM/YY)	
Wellness Essentials Inc			8/22-4/23	
Business Address	**City**		**State**	**Zip**
2672 N Buffalo Dr #100	Las Vegas		NV	89128
Phone	**Title**			
702-462-2458	Front Desk			
Description of Duties				
Patient filing, sales, phone calls, and inventory				

Business Name			From - To (MM/YY – MM/YY)	
LV Pharmacy and Medical Supplies			5/21-7/22	
Business Address	**City**		**State**	**Zip**
4503 W Sahara Unit 170	Las Vegas		NV	89012
Phone	**Title**			
702-866-7777	Front Desk			
Description of Duties				
Patient Follow-up, Inventory, filing, and sales				

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

Date of Event/Arrest	Disposition Date	State	City	County
Case #		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.

Gevorg Khachoyan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/25

Date

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

State of NEVADA, ss. County of CLARK

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

Original Signature

07-14-2025

Date

Subscribed and Sworn to before me this 14 day of 07.

Notary Public Signature

AMPARO YANET RIVAS LEVANO DE ACOSTA
Notary Public, State of Nevada
No. 24-2313-01
My Appt. Exp. June 17, 2028

(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 Guardian DME

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1750 S Rainbow Blvd Suite 20

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-258-0593 Website _____

Licensing Company Email guardiandme@gmail.com

Section 2: Personal Information

First Gevorg Middle _____ Last Khachoyan

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

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

Mailing Addres[redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email gevorgkdme@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)	
University Of Nevada Las Vegas			2021-current	
Address	**City**		**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas		NV	89154
Diploma/Degree obtained, if any				
Undergraduate				

School Name			From - To (MM/YY – MM/YY)	
West Career and Technical Academy			2017-2021	
Address	**City**		**State**	**Zip**
11945 W Charleston Blvd	Las Vegas		NV	89135
Diploma/Degree obtained, if any				
Highschool Diploma				

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/14- current	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

1st Draft

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)	
Guardian DME			11/24-current	
Business Address	**City**		**State**	**Zip**
1750 S Rainbow Blvd Suite 20	Las Vegas		NV	89146
Phone	**Title**		**Number of Employed Hours**	
702-258-0593	Administrator		2,200	
Description of Duties				
Managing and operating the office, patient care and assisting the patient with a correct medical priduct, patient follow up, and sales				

Business Name			From - To (MM/YY – MM/YY)	
Modern Closets Design LLC			6/23-10/24	
Business Address	**City**		**State**	**Zip**
2901 S Highland Dr Ste 12A	Las Vegas		NV	89109
Phone	**Title**		**Number of Employed Hours**	
702-568-6882	Sales		2700	
Description of Duties				
Cold Calls, Visiting client homes, and filing accounts payables.				

Business Name			From - To (MM/YY – MM/YY)	
Wellness Essentials Inc			8/22-4/23	
Business Address	**City**		**State**	**Zip**
2672 N Buffalo Dr #100	Las Vegas		NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-462-2458	Front Desk		1600	
Description of Duties				
Patient Filing, Sales, Phone calls, and Inventory				

Business Name			From - To (MM/YY – MM/YY)	
LV Pharmacy and Medical Supplies			5/21-7/22	
Business Address	**City**		**State**	**Zip**
4503 W Sahara Unit 170	Las Vegas		NV	89102
Phone	**Title**		**Number of Employed Hours**	
702-866-7777	Front Desk		2,400	
Description of Duties				
Patient Follow-up, Inventory, filing, and sales				

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.

updated

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)	
Guardian DME			11/24-current	
Business Address		**City**	**State**	**Zip**
1750 S Rainbow Blvd Suite 20		Las Vegas	NV	89146
Phone	**Title**		**Number of Employed Hours**	
702-258-0593	Administrator		2,200	

Description of Duties

managing and operating the office, providing patient care and assistance with selecting and using the correct medical products, maintaining patient files, dispensing prescriptions to patients, verifying insurance coverage, conducting patient follow-ups, handling sales, managing accounts payable and receivable, processing billing, communicating with providers, ordering supplies and equipment as needed, and serving as the compliance officer to ensure adherence to all applicable regulations.

Business Name			From - To (MM/YY – MM/YY)	
Modern Closets Design LLC			6/23-10/24	
Business Address		**City**	**State**	**Zip**
2901 S Highland Dr Ste 12A		Las Vegas	NV	89109
Phone	**Title**		**Number of Employed Hours**	
702-568-6882	Sales		2700	

Description of Duties

sales and cold calls, managing accounts payable and accounts receivable, maintaining records, and visiting client homes for consultations

Business Name			From - To (MM/YY – MM/YY)	
Wellness Essentials Inc			8/22-4/23	
Business Address		**City**	**State**	**Zip**
2672 N Buffalo Dr #100		Las Vegas	NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-462-2458	Front Desk		1600	

Description of Duties

managing and updating patient files, assisting with product sales, conducting follow-up calls to patients, providing patient instructions for proper equipment use, monitoring inventory levels, and assisting with ordering supplies as needed.

Business Name			From - To (MM/YY – MM/YY)	
LV Pharmacy and Medical Supplies			5/21-7/22	
Business Address		**City**	**State**	**Zip**
4503 W Sahara Unit 170		Las Vegas	NV	89102
Phone	**Title**		**Number of Employed Hours**	
702-866-7777	Front Desk		2,400	

Description of Duties

order processing, coordinating prescriptions and documentation with providers, verifying insurance, and helping patients with proper equipment use. Assisted in dispensing prescriptions under supervision, maintaining compliance with relevant regulations, and supporting daily operations as 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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/13/25
Date

I, Gevorg Khachoyan, **certify that as the designated representative for**

Guardian DME,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GK I am at least 21 years of age;
3. GK 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. GK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GK 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. GK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

[redacted] Gevorg Khachoyan

Print Name (First, Last)

Original signature (electronic, copies or stamps not accepted)

7/13/25

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.

[redacted], Gevorg Khachoyan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/25

Date

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

State of NEVADA, ss. County of CLARK

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

Original Signature

07-14-2025

Date

Subscribed and Sworn to before me this 14 day of 07.

Notary Public Signature

AMPARO YANET RIVAS LEVANO DE ACOSTA
Notary Public, State of Nevada
No. 24-2313-01
My Appt. Exp. June 17, 2028

(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: Guardian DME LLC — MDEG License # (if applicable): MP03188

Physical Address: 1750 S Rainbow Blvd Suite 20

City: Las Vegas — State: NV — Zip: 89146

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: 702-258-0593 — Website:

Licensing Company Email: guardiandme@gmail.com

Section 2: Personal Information

First: Gevorg — Middle: — Last: Khachoyan

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

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

Mailing Address: [redacted]

City: Las Vegas — State: NV — Zip: [redacted]

Telephone: [redacted] — Email: guardiandme@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)	
University of Nevada Las Vegas		2021 - Current	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
Undergraduate			

School Name		From - To (MM/YY – MM/YY)	
West Career and Technical Academy		2017 - 2021	
Address	**City**	**State**	**Zip**
11945 W Charleston Blvd	Las Vegas	NV	89135
Diploma/Degree obtained, if any			
Highschool Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/14 - ~~12/24~~ Current	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

1st Draft

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)	
Guardian DME LLC			11/24-12/24	
Business Address		**City**	**State**	**Zip**
1750 S Rainbow Blvd Suite 20		Las Vegas	NV	89146
Phone	**Title**		**Number of Employed Hours**	
702-258-0593	Administrator			
Description of Duties				
Managing and operating the office, patient care and assisting the patient with a correct medical product, patient follow up, and sales				

Business Name			From - To (MM/YY – MM/YY)	
Modern Closets Design LLC			6/23-10/24	
Business Address		**City**	**State**	**Zip**
2901 S Highland Dr. Ste 12A		Las Vegas	NV	89109
Phone	**Title**		**Number of Employed Hours**	
702-462-2458	Sales			
Description of Duties				
Cold Cales, visiting client homes, and filing accounts payables				

Business Name			From - To (MM/YY – MM/YY)	
Wellness Essentials Inc.			8/22-4/23	
Business Address		**City**	**State**	**Zip**
2672 N Buffalo Dr #100		Las Vegas	NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-462-2458	Front Desk			
Description of Duties				
Patient Filing, sales, phone calls, and inventory				

Business Name			From - To (MM/YY – MM/YY)	
LV Pharmacy and Medical Supply			5/21-7/22	
Business Address		**City**	**State**	**Zip**
4503 W Sahara Unit 170		Las Vegas	NV	89102
Phone	**Title**		**Number of Employed Hours**	
702-866-7777	Front Desk		2,400	
Description of Duties				
Patient Follow-up, Inventory, filing, and sales				

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.

updated

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)	
Guardian DME LLC			11/24-12/24	
Business Address		**City**	**State**	**Zip**
1750 S Rainbow Blvd Suite 20		Las Vegas	NV	89146
Phone	**Title**		**Number of Employed Hours**	
702-258-0593	Administrator		2,200	

Description of Duties

managing and operating the office, providing patient care and assistance with selecting and using the correct medical products, maintaining patient files, dispensing prescriptions to patients, verifying insurance coverage, conducting patient follow-ups, handling sales, managing accounts payable and receivable, processing billing, communicating with providers, ordering supplies and equipment as needed, and serving as the compliance officer to ensure adherence to all applicable regulations.

Business Name			From - To (MM/YY – MM/YY)	
Modern Closets Design LLC			6/23-10/24	
Business Address		**City**	**State**	**Zip**
2901 S Highland Dr Ste 12A		Las Vegas	NV	89109
Phone	**Title**		**Number of Employed Hours**	
702-462-2458	Sales		2,700	

Description of Duties

sales and cold calls, managing accounts payable and accounts receivable, maintaining records, and visiting client homes for consultations

Business Name			From - To (MM/YY – MM/YY)	
Wellness Essentials Inc.			8/22-4/23	
Business Address		**City**	**State**	**Zip**
2672 N Buffalo Dr #100		Las Vegas	NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-462-2458	Front Desk		1,600	

Description of Duties

managing and updating patient files, assisting with product sales, conducting follow-up calls to patients, providing patient instructions for proper equipment use, monitoring inventory levels, and assisting with ordering supplies as needed.

Business Name			From - To (MM/YY – MM/YY)	
LV Pharmacy and Medical Supply			5/21-7/22	
Business Address		**City**	**State**	**Zip**
4503 W Sahara Unit 170		Las Vegas	NV	89102
Phone	**Title**		**Number of Employed Hours**	
702-866-7777	Front Desk		2,400	

Description of Duties

order processing, coordinating prescriptions and documentation with providers, verifying insurance, and helping patients with proper equipment use. Assisted in dispensing prescriptions under supervision, maintaining compliance with relevant regulations, and supporting daily operations as 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

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

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

Provide explanation below:

Original signature (electronic, copies or stamps not accepted)

7/13/25
Date

I, Gevorg Khachoyan, **certify that as the MDEG Administrator for**

Guardian DME LLC,

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

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

Gevorg Khachoyan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/25
Date

Board Use Only	Date Received: 7/17/25

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Kuehne + Nagel Inc.

Physical Address: 530 Logistics Drive

City: Shelbyville State: KY Zip: 40065

Mailing Address (if different from physical address): Attn: Healthcare Compliance-10 Exchange Place 20th floor

City: Jersey City State: NJ Zip: 07302

Telephone: 502-257-5558 Website: us.kuehne-nagel.com

Name of Designated Representative (DR): Sharon McCabe

Licensing Company Email: qshepharma.us@kuehne-nagel.com DR Email: sharon.mccabe@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: Non Rx Drugs, Cosmetics	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Third Party Logistics

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)

10/24/2025

→ 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: LifeCell Corporation
Address: 1Millennium Way City: Branchburg State: NJ Zip: 08876

Name: LifeCell Corporation
Address: 4 Millennium Way City: Branchburg State: NJ Zip: 08876

Name: Allergan Sales, LLC
Address: 3941 Brotherton Road City: Cincinnati State: OH Zip: 45201

Name: Allergan Sales, LLC
Address: 5000 Brotherton Road City: Cincinnati State: OH Zip: 45201

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 Holdings Inc.
Corporation/Organization Name: Kuehne + Nagel Inc.
Mailing Address: Attn: Healthcare Compliance-10 Exchange Place 20th floor
City: Jersey City State: NJ Zip: 07302
Telephone: 2014135500 Email: qshepharma.us@kuehne-nagel.com
Contact Person Name: Natalie Martino/Ria Philip

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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

Dan Osterberg

Print Name of Authorized Person Submitting Application

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

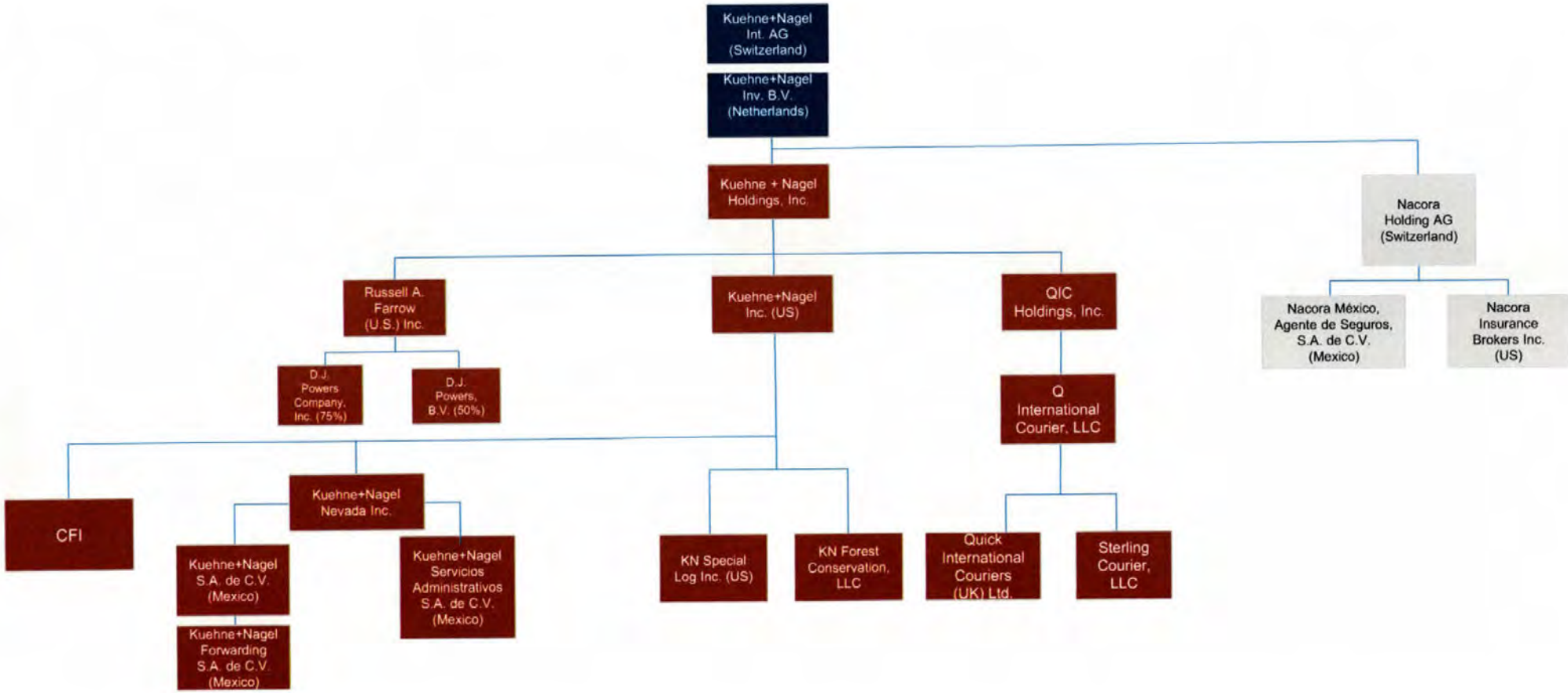
→ 10/23/2025 Date

Board Use Only	Date Received: 11/12/25	Amount: $1000 CK 662867

Kuehne+Nagel U.S. Legal Structure

December 2, 2024

KUEHNE+NAGEL



Officer Name	Title	Address
Marcus Bennett	CEO/President	10 Exchange Place 20th floor, Jersey City NJ 07302
Dan Osterberg	CFO	10 Exchange Place 20th floor, Jersey City NJ 07302
Rich Kaluzinski	Secretary/General Counsel	10 Exchange Place 20th floor, Jersey City NJ 07302

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	KUEHNE + NAGEL INC.
DOS ID Number:	200052
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/30/1966
Effective Date:	05/01/2023
Statement Status:	CURRENT
Statement Due Date:	06/30/2026

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 January 30, 2025 at 02:11 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007381710 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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

A 234—Certificate of Incorporation. Business Corporation Law §402. 9-62

COPYRIGHT 1962 BY JULIUS BLUMBERG, INC., LAW BLANK PUBLISHERS 80 EXCHANGE PLACE AT BROADWAY, NEW YORK

(2)

Certificate of Incorporation of

KUEHNE & NAGEL, INC.

566902

under Section 402 of the Business Corporation Law

IT IS HEREBY CERTIFIED THAT:

(1) The name of the proposed corporation is KUEHNE & NAGEL, INC.

(2) The purpose or purposes for which this corporation is formed, are as follows, to wit:

To charter, hire, own, lease and otherwise deal in and/or acquire an interest in ships, boats, railway cars, trucks, motor vehicles and airplanes of all types, including any other means of transportation by land, water or air, to the extent permitted by law, but the corporation will not operate an omnibus line.

To acquire space, as principal, agent, representative of others and otherwise, on ships, boats, railway cars, trucks, motor vehicles and airplanes, and on any and all other means of transportation by land, air or water.

To act as forwarding, shipping, freight and passenger agent; clearance and custom house brokers; to do any and all things, as agent for or intermediary between shippers or passengers and carriers, which may seem calculated to promote their interests or convenience and which this corporation may lawfully do, including the procuring, as agent or broker, of such insurance as may be necessary to protect the interests of their clients or customers.

The corporation, in furtherance of its corporate purposes above set forth, shall have all of the powers conferred by Section 202 of the Business Corporation Law, subject to any limitations provided in the Business Corporation Law or any other statute of the State of New York.

(3) The office of the corporation is to be located in the City (city) (town) (incorporated village)

of New York County of New York State of New York.

(4) The aggregate number of shares which the corporation shall have the authority to issue is

200 shares of common stock which shares of stock are without par value.

(5) The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is

HERMAN W. FEDER, ESQ.
233 Broadway
New York 7, N.Y.

The undersigned incorporator, or each of them if there are more than one, is of the age of twenty-one years or over.

IN WITNESS WHEREOF, this certificate has been executed this 22ND day of June 1966.

TREVIS GIBSON — Trevis Gibson
Type name of incorporator — Signature

453 W. 56th Street, New York, N.Y.
Address

Type name of incorporator — Signature

Address

Type name of incorporator — Signature

Address

3

STATE OF NEW YORK,
COUNTY OF NEW YORK } ss.:

On this 22nd day of June 1966, before me personally came

TRAVIS GIBSON

to me known to be the person described in and who executed the foregoing certificate of incorporation and he thereupon (severally) duly acknowledged to me that he executed the same.

HENRY J. BUTTEL
NOTARY PUBLIC

Certificate of Incorporation

of

KUEHNE & NAGEL, INC.

under Section 402 of the Business Corporation Law

Filed By:

Counsel: Herman W. Feder
233 Broadway
New York, New York 10007 Office and Post Office Address

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED JUN 30 1966
TAX $
FILING FEE $ 30

566902

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Third Party Logistics

EFFECTIVE DATE: 11/01/2025

NUMBER: TPL00515

EXPIRATION DATE: 06/30/2026

Facility Contact Person: Sharon McCabe

Issued to:

Kuehne + Nagel Inc.

530 Logistics Drive
Shelbyville, KY 40065

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address. and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

KUEHNAG-01 LVERSELLI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2025

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: Caitlin Melley
PHONE (A/C, No, Ext): (860) 426-6182 FAX (A/C, No): (860) 426-6182
E-MAIL ADDRESS: Caitlin.Melley@AssuredPartners.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Property Casualty Co. of America	25674
INSURER B : Travelers Indemnity Company	25658
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Kuehne + Nagel, Inc.
c/o Nacora Insurance Brokers, Inc.
P.O. Box 428
Jersey City, NJ 07303-0428

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	
	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:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	[X] ANY AUTO			7G489534	1/1/2025	1/1/2026	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)	$
	[X] Comp/Coll Ded $1000							$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			UB-0P058232	1/1/2025	1/1/2026	[X] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / 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
B	Workers Compensation			UB-8N726680	1/1/2025	1/1/2026	Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE:
1.Memphis (MEM):6005 Freeport Drive. Suite 103. Memphis, TN, 38141
2.Plainfield (PAF): 1025 Columbia Rd. Suite 110. Plainfield, IN, 46168
3.Southaven (SVQ): 4080 Executive Drive. Suite 100. Southaven, MS, 38672
4.Lewisville (LJV): 1800 Waters Ridge Drive. Suite 100. Lewisville, TX 75057
5.Dallas (DFW): 2600 Regent Blvd. Dallas, TX, 75261
6.Durham 2 (DUR2) : 3450 Hopson Road in Durham, North Carolina, 27713
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Wyoming Board of Pharmacy
1712 Carey Avenue
Suite 200
Cheyenne, WY 82002-0000

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: KUEHNAG-01 LVERSELLI

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
AssuredPartners New England, Inc.	Kuehne + Nagel, Inc. c/o Nacora Insurance Brokers, Inc. P.O. Box 428 Jersey City, NJ 07303-0428
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 / NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
7.Shelbyville (SVZ): 530 Logistics Drive, Shelbyville, KY 40065
8.Brownsburg (BWB): 10015 Archer Driver Brownsburg, IN 46112

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Lexon Insurance Company

September 30, 2025

NV Board of Pharmacy

Bond Name: KUEHNE + NAGEL INC.
Bond Number: 413722
Bond Amount: $100,000
Effective Date: 10/31/2008

Rider Executed and Effective September 30, 2025

The above referenced bond includes the following K+N facility location to ensure sufficient coverage.

Kuehne + Nagel Inc.
530 Logistics Drive, Shelbyville, KY 40065

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:

NEVADA STATE BOARD OF PHARMACY
885 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0413722

Application/License No. WH00941

Kuehne + Nagel Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is 6005 Freeport Ave #J-122, Memphis TN 38141, as
Address of Applicant/Principal
PRINCIPAL, and International Fidelity Insurance Co., a
Surety Company
corporation organized under the laws of the state of New Jersey
State of Incorporation
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is One Newark Center, Newark NJ 07102 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 _____.
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 _____ day of _____, 20____.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

International Fidelity Ins. Co.
Surety Company's Representative

Kevin A. Tattam, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

Benny Munoz
Witness

Martino Sessa
Witness

Countersigned by:

Nevada Resident Agent

NEVADA BONDING AGENCY, INC.
P.O. BOX 60987
LAS VEGAS, NV 89160
PHONE (702) 631-0878
FAX (702) 647-5991

POWER OF ATTORNEY

LX - 015431

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Kevin Tattam **********

****

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed $ 7,100,000.00 Seven million one hundred thousand dollars ********** dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 2nd day of July, 2003.

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

LEXON INSURANCE COMPANY

BY _____
David E. Campbell
President

ACKNOWLEDGEMENT

On this 2nd day of July, 2003, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 09/21/09

_____
Maureen K. Aye
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 31st Day of Oct., 20 08.

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

_____
Donald D. Buchanan
Secretary

TEL: (201) 653-6100
BOND FAX: (201) 653-7766
MARINE FAX: (201) 533-8611

EMAIL: bond@intlbondmarine.com
marine@intlbondmarine.com

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
Two Hudson Place • 4th Floor • Hoboken, NJ 07030-5515
www.intlbondmarine.com

October 28, 2008

Via Certified Mail / RRR
7005 1820 00006 2888 3457

Attn: Candy
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509 - 3766

Re: Kuehne + Nagel, Inc.
Pharmaceutical Wholesaler Surety Bond
Bond # 413722

Dear Candy:

Enclosed please find the Change in Surety Rider and power of attorney for the above captioned bond. Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company Bond as of the anniversary date of October 31st, 2008. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount remain unchanged.

If you have any questions or require additional information please feel free to contact our office.

Sincerely,

Shayna Betancourt
Assistant Surety Manage
International Bond & Ma

Enclosure

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Attn Candy
Nevada State board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

COMPLETE THIS SECTION ON DELIVERY

A. Signature X — ☐ Agent ☐ Addressee
B. Received by (Printed Name) L. Hedan — C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
NOV 03 2008

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0006 2888 3457

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Lexon Insurance Company
(a TX Corporation)
256 Jackson Meadows Drive
Hermitage, TN 37076

Bond Rider

Principal: KUEHNE + NAGEL, INC.
Bond Number: 413722
Effective Date of Rider: 10/31/08

Change in Surety

Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company as of the above referenced effective date of the rider. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount, remain unchanged.

Nothing herein contained otherwise shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond.

Lexon Insurance Company
Attorney-in-fact, Kevin A. Tattam 143-48-7151

By: _____

LEXON INSURANCE COMPANY
A TEXAS 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: Kuehne+ Nagel Inc. MDEG License # (if applicable): _____

Physical Address: 530 Logistics Drive

City: Shelbyville State: KY Zip: 40065

Mailing Address (if different from physical address): 10 Exchange Place 20th floor, Jersey City

City: Jersey City State: NJ Zip: 07302

Telephone: 502-257-5558 Website: us.kuehne-nagel.com

Licensing Company Email: qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First: Sharon Middle: Watson Last: McCabe

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

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

Mailing Address: 530 Logistics Drive

City: Shelbyville State: KY Zip: 40065

Telephone: 502-257-5558 Email: sharon.mccabe@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?		✓

From: Fancher, Daniella <daniella.fancher@iqvia.com>
Sent: Tuesday, December 16, 2025 12:17 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Cc: KN <KN@iqvia.com>
Subject: RE: Nevada Out-of-State Wholesaler Application- Kuehne + Nagel Inc.

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

The Facility Manager, Sharon McCabe, has recently moved from TX to KY. Her updated Residence address is [redacted]

If additional information is required, please let me know.

Thanks,

Daniella Fancher
Assistant Project Manager
U.S. Compliance

IQVIA

Learn more about IQVIA™

1100 Boulders Parkway
Suite 350
Richmond, Virginia 23225

daniella.fancher@iqvia.com

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

School Name		From - To (MM/YY – MM/YY)	
Barton College		1982-1986	
Address	**City**	**State**	**Zip**
400 Atlantic Christian College Dr NE	Wilson	NC	27893
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Southern Nash Senior High		1978-1982	
Address	**City**	**State**	**Zip**
6446 Southern Nash High Road	Bailey	NC	27807
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
02/2015 - Present	[redacted]	Lewisville	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 Inc.			07/2023 - 11/2025
Business Address	**City**	**State**	**Zip**
1800 Waters Ridge Drive, Suite 100	Lewisville	TX	75057
Phone	**Title**	**Number of Employed Hours**	
502-257-5558	Sr. Quality Assurance Manager	6000 +	
Description of Duties			
Sr. Quality Mnger.for Third party Logistics (3PL) 320 employees/35Quality Team members,single client Distribution Ctr responsible for quality oversight of Rx/OTC. Medical Device,Tissue,Biologicals,Skin Care and Dietary Supplements.			

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

Sharon McCabe
→ Original Signature (electronic, copies or stamps not accepted)

21-Nov-2025
→ Date

I, Sharon McCabe, **certify that as the MDEG Administrator for**

Kuehne+ Nagel Inc.,

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

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

Sharon McCabe
Print Name (First, Last)

Sharon McCabe
Original Signature (electronic, copies or stamps not accepted)

21-Nov-2025
Date

Board Use Only	Date Received: 12/2/25

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) _____

Physical Address 530 Logistics Drive

City Shelbyville State KY Zip 40065

Mailing Address (if different from physical address) Attn: Healthcare Compliance-10 Exchange Place 20th floor

City Jersey City State NJ Zip 07302

Telephone 214-972-4390 Website us.kuehne-nagel.com

Licensing Company Email qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First Sharon Middle Watson Last McCabe

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

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

Mailing Address 530 Logistics Drive

City Shelbyville State KY Zip 40065

Telephone 214-912-0806 Email sharon.mccabe@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?		✓

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

School Name		From - To (MM/YY – MM/YY)	
Barton College		1982-1986	
Address	**City**	**State**	**Zip**
400 Atlantic Christian College Dr NE	Wilson	NC	27893
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Southern Nash Senior High		1978-1982	
Address	**City**	**State**	**Zip**
6446 Southern Nash High Road	Bailey	NC	27807
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
02/15 - present	[redacted]	Lewisville	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Kuehne + Nagel Inc.			07/23 - Present	
Business Address		**City**	**State**	**Zip**
1800 Waters Ridge Drive, Suite 100		Lewisville	TX	75057
Phone	**Title**		**Number of Employed Hours**	
972-459-7655	Sr. Quality Manager		6000+	
Description of Duties				
Sr. Quality Manager for Third Party Logistics (3PL), 320 employee/35 Quality Team members, single-client Distribution Center responsible for Quality System oversite of Rx/OTC, Medical Device, Tissue, Biologicals, Skin Care, and Dietary Supplements.				

Business Name			From - To (MM/YY – MM/YY)	
Kuehne + Nagel Inc.			10/2017-07/2023	
Business Address		**City**	**State**	**Zip**
1800 Waters Ridge Drive, Suite 100		Lewisville	TX	75057
Phone	**Title**		**Number of Employed Hours**	
972-459-7655	Quality Assurance Manager			
Description of Duties				
Regional Audit Site preparedness Quality Management for sister KN HealthChain sites throughout US.				

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

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

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

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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, Sharon McCabe, **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. SM I am at least 21 years of age;
3. SM 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. SM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SM 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. SM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sharon McCabe

Print Name (First, Last)

Sharon McCabe

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

21 Oct - 2025

→ 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.

Sharon McCabe

Print Name (First, Last)

Sharon McCabe

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

21 Oct 2025

→ Date

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

State of Texas, ss. County of Denton

I, Sharon McCabe, 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.

Sharon McCabe

→ **Original Signature**

21 Oct 2025

→ **Date**

Subscribed and Sworn to before me this 21 day of october.

Nola Kay Burton

Notary Public Signature

Nola Kay Burton
My Commission Expires
7/6/2029
Notary ID 133191990

(Seal)

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Logical Pharma Solutions, LLC

Physical Address: 2202 W. Lone Cactus Drive, Ste 15

City: Phoenix State: AZ Zip: 85027

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

City: _____ State: _____ Zip: _____

Telephone: 888-929-4519 Website: www.logical-pharma.com

Name of Designated Representative (DR): Eric Christopher Blake

Licensing Company Email: compliance.logicalpharma@gmail.com DR Email: eric@logical-pharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: API, Vet Rx Drugs	☐ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: OTC drug and device retailers and distributors		☑ Others: Full Service Wholesale Distributor

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

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: NA-new company, not shipping yet

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona

Parent Company (if any): GenBioPro, Inc.

Corporation/Organization Name: Logical Pharma Solutions, LLC

Mailing Address: 2202 W. Lone Cactus Drive, Ste 15

City: Phoenix State: AZ Zip: 85027

Telephone: 888-929-4519 Email: eric@logical-pharma.com

Contact Person Name: Eric Blake

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Logical Pharma Solutions, LLC

Facility Name

Eric Christopher Blake

Print Name of Authorized Person Submitting Application

Eric C. Blake

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

9/17/2025

Date

Board Use Only	Date Received: 9/29/25	Amount: $1000 ck 1942

Logical Pharma Solutions, LLC

2202 W Lone Cactus Dr. Ste. 15

Phoenix, AZ 85027

Managing Member List
Officers

Eric Blake – VP of Distribution Trade & Access

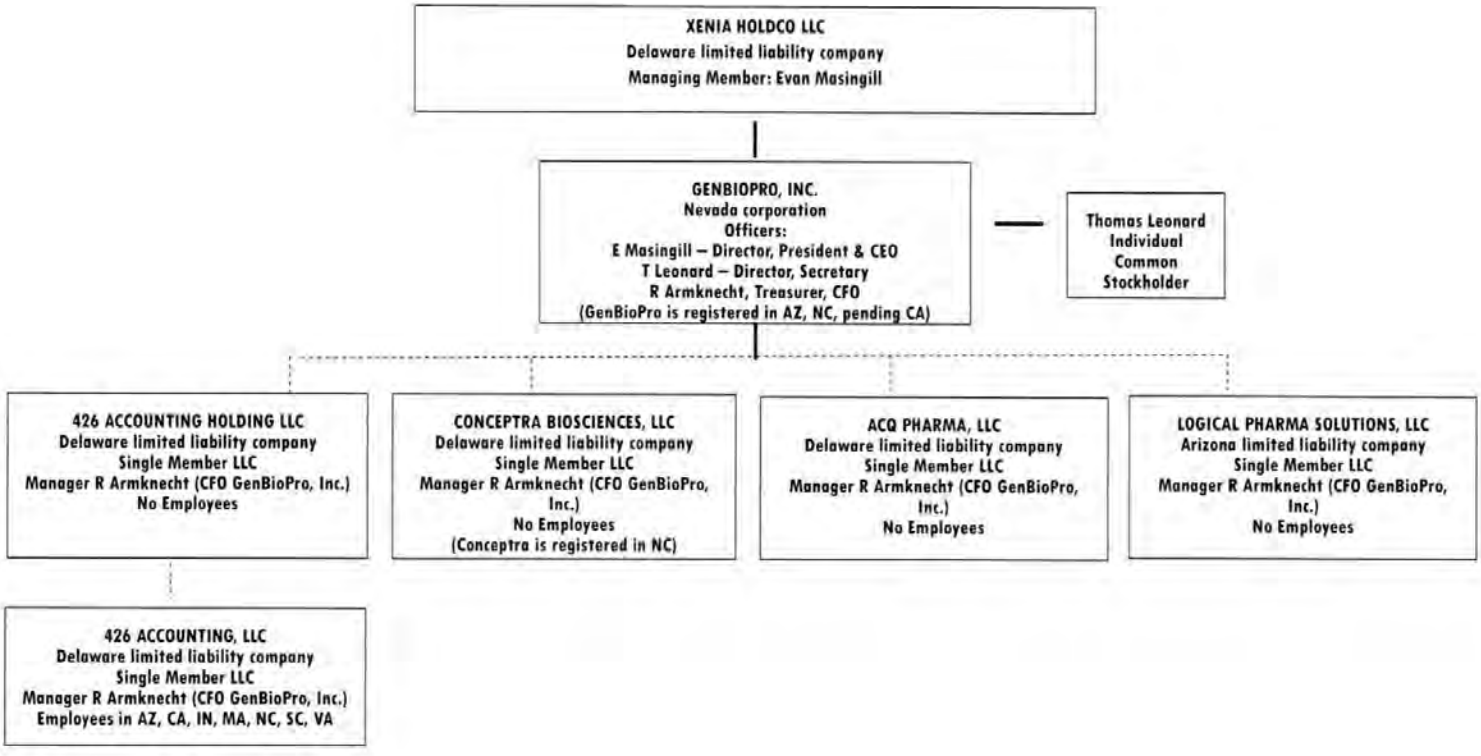
[redacted]

eric@logical-pharma.com

0% ownership

Evan Masingill - Supervisor to DR

[redacted]


XENIA HOLDCO LLC
Delaware limited liability company
Managing Member: Evan Masingill
GENBIOPRO, INC.
Nevada corporation
Officers:
E Masingill – Director, President & CEO
T Leonard – Director, Secretary
R Armknecht, Treasurer, CFO
(GenBioPro is registered in AZ, NC, pending CA)
Thomas Leonard
Individual
Common
Stockholder
426 ACCOUNTING HOLDING LLC
Delaware limited liability company
Single Member LLC
Manager R Armknecht (CFO GenBioPro, Inc.)
No Employees
CONCEPTRA BIOSCIENCES, LLC
Delaware limited liability company
Single Member LLC
Manager R Armknecht (CFO GenBioPro, Inc.)
No Employees
(Conceptra is registered in NC)
ACQ PHARMA, LLC
Delaware limited liability company
Single Member LLC
Manager R Armknecht (CFO GenBioPro, Inc.)
No Employees
LOGICAL PHARMA SOLUTIONS, LLC
Arizona limited liability company
Single Member LLC
Manager R Armknecht (CFO GenBioPro, Inc.)
No Employees
426 ACCOUNTING, LLC
Delaware limited liability company
Single Member LLC
Manager R Armknecht (CFO GenBioPro, Inc.)
Employees in AZ, CA, IN, MA, NC, SC, VA

Effective as of August 19th, 2025, Logical Pharma Solutions, LLC, (the "**Company**") hereby appoints Eric C. Blake **("Blake")** as an authorized signatory, lawful proxy and attorney-in-fact and agent, with full power of substitution, in the Company's name, place and stead, in any and all capacities (until revoked in writing) relating to any and all matters concerning the execution and delivery of any of the Company's state licensing applications, including without limitation licenses filed on the name of and on behalf of the Company's wholly-owned subsidiary Logical Pharma Solutions LLC.

Any contract, agreement, certificate, power of attorney or other document or instrument executed on behalf of the Company by Blake shall be deemed to have been duly executed by the Company, no other signature shall be required in connection with the foregoing, and third parties shall be entitled to rely upon such individual's authority under the provisions of this instrument without otherwise ascertaining that the requirements of any governing document of the Company have been satisfied. The grant of authority hereunder may be revoked with respect to Blake by the Company at any time in its sole and absolute discretion, upon notice to such individual.

In serving as authorized signatory under the preceding paragraph, Blake shall act in accordance with all applicable management decisions, directives, policies and procedures of the Company.

[Signature Page to Follow]

IN WITNESS WHEREOF, the undersigned has executed this Limited Power of Attorney on the date first written above.

Logical Pharma Solutions, LLC

By: _____

Name: Evan Masingill

Its: CEO / President

Acknowledged and accepted:

_____

Eric C. Blake

STATE OF ARIZONA

COUNTY OF

Subscribed, sworn to or affirmed, and acknowledged before me by Eric Blake the principal, and subscribed and sworn to or affirmed before me by ASHLEIGH HERNDON witness, this 19 day of 2025.

(notary seal)

_____

Notary Public

Corey Blair
Notary Public - ARIZONA
MARICOPA COUNTY
Commission No. 616523
My Commission Expires 11/09/2025

[Signature Page - Limited Power of Attorney]

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:

LOGICAL PHARMA SOLUTIONS LLC

ACC file number: 23776418

was incorporated under the laws of the State of Arizona on 01/21/2025, 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: **08/08/2025**

Douglas R. Clark, Executive Director

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: 03/17/2025
Receipt Number: 2025196131
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W004023

EXPIRES
10/31/2026

Issued to :

Logical Pharma Solutions LLC
GenBioPro, Inc.
2202 W. LONE CACTUS DRIVE SUITE 15
PHOENIX, AZ 85027

Logical Pharma Solutions LLC
2202 W. LONE CACTUS DRIVE SUITE 15
PHOENIX, AZ 85027

EXECUTIVE DIRECTOR

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

WALLET CARD

NAME : GenBioPro, Inc.
LICENSE NUMBER : W004023
EXPIRES : 10/31/2026

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.

GENBINC-01 DHOHENSEE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/15/2025

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:	
Alera - BCG Property & Casualty (Schwartz) 16220 N Scottsdale Rd Ste 100 Scottsdale, AZ 85254-1825	PHONE (A/C, No, Ext): (480) 536-7050	FAX (A/C, No):
	E-MAIL ADDRESS: sia-delivers@bcg.aleragroup.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Valley Forge Insurance Company	20508
INSURER B : Continental Insurance Company	35289
INSURER C : TDC Specialty Insurance Company	34487
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Logical Pharma Solutions, LLC
2202 W. Lone Cactus Drive
Suite 15
Phoenix, AZ 85027

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			7039719965	7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	200,000
							MED EXP (Any one person)	$	15,000
							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	$	Excluded
	OTHER:							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$	9,000,000
	EXCESS LIAB CLAIMS-MADE			7091827131	7/1/2025	7/1/2026	AGGREGATE	$	9,000,000
	DED X RETENTION $ 10,000							$	
	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	$	
C	Products Liability			LSP002362503	7/1/2025	7/1/2026	Claim/Aggregate		10,000,000

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

CERTIFICATE HOLDER

Department of Financial and Professional Regulation,
Division of Professional Regulations

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

Al-Dhl

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The ACORD name and logo are registered marks of ACORD

intact INSURANCE surety

CHANGE RIDER

To be attached to and form a part of Logical Pharma Solutions, LLC

Bond No. 800025577 issued by **ATLANTIC SPECIALTY INSURANCE COMPANY**, 605 Highway 169 North, Suite 800, Plymouth, Minnesota, USA 55441 as Surety on behalf of Logical Pharma Solutions, LLC, as Principal in favor of Nevada State Board of Pharmacy with reference to Pharmaceutical Wholesaler Surety Bond effective the 21st of August, 2025.

It is hereby understood and agreed that the following item is amended:
THE BOND IS HEREBY INCREASED FROM

Twenty Five Thousand and No/00 $25,000.00****

TO

One Hundred Thousand and No/00 $100,000.00****

Signed, sealed and dated this 9th day of October, 2025

Logical Pharma Solutions, LLC
Principal

Witness

BY: Eric C. Blake V.P.
Name: Title:

Witness

Atlantic Specialty Insurance Company

BY:
Attorney-In-Fact Sharlotte L. Croxford

605 Highway 169 North, Suite 800
Plymouth, Minnesota, USA 55441
Web: intactspecialty.com/surety
E-mail: surety@intactinsurance.com

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Sharlotte L. Croxford**, 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 D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
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 9th day of October 2025

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

Please direct bond verifications to surety@intactinsurance.com

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. 800025577

Application/License No. _____

Logical Pharma Solutions, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2202 West Cactus Drive Suite #15, Phoenix, Arizona 85027 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 8-21-2025 (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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and 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 21st day of August, 2025.

APPLICANT/PRINCIPAL

Logical Pharma Solutions, LLC

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Sharlotte L. Croxford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Sharlotte L. Croxford**, 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:

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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.

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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 D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
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 21st day of August, 2025

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

Please direct bond verifications to surety@intactinsurance.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)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Logical Pharma Solutions, LLC — MDEG License # (if applicable): N/A

Physical Address: 2202 W. Lone Cactus Drive, Suite 15

City: Phoenix — State: AZ — Zip: 85027

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

City: — State: — Zip:

Telephone: 888-929-4519 — Website: www.logical-pharma.com

Licensing Company Email: compliance.logicalpharma@gmail.com

Section 2: Personal Information

First: Eric — Middle: Christopher — Last: Blake

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

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

Mailing Address: 2202 W. Lone Cactus Drive, Suite 15

City: Phoenix — State: AZ — Zip: 85027

Telephone: [redacted] — Email: eric@logical-pharma.com

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

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

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 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		1985-1988	
Address	**City**	**State**	**Zip**
1275 E 10th St	Bloomington	IN	47405
Diploma/Degree obtained, if any			
Bachelor of Science- Business Management and Organizations			

School Name		From - To (MM/YY – MM/YY)	
Decatur Central High		1979-1983	
Address	**City**	**State**	**Zip**
5251 Kentucky Ave	Indianapolis	IN	46221
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
05/25-Present	[redacted]	Phoenix	AZ	[redacted]
05/19-05/25		Carmel	IN	
09/12-05/19		Indianapolis	IN	

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)	
Logical Pharma Solutions, LLC			05/25-Present	
Business Address		**City**	**State**	**Zip**
2202 W Lone Cactus Dr. Ste. 15		Phoenix	AZ	85027
Phone	**Title**		**Number of Employed Hours**	
888-929-4519	VP Trade , Access & Distribution		800 Hours	
Description of Duties				
Strategic Leadership, Operational Management, Compliance and Quality Assurance, Team Leadership, Vendor and Stakeholder Management, Budget and Financial Oversight.				

Business Name			From - To (MM/YY – MM/YY)	
GenBioPro, LLC			12/22- 05/25	
Business Address		**City**	**State**	**Zip**
3651 Lindell Rd, Suite D1041		Las Vegas, NV 89103	NV	89103
Phone	**Title**		**Number of Employed Hours**	
866-611-4716	Trade , Access & Distribution		4,480 Hours	
Description of Duties				
Lead national pharmacy trade, market access, & distribution for product portfolio. Focused solely on Women's Health reproductive products to increase patient access across all products and all market channels.				

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

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

Gina C. Blake 10/9/2025

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)	
GenBioPro, LLC			12/22- Present	
Business Address		**City**	**State**	**Zip**
3651 Lindell Rd, Suite D1041		Las Vegas	NV	89103
Phone	**Title**		**Number of Employed Hours**	
866-611-4716	Trade , Access & Distribution		5,890 hours	
Description of Duties				
Lead national pharmacy trade, market access, & distribution for product portfolio. Focused solely on Women's Health reproductive products to increase patient access across all products and all market channels.				

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

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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
03/21/2018	02/25/2019	CA	Riverside	Riverside

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
201811005	SHERIFF'S OFFICE RIVERSIDE (CA0330000)

Reason/Charge
1-001 COUNTS OF DUI ALCOHOL/DRUGS

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Eric Blake/Defendant	Criminal Misdemeanor - DUI/0.08 Percent

Name of Business/Industry/Entity
N/A

Provide explanation below:

A very bad lapse in judgment to operate a vehicle under the influence of alcohol. Flew across country on the arrest date of 3/21/2018 to attend a conference at a resort in Indian Wells, CA. After attending a late afternoon opening welcome reception with little to no food throughout the day, I unknowingly drove under the influence across the resort to my room from the reception area and struck a stanchion on a roundabout.

Eric C. Blake

Original Signature (electronic, copies or stamps not accepted)

9/17/2025

Date

RIVERSIDE SUPERIOR COURT

PUBLIC ACCESS

Criminal Case Report

Pay Ticket / Case Fine

Send me an email when this case is updated (click here)

Print This Report

Close This Window

Case INM1807319 - Defendants

Seq	Defendant	Next Court Date	Status	Agency / DR Number	Arrest Date	Count 1 Charge	Violation Date
1	BLAKE, ERIC CHRISTOPHER			RSPD J180800073	03/21/2018	VC M23152(A)	03/21/2018

Case INM1807319 - BLAKE, ERIC CHRISTOPHER - Status

Def Status:	**Probation**	*Custody*	**N/A**
Filing Type	**Complaint**	*Filing Date*	**11/02/2018**
Ordered Bail	**$0.00**	*Posted Bail*	**$0.00**
D.A.	**DDA M. Dobson**	*Defense*	**PVT G. Donath**
Next Action:		*Deputy Report #:*	**RSPD J180800073**

Warrant	Type	Status	Issued	Affidavit
		NONE	N/A	N/A
Probation	**Type**		**Granted**	**Expiration**
	Summary		02/25/2019	02/24/2022
Sentence	**Convicted Date**		**Fine and Penalty**	**Restitution Fine**
	02/25/2019			0

Case INM1807319 - BLAKE, ERIC CHRISTOPHER - Information

FBI Number:	[redacted]	Business Address:	
CII Number:		Business City:	
Sex:		Business State:	
Race:		Business Zip:	
Hair Color:		Driver License:	[redacted]
Eye Color:		DOB/Estimated Age:	

Height:	[redacted]	Social Security Number:	[redacted]
Weight:		Date To Pay:	
Home Address:		Extended To:	
Home City:		Monthly Min. Payment:	
Home State:			

Case INM1807319 - BLAKE, ERIC CHRISTOPHER - Charges

Arrest Charges

Count	Charge	Severity	Description	Violation Date	Plea	Status
1	VC M23152(A)	M	Driving Under the Influence	03/21/2018	N/A	

Filed Charges

Count	Charge	Severity	Description	Violation Date	Plea	Status
1	VC M23152(A)	M	Driving Under the Influence	03/21/2018		DISMISSED
2	VC M23152(B)	M	Driving Under the Influence BAC .08 or Higher	03/21/2018	GUILTY	CONVICTED

Case INM1807319 - BLAKE, ERIC CHRISTOPHER - Probation

Probation Type: SUMMARY *Granted:* 02/25/2019 *Expire:* 02/24/2022

SUMMARY PROBATION GRANTED FOR A PERIOD OF 36 MONTHS ON THE FOLLOWING TERMS AND CONDITIONS.

1) OBEY ALL LAWS, ORDINANCES, AND COURT ORDERS.
2) BE COMMITTED TO THE CUSTODY OF THE RIVERSIDE COUNTY SHERIFF FOR 15 DAYS;
3) ENROLL BY 04/15/2019 AND SUCCESSFULLY COMPLETE, AT YOUR EXPENSE, THE ELECTRONIC MONITORING PROGRAM (ANKLE BRACELET) THROUGH LCA CLIENT SERVICES.
4) PAY A FINE AND PENALTY ASSESSMENT OF $1703.00.
5) PAY VICTIM RESTITUTION. AMOUNT TO BE DETERMINED BY THE PROBATION DEPARTMENT (PC 1203.1(A)(3)). ANY DISPUTES AS TO RESTITUTION AMOUNT TO BE RESOLVED IN A COURT HEARING.
6) DO NOT DRIVE WITH ANY MEASURABLE AMOUNT OF ALCOHOL OR DRUGS IN YOUR BLOOD, OR WITHIN 6 HOURS OF CONSUMING ANY ALCOHOL OR DRUGS.
7) IF ARRESTED FOR DRIVING UNDER THE INFLUENCE OF INTOXICANTS, SUBMIT TO ANY BLOOD, BREATH, OR URINE TEST AS REQUESTED BY THE ARRESTING OFFICER.
8) DO NOT DRIVE UNLESS PROPERLY LICENSED NOR WITHOUT INSURANCE OR VALID REGISTRATION.
9) ATTEND AND SATISFACTORILY COMPLETE FIRST OFFENDER DUI PROGRAM FOR 3 MONTHS. (AB541 <.20BAC).

Case INM1807319 - BLAKE, ERIC CHRISTOPHER - Related Cases On Calendar

Related Cases On Calendar
This Defendant Does Not Have Any Other Cases With Future Hearings Scheduled.

Case INM1807319 - BLAKE, ERIC CHRISTOPHER - All of Defendant's Other Cases

Case Number	Filed Date	Warrant / Charges	Next Hearing	Jurisdiction	Status
This Defendant Does Not Have Any Other Reportable Cases.					

Case INM1807319 - BLAKE, ERIC CHRISTOPHER - Actions & Minutes

Action Date	Action Text	Disposition	Hearing Type
02/25/2019	MISDEMEANOR PLEA FORM FILED		
02/25/2019	SENTENCING MEMORANDUM FILED		
02/25/2019 8:30 AM DEPT. 2K	ARRAIGNMENT	DISPOSED	ARRAIGNMENT

Minutes Print Minute Order

HONORABLE JUDGE EMILY A. BENJAMINI, PRESIDING

COURTROOM ASSISTANT: MIV-M. VALDEZ

COURT REPORTER: N-NONE

PEOPLE REPRESENTED BY DEPUTY DISTRICT ATTORNEY: DDA M. DOBSON.

DEFENDANT REPRESENTED BY PVT G. DONATH.

DEFENSE COUNSEL APPEARS FOR DEFENDANT PURSUANT TO 977 PC.

DEFENDANT'S COUNSEL WAIVES FORMAL ARRAIGNMENT.

COUNSEL FOR DEFENDANT WAIVES FORMAL READING OF COMPLAINT AND STIPULATES DEFENDANT HAS BEEN ADVISED OF HIS/HER LEGAL & CONSTITUTIONAL RIGHTS.

DEFENDANT PLEADS GUILTY TO COUNT(S) 2.

SPECIFICATION OF PLEA: SUMMARY PROBATION - 36 MONTHS

(ALCOHOL RELATED) ADVISEMENT OF RIGHTS FORM SIGNED BY THE DEFENDANT IS INCORPORATED HEREIN AND INCLUDES THE FOLLOWING ADVISEMENTS AND WAIVERS:

DEFENDANT ADVISED THAT BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH, IMPAIRS YOUR ABILITY TO SAFELY DRIVE A MOTOR VEHICLE. THEREFORE, IT IS

EXTREMELY DANGEROUS TO HUMAN LIFE TO DRIVE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH. IF YOU CONTINUE TO DRIVE WHILE UNDER THE INFLUENCE

OF ALCOHOL OR DRUGS, OR BOTH, AND AS A RESULT OF YOUR DRIVING, SOMEONE IS KILLED, YOU CAN BE CHARGED WITH MURDER.

DEFENDANT ADVISED OF CONSTITUTIONAL RIGHTS.

DEFENDANT ADVISED OF RIGHT TO A SPEEDY AND PUBLIC TRIAL BY JUDGE OR JURY.

DEFENDANT ADVISED OF RIGHT TO CONFRONT AND CROSS EXAMINE WITNESSES; RIGHT TO PRESENT EVIDENCE ON OWN BEHALF.

DEFENDANT ADVISED OF CHARGES AND CONSEQUENCES OF HIS/HER PLEA AND STATUTORY SENTENCING.

DEFENDANT ADVISED OF PRIVILEGE AGAINST SELF-INCRIMINATION.

DEFENDANT ADVISED OF RIGHT TO COUNSEL; CONT. TO CONSULT COUNSEL; ASSIGNMENT OF COUNSEL IF UNABLE TO EMPLOY PRIVATE COUNSEL.

DEFENDANT ADVISED OF RIGHT TO SPEEDY TRIAL; DISMISSAL IF NO TRIAL WITHIN 30/45 DAYS AFTER ARRAIGNMENT; EFFECT OF CONSENT TO WAIVE TIME.

DEFENDANT WAIVES CONSTITUTIONAL RIGHTS.

DEFENDANT WAIVES RIGHT TO TRIAL BY JURY.

DEFENDANT WAIVES PRIVILEGE AGAINST SELF-INCRIMINATION.

DEFENDANT WAIVES RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.

DEFENSE COUNSEL CONCURS IN DEFENDANT'S PLEA AND/OR ADMISSIONS.

COURT FINDS BASED ON INQUIRY AND EXAMINATION OF DEFT, THAT DEFT HAS THE ABILITY TO UNDERSTAND AND DOES UNDERSTAND HIS/HER CONSTITUTIONAL RIGHTS.

COURT FINDS DEFTS ADMISSION OF GUILT AND/OR ADMISSION OF PRIOR CONVICTION(S) AND/OR PROBATION VIOLATION(S) IF ANY, IS THE RESULT AND PRODUCT OF

THE RESULT OF DEFENDANT EXPRESSLY, KNOWINGLY, UNDERSTANDINGLY, AND INTELLIGENTLY WAIVES HIS/HER CONSTITUTIONAL RIGHTS INCLUDING, BUT NOT LIMITED

TO: RIGHT TO COUNSEL, PRIVILEGE AGAINST SELF-INCRIMINATION, TO TRIAL BY JURY, AND TO CONFRONT ACCUSERS, AND VOLUNTARILY MADE WITH AN

UNDERSTANDING OF THE NATURE AND CONSEQUENCES THEREOF. DEFENDANT'S WAIVER OF CONSTITUTIONAL RIGHTS TAKEN ORALLY AND/OR IN WRITING.

COURT FINDS PLEA IS FREE AND VOLUNTARY. COURT FINDS DEFT. KNOWS AND UNDERSTANDS CONSTITUTIONAL RIGHTS, NATURE OF CHARGES AND CONSEQUENCES OF PLEA.

COURT ACCEPTS PLEA.

DEFENDANT REQUESTS IMMEDIATE SENTENCE.

NO LEGAL CAUSE WHY SENTENCE SHOULD NOT NOW BE PRONOUNCED.

FOR THE CHARGE(S) 2.

SUMMARY PROBATION GRANTED FOR A PERIOD OF 36 MONTHS ON THE FOLLOWING TERMS AND CONDITIONS.

OBEY ALL LAWS, ORDINANCES, AND COURT ORDERS.

BE COMMITTED TO THE CUSTODY OF THE RIVERSIDE COUNTY SHERIFF FOR 15 DAYS;

CREDIT FOR TIME SERVED (PRESENTENCE) OF 1 ACTUAL DAYS PLUS 0 DAYS PURSUANT TO 4019 PC FOR A TOTAL OF 1 DAYS.

COUNTY JAIL TIME TO BE SERVED IN LCA IN LIEU OF COUNTY JAIL.

ENROLL BY 04/15/2019 AND SUCCESSFULLY COMPLETE, AT YOUR EXPENSE, THE ELECTRONIC MONITORING PROGRAM (ANKLE BRACELET) THROUGH LCA CLIENT SERVICES.

DEFENDANT WILL COMPLETE LCA OUT OF STATE

REFERRAL NOTICE GENERATED - LCA

PAY CONVICTION ASSESSMENT FEE FOR THE FOLLOWING CONVICTED COUNT(S) 2. (GC 70373). [$30.EACH MISD AND FELONY]

PAY A FINE AND PENALTY ASSESSMENT OF $1703.00.

PAY BOOKING FEES OF $514.58 (GC 29550).

PAY RESTITUTION FINE OF $150.00 (PC 1202.4(B)).

PAY $150.00 FOR PROBATION REVOCATION RESTITUTION FINE. SAID RESTITUTION FINE IS STAYED AND THE STAY SHALL BE LIFTED UPON THE REVOCATION OF PROBATION,

AND IF THE DEFENDANT IS SENTENCED TO PRISON OR COUNTY JAIL WITHOUT A PROBATION OR CONDITIONAL SENTENCE IMPOSED. (PC 1202.44)

PAY VICTIM RESTITUTION. AMOUNT TO BE DETERMINED BY THE PROBATION DEPARTMENT (PC 1203.1(A)(3)).

ANY DISPUTES AS TO RESTITUTION AMOUNT TO BE RESOLVED IN A COURT HEARING.

DEFENDANT ORDERED TO REPORT TO ENHANCED COLLECTION DIVISION RE: ON 03/11/19

DO NOT DRIVE WITH ANY MEASURABLE AMOUNT OF ALCOHOL OR DRUGS IN YOUR BLOOD, OR WITHIN 6 HOURS OF CONSUMING ANY ALCOHOL OR DRUGS.

IF ARRESTED FOR DRIVING UNDER THE INFLUENCE OF INTOXICANTS, SUBMIT TO ANY BLOOD, BREATH, OR URINE TEST AS REQUESTED BY THE ARRESTING OFFICER.

DO NOT DRIVE UNLESS PROPERLY LICENSED NOR WITHOUT INSURANCE OR VALID REGISTRATION.

ATTEND AND SATISFACTORILY COMPLETE FIRST OFFENDER DUI PROGRAM FOR 3 MONTHS. (AB541 <.20BAC).

REPORT TO IMPAIRED DRIVER PROGRAM BY 04/15/2019 FOR AN ORIENTATION APPOINTMENT AND AN ENROLLMENT DATE. COMPLETE THE PROGRAM BY 09/30/2019

FAILURE TO APPEAR OR PHONE AND ENROLL OR COMPLETE THE PROGRAM BY THE DATES GIVEN WILL RESULT IN A REFERRAL BACK TO THE COURT.

DEFENDANT WILL COMPLETE ONLINE COURSE

REFERRAL NOTICE GENERATED - AB541

DEFENDANT WAS GIVEN WATSON ADVISEMENT.

DEFENDANT ACCEPTS TERMS AND CONDITIONS OF PROBATION.

ORAL MOTION BY PEOPLE RE DISMISS COUNT 1 IS CALLED FOR HEARING
MOTION/PETITION GRANTED.
COUNT(S) 1 DISMISSED IN THE INTEREST OF JUSTICE. (1385 PC)
- - CUSTODY STATUS/INFORMATION - -
RELEASED ON PROBATION

01/17/2019 8:30 AM DEPT. 2K	ARRAIGNMENT	DISPOSED	ARRAIGNMENT

Minutes Print Minute Order

HONORABLE JUDGE EMILY A. BENJAMINI, PRESIDING
COURTROOM ASSISTANT: MIV-M. VALDEZ
COURT REPORTER: N-NONE
PEOPLE REPRESENTED BY DEPUTY DISTRICT ATTORNEY: DDA K. CARDENAS.
DEFENDANT REPRESENTED BY PVT G. DONATH.
DEFENSE COUNSEL APPEARS FOR DEFENDANT PURSUANT TO 977 PC.
ORAL MOTION BY DEFENSE RE CONTINUE ARRAIGNMENT IS CALLED FOR HEARING
MOTION/PETITION GRANTED.
ARRAIGNMENT SET FOR 02/25/2019 AT 8:30 IN DEPT 2K
DEFENDANT WAIVES TIME FOR ARRAIGNMENT.
DEFENDANT ORDERED TO RETURN ON ANY AND ALL FUTURE HEARING DATES.
- - CUSTODY STATUS/INFORMATION - -
OWN RECOGNIZANCE (O.R.) RELEASE CONTINUED.
DISTRICT ATTORNEY NOTIFIED INDIO

12/18/2018	DECLARATION IN SUPPORT OF ARREST WARRANT FILED; JUDGE ANTHONY R VILLALOBOS		
12/18/2018	HEARING SET 11/20/2018 AT 8:30 FOR AWT IS VACATED.		
11/29/2018 8:30 AM DEPT. 2K	ARRAIGNMENT	DISPOSED	ARRAIGNMENT

Minutes Print Minute Order

HONORABLE COMMISSIONER MICKIE E REED, PRESIDING
COURTROOM ASSISTANT: JAS-J. SAUCEDO
COURT REPORTER: N-NONE
PEOPLE REPRESENTED BY DEPUTY DISTRICT ATTORNEY: DDA K. SALAS.
DEFENDANT REPRESENTED BY PVT G. DONATH.
SPECIAL APPEARANCE BY PVT R. MARKS.
DEFENSE COUNSEL APPEARS FOR DEFENDANT PURSUANT TO 977 PC.
ARRAIGNMENT SET FOR 01/17/2019 AT 8:30 IN DEPT 2K
COUNSEL AGREES ARRAIGNMENT WILL BE TIMELY.
DEFENDANT ORDERED TO RETURN ON ANY AND ALL FUTURE HEARING DATES.
- - CUSTODY STATUS/INFORMATION - -
REMAINS RELEASED ON OWN RECOGNIZANCE.
DISTRICT ATTORNEY NOTIFIED INDIO

11/20/2018 8:30 AM DEPT. INDJW	ARREST WARRANT TRACKED TO JUDGE ANTHONY R VILLALOBOS	VACATED	
11/13/2018 8:30 AM DEPT. 2K	ARRAIGNMENT	DISPOSED	ARRAIGNMENT

Minutes Print Minute Order

HONORABLE COMMISSIONER MICKIE E REED, PRESIDING

COURTROOM ASSISTANT: MMO-M. MORAGA
COURT REPORTER WAS NOT PRESENT FOR THE FOLLOWING PROCEEDINGS:
PEOPLE REPRESENTED BY DEPUTY DISTRICT ATTORNEY: DDA K. SALAS.
DEFENDANT REPRESENTED BY PVT G. DONATH.
DEFENSE COUNSEL APPEARS FOR DEFENDANT PURSUANT TO 977 PC.
DISCOVERY PROVIDED TO DEFENSE COUNSEL.
DEFENSE COUNSEL ACKNOWLEDGES RECEIPT OF DISCOVERY.
DEFENSE MOTION TO CONTINUE PURSUANT TO 1050PC IS GRANTED. MOTION TO CONTINUE IS NOT OPPOSED BY THE PEOPLE. HRG CONT'D TO 11/29/2018 AT 8:30, DEPT 2K.
PURSUANT TO 1050(D) PC, THE COURT FINDS GOOD CAUSE HAS BEEN SHOWN TO GRANT THE CONTINUANCE.
1050 REASON FOR CONTINUANCE: OT-OTHER
DEFENDANT ORDERED TO RETURN ON ANY AND ALL FUTURE HEARING DATES.
- - CUSTODY STATUS/INFORMATION - -
RELEASED ON O.R.
PRE-TRIAL SERVICES NOTIFIED THAT DEFENDANT WAS RELEASED OR CONTINUED ON O.R. [BLYTHE AND INDIO JURISDICTIONS ONLY]

11/06/2018	REQUEST FOR CALENDAR ADD-ON FILED.		
11/06/2018	CASE DESIGNATION: VERTICAL. CASE ASSIGNED TO DEPT. 2K		
11/02/2018	ELECTRONIC - DECLARATION IN SUPPORT OF ARREST WARRANT RECEIVED.		
11/02/2018	ELECTRONIC - COMPLAINT FILED.		

Case INM1807319 - BLAKE, ERIC CHRISTOPHER - Fine Information

Defendant Status: **Probation** *Date To Pay:* **03/11/2019** *First Payment: II*
Prior NSF: *Payment Amount:* **$0.00** *Last Payment: II*

Fine Number	*Fine Type*	*Fine Description*	*Original Amount*	*Paid To Date*	*Current Due*
1	CFS	Operations/Security Fee (conv)	$40.00	$0.00	$40.00
2	CAF	Conviction Assess Fee	$30.00	$0.00	$30.00
3	DUI	DUI Fine Distribution	$1,703.00	$0.00	$1,703.00
4	CBF	CRIMINAL BOOKING FEE	$514.58	$0.00	$514.58
5	RFS	Restitution Fund (State)	$150.00	$0.00	$150.00
		Total:	$2,437.58	$0.00	$2,437.58

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Contact Us

Subject: Your Epay-It Receipt - County of Riverside
Date: Saturday, March 9, 2019 at 9:43:08 AM Eastern Standard Time
From: no-reply@mail1.isd-corp.com
To: [redacted]

This message has been sent to you by Journal Technologies Inc. In reference to a traffic citation or case filed with the Superior Court of California, County of Riverside.

This is an automatic reply containing your e-receipt for the recent payment made on your traffic citation or case. Please do not respond to this e-mail.

03/09/2019 06:41:06
Citation/Case: INM1807319
Name: ERIC BLAKE
Receipt Number: 20190309 0059
Total Due: $2,437.58
Convenience Fees: $5.95
Total Paid: $2,443.53

Journal Technologies Inc.
Email: epay-it.support@isd-corp.com
Website: www.ePay-It.com

.com

Step 4: Success! Receipt Page

Your payment has processed successfully. Below is a receipt of your transaction.

Name:	ERIC BLAKE
Case Number:	INM1807319
Court Receipt Number:	20190309 0059
Total Due:	$2,437.58
Convenience Fees:	$5.95
Total Amount Paid:	$2,443.53
Date/Time:	3/9/2019 6:41:06 AM

Note: This is your only receipt. Please print it out prior to leaving this page for your records.

NOTE: Using the back browser button may result in multiple payments.

You Can Opt-in To Receive A Reminder Notice Via Text and/or Email Within 5 Days Of Payment Due Date - Click Here (Restrictions May Apply)

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LCA
Changing Lives Since 1991

ELECTRONIC MONITORING PROGRAM
COMPLETION NOTICE

Date: April 24, 2019

To: Larson Justice Center
46200 Oasis Street
Indio, CA 92201

Attorney Graham Donath
gd@gddlaw.com

Name: [redacted]

Fees: Participant is paid in full.

Case Number: [redacted]
DOB:
Offense(s):
Length of Sentence:
Enrollment Date:
Release Date:
Days Served:

Equipment Status:
N/A

Summary: Eric Christopher Blake successfully completed 8 days on LCA's Electronic Monitoring Program and was released on April 21, 2019. The participant served 8 days of the 15 day sentence pursuant to 4019 PC.

General Comments: Eric Christopher Blake began LCA's Electronic Monitoring Program on April 13, 2019. The participant communicated well with program staff, was compliant with program requirements and was current in payment of program supervision fees. The participant did not incur any incident reports while on the program.

Submitted by: Sylvia Hurtado
Sylvia Hurtado / Asst. Program Director

Date: 4/24/19

Approved by: Gislena Gonzalez
Gislena Gonzalez / Program Director

Date: 4/24/19

1271 Columbia Ave., Suite F1 • Riverside, CA 92507
(951) 367-3601 • Fax (951) 367-3617

Printed 4/24/2019 at 4:05:26 PM

Tom Wilson Counseling Center

514 S Orchard, Suite 101
Boise, ID 83705

This certificate is hereby granted to:

Eric Blake

Birthdate: 01-30-65 Case: INM1807319

to certify that he has completed to satisfaction

Ab541 3 mo. 32 hr DUI Program

At Tom Wilson Counseling Center

Granted: April 20, 2019

Tom Wilson

Tom Wilson, MA, LCPC Director
Certified Prevention Specialist



NOT VALID WITHOUT SEAL

[redacted]

RECEIPT - NOT A LICENSE OR PERMIT

REISSUE FEE PAYMENT

X1595660

AMOUNT DUE	:	55.00
AMOUNT RCVD - CASH:		
- CHCK:		55.00
- CRDT:		
- CARD:		

ERIC CHRISTOPHER BLAKE

[redacted]

OFFICE -255 071119 15/5593

I, Eric Christopher Blake, **certify that as the MDEG Administrator for**

Logical Pharma Solutions, LLC,

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

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

Eric Blake

Print Name (First, Last)

Eric C. Blake

Original Signature (electronic, copies or stamps not accepted)

9/17/2025

Date

Board Use Only	Date Received: 9/29/25

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: Logical Pharma Solutions, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 2202 W. Lone Cactus Drive, Suite 15

City: Phoenix State: AZ Zip: 85027

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

City: State: Zip:

Telephone: 888-929-4519 Website: www.logical-pharma.com

Licensing Company Email: compliance.logicalpharma@gmail.com

Section 2: Personal Information

First: Eric Middle: Christopher Last: Blake

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

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

Mailing Address: 2202 W. Lone Cactus Drive, Suite 15

City: Phoenix State: AZ Zip: 85027

Telephone: [redacted] Email: eric@logical-pharma.com

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

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

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 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: Indiana University			From - To (MM/YY – MM/YY): 1985-1988
Address: 1275 E 10th St	City: Bloomington	State: IN	Zip: 47405
Diploma/Degree obtained, if any: Bachelor of Science- Business Management and Organizations			
School Name: Decatur Central High			From - To (MM/YY – MM/YY): 1979-1983
Address: 5251 Kentucky Ave	City: Indianapolis	State: IN	Zip: 46221
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): 05/25-Present	Address: [redacted]	City: Phoenix	State: AZ	Zip: [redacted]
From - To (MM/YY – MM/YY): 05/19-05/25		City: Carmel	State: IN	
From - To (MM/YY – MM/YY): 09/12-05/19		City: Indianapolis	State: IN	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
GenBioPro, LLC			12/22- Present	
Business Address		**City**	**State**	**Zip**
3651 Lindell Rd, Suite D1041		Las Vegas	NV	89103
Phone	**Title**		**Number of Employed Hours**	
866-611-4716	Trade , Access & Distribution		5,890 hours	
Description of Duties				
Lead national pharmacy trade, market access, & distribution for product portfolio. Focused solely on Women's Health reproductive products to increase patient access across all products and all market channels.				

Business Name			From - To (MM/YY – MM/YY)	
Relativity Specialty Market Solutions, LLC			05/18- Present	
Business Address		**City**	**State**	**Zip**
12890 Old Meridian St. Apt. 464		Carmel	IN	46032
Phone	**Title**		**Number of Employed Hours**	
866-611-4716	President		14,906+ Hours	
Description of Duties				
Responsible for the creation, development, and execution of a consulting enterprise helping organizations in the specialty pharmaceutical market space.				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/21/2018	02/25/2019	CA	Riverside	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
201811005		SHERIFF'S OFFICE RIVERSIDE (CA0330000)		
Reason/Charge				
1-001 COUNTS OF DUI ALCOHOL/DRUGS				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Eric Blake/Defendant		Criminal Misdemeanor - DUI/0.08 Percent		
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

A very bad lapse in judgment to operate a vehicle under the influence of alcohol. Flew across country on the arrest date of 3/21/2018 to attend a conference at a resort in Indian Wells, CA. After attending a late afternoon opening welcome reception with little to no food throughout the day, I unknowingly drove under the influence across the resort to my room from the reception area and struck a stanchion on a roundabout.

Eric C. Blake

Original Signature (electronic, copies or stamps not accepted)

9/17/2025

Date

I, Eric Christopher Blake, **certify that as the designated representative for**

Logical Pharma Solutions, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ECB I am at least 21 years of age;
3. ECB 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. ECB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ECB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ECB 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. ECB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Eric Blake

Print Name (First, Last)

Eric C. Blake

Original Signature (electronic, copies or stamps not accepted)

9/17/2025

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.

Eric Blake

Print Name (First, Last)

Eric C. Blake

Original Signature (electronic, copies or stamps not accepted)

9/17/2025

Date

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

State of Arizona, ss. County of Maricopa

I, Eric Christopher Blake, 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.

Eric C. Blake

Original Signature

9/17/2025

Date

Subscribed and Sworn to before me this 17TH day of September 2025

Notary Public Signature

Notary Public - Arizona
MARICOPA COUNTY
Commission No. 616833
My Commission Expires 11/06/2026

(Seal)

Logical Pharma Solutions, LLC Employee List				
First Name	**Last Name**	**Title**	**Email**	**Cell Phone**
Eric	Blake	VP Market Acess & Trade	eric@logical-pharma.com	[redacted]
Ashleigh	Herndon	Director of Distribution & Operations	aj@logical-pharma.com	

4W

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

314-264-7528

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: Resource Optimization & Innovation, LLC

Physical Address: 13175 Lakefront Drive

City: Earth City State: MO Zip: 63045

Mailing Address (if different from physical address): 13175 Lakefront Drive

City: Earth City State: Missouri Zip: 63045

Telephone: 314-264-7528 Website: https://roiscs.com/

Name of Designated Representative (DR): Carol Hill

Licensing Company Email: ROIMLicenses@roiscs.com DR Email: carol.hill@roiscs.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)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A No Pharmaceutical products 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: MO

Parent Company (if any): HealthTrust Performance Group, L.P.

Corporation/Organization Name: Resource Optimization & Innovation, LLC

Mailing Address: 13175 Lakefront Drive

City: Earth City State: Missouri Zip: 63045

Telephone: 314-264-7528 Email: rob.arreola@healthtrustpg.com

Contact Person Name: Rob Arreola

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 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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.

Resource Optimization & Innovation, LLC
Facility Name

Rosalind Holloway
Print Name of Authorized Person Submitting Application

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

Oct. 13, 2025
Date

Board Use Only	Date Received: 10/20/25	Amount: $1000 ck 4422



Company Information

Resource Optimization & Innovation, LLC
13175 Lakefront Drive
Earth City, MO 63045
Phone: (314) 264-7528
Website: https://roiscs.com/
E-mail: ROIMLicenses@roiscs.com

FEIN: 46-0468368
State of Formation: Missouri
Date Incorporated:02/26/2002
File Number: LC0061657

Ownership Information

Resource Optimization & Innovation, LLC is 100% owned by HealthTrust Performance Group, L.P.

Parent Company Address: 1100 Dr. Martin L. King Jr. Blvd, Suite 1100, Nashville, TN 37203
Parent Company Phone: (615) 344-3076
Parent Company FEIN: 62-1778159

Officers

Rosalind Holloway, GM, ROI
Business Address: 1100 Dr. Martin Luther King Jr Blvd,, Nashville, TN 37203
Business Phone: (615) 344-3102
Email: rosalind.holloway@healthtrustpg.com

Jocelyn Bradshaw, COO, GPO Operations
Business Address: 1100 Dr. Martin Luther King Jr Blvd,, Nashville, TN 37203
Business Phone: (615) 344-3201
Email: jocelyn.bradshaw@healthtrustpg.com

John Baker, CFO, GPO Operations
Business Address: 1100 Dr. Martin Luther King Jr Blvd,, Nashville, TN 37203
Business Phone: (615) 344-3390
Email: john.baker@healthtrustpg.com

Description of Operations

Resource Optimization & Innovation, LLC (ROI) is a wholesale distributor of Rx and Non-Rx devices that do not include a prescription drug component. Medical Devices are distributed from this location and by Third-Party Logistics Providers who meet licensure requirements to ship into your state.

Third Party Logistic information:

Geodis Logistics
1401 Tradeport Drive, Suite B
Orlando, FL 32824

Consolidated Hospitality Supplies – Orlando
1750 Cypress Lake Drive, Suite 100
Orlando, FL 32837

Consolidated Hospitality Supplies
11754 Cabernet Drive
Fontana, CA 92337

ROI has 5 employees working on site during normal business hours.

ROI's hours of operation are 7:00am – 3:30pm Monday through Friday.

ROI's facility square footage is 100,000sqft

STATE OF MISSOURI

Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

RESOURCE OPTIMIZATION & INNOVATION, L.L.C.
LC0061657

was created under the laws of this State on the 26th day of February, 2002, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of October, 2025.

Denny Hoskins
Secretary of State

Certification Number: CERT-10242025-0102

State of Missouri

Division of Professional Registration

Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2027
ORIGINAL CERTIFICATE/LICENSE NO. 2023033361
RESOURCE OPTIMIZATION & INNOVATION LLC
RESOURCE OPTIMIZATION & INNOVATION LLC
13175 LAKE FRONT DR
EARTH CITY MO 63045
UNITED STATES

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2027
ORIGINAL CERTIFICATE/LICENSE NO. 2023033361
Carol Hill

RESOURCE OPTIMIZATION & INNOVATION LLC
RESOURCE OPTIMIZATION & INNOVATION LLC
13175 LAKE FRONT DR
EARTH CITY MO 63045
UNITED STATES

EXECUTIVE DIRECTOR

DIVISION DIRECTOR



XL Insurance

INSURANCE POLICY

Named Insured Or Assured
Resource Optimization and Innovation LLC

Policy Number
UM00083057MA25A

Company Providing Coverage
XL Specialty Insurance Company

Regulatory Home Office
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

INSURANCE CONTACTS CARDS

For **questions about or changes to your insurance policy**, **billing** or **claims**, please see contacts below.

Please cut out and keep these cards in a safe and easy-to-find location.

✂

XL Insurance

INSURANCE CONTACT CARD

Named Insured Resource Optimization and Innovation LLC	**Policy Number** UM00083057MA25A
Effective Date March 04, 2025	**Expiration Date** March 04, 2026
Agency or Broker John Jackman Marsh USA Inc. - NY	**Policy Questions or Changes** 212 345-5360 john.jackman@marsh.com
Billing 212 345-5360	**Claims** *See Below

*Inland Marine/Property/Cargo: 610.968.2594/484.639.1620 (after hours) Auto/Hull/Liabilities: 610.968.9075/610.324.2994 (after hours)

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✂

XL Insurance

INSURANCE CONTACT CARD

Named Insured Resource Optimization and Innovation LLC	**Policy Number** UM00083057MA25A
Effective Date March 04, 2025	**Expiration Date** March 04, 2026
Agency or Broker John Jackman Marsh USA Inc. - NY	**Policy Questions or Changes** 212 345-5360 john.jackman@marsh.com
Billing 212 345-5360	**Claims** *See Below

*Inland Marine/Property/Cargo: 610.968.2594/484.639.1620 (after hours) Auto/Hull/Liabilities: 610.968.9075/610.324.2994 (after hours)

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POLICY NUMBER
UM00083057MA25A

SCHEDULE OF COVERAGES
WAREHOUSE LEGAL LIABILITY

(The information required to complete this schedule will be shown below or on the "schedule of coverages")

Catastrophe Limit -- The most "we" pay for loss in any one occurrence is: $ 300,000

WAREHOUSE LIMITS

No.	WAREHOUSE	"Limits"
1.	2909 N Neergard Avenue, Springfield MO 65803	$ 150,000
2.	1315 Lakefront Drive, Earth City, MO 63045	$ 150,000

Check if applicable:

☐ Attach Additional Warehouse Schedule to schedule more warehouses

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COVERAGE EXTENSIONS	"Limit"
Additional Debris Removal Expenses	25% Plus $5,000
Defense Costs	Included
Emergency Removal	365 days
Fraud And Deceit	$ 1,000

SUPPLEMENTAL COVERAGES	
Earned Warehouse Charges	$ 5,000
Newly Acquired Warehouse	$ 50,000/60 Days
Pollutant Cleanup And Removal	$ 10,000
Rewards	$ 1,000

DEDUCTIBLE	
Deductible Amount	$ 5,000

ADDITIONAL INFORMATION

Minimum Premium for this coverage is $10,000

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This endorsement changes the
Warehouse Legal Liability Coverage
-- PLEASE READ THIS CAREFULLY --

FLOOD AND EARTH MOVEMENT EXCLUSION

ADDITIONAL PERILS EXCLUDED

"We" do not pay for loss or damage caused directly or indirectly by, or consisting of, one or more of the following excluded causes, events, or conditions. Such loss or damage is excluded regardless of other causes, events, or conditions that contribute in any sequence to or aggravate the loss or damage, whether such causes, events, or conditions act to produce such loss or damage before, at the same time as, or after the excluded causes, events, or conditions.

1. **Earth Movement** --

   a. "Earth movement" regardless of cause and regardless of whether or not the cause of the "earth movement":

      1) originated at the covered property; or
      2) was being performed at "your" request or for "your" benefit.

   b. However, if

      1) eruption, explosion, or effusion of a volcano results in "volcanic action", "we" will pay for the loss or damage caused by that "volcanic action";
      2) "earth movement" results in fire, "we" will pay for the loss or damage caused by that fire; or
      3) "earth movement" (other than eruption, explosion, or effusion of a volcano) results in explosion, "we" will pay for the loss or damage caused by that explosion.

2. **Flood** -- "Flood".

   "We" do not cover waterborne material carried or otherwise moved by "flood", whether or not driven by wind, including storm surge, or material carried or otherwise moved by mudslide or mudflow.

   However, if "flood" results in fire, explosion, or sprinkler leakage, "we" will pay for the loss or damage caused by that fire, explosion, or sprinkler leakage.

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PROPERTY EXCLUDED

(The entries required to complete this endorsement
will be shown below or on the "schedule of coverages".)

PROPERTY NOT COVERED

"We" do not cover the property described below (indicate by checking below):

- ☒ 1. Manufactured tobacco products including, but not limited to, cigarettes and cigars.
- ☒ 2. Alcoholic beverages including, but not limited to, beer, wine, and liquor.
- ☒ 3. Narcotics and any prescription drugs.
- ☐ 4. _____
- ☐ 5. _____
- ☐ 6. _____
- ☐ 7. _____
- ☐ 8. _____
- ☐ 9. _____
- ☐ 10. _____
- ☐ 11. _____
- ☐ 12. _____
- ☐ 13. _____
- ☐ 14. _____
- ☐ 15. _____

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This endorsement changes
the Inland Marine Coverage
-- PLEASE READ THIS CAREFULLY --

LOSS PAYABLE OPTIONS

If indicated on the Loss Payable Schedule, the following conditions apply to the property described on the schedule. The following conditions apply in addition to the policy "terms" which are contained in the Inland Marine Coverage(s).

LOSS PAYABLE

Any loss will be adjusted with "you" and will be payable to "you" and the loss payee described on the schedule as "your" and their interests appear.

LENDER'S LOSS PAYABLE

Any loss will be payable to "you" and the loss payee described on the schedule as interests appear. If more than one loss payee is named, they will be paid in order of precedence.

The insurance for the loss payee continues in effect even when "your" insurance may be void because of "your" acts, neglect, or failure to comply with the coverage "terms". The insurance for the loss payee does not continue in effect if the loss payee is aware of changes in ownership or substantial increase in risk and does not notify "us".

If "we" cancel this policy, "we" notify the loss payee at least ten days before the effective date of cancellation if "we" cancel for "your" nonpayment of premium, or 30 days before the effective date of cancellation if "we" cancel for any other reason.

"We" may request payment of the premium from the loss payee, if "you" fail to pay the premium.

If "we" pay the loss payee for a loss where "your" insurance may be void, the loss payee's right to collect that portion of the debt from "you" then belongs to "us". This does not affect the loss payee's right to collect the remainder of the debt from "you". As an alternative, "we" may pay the loss payee the remaining principal and accrued interest in return for a full assignment of the loss payee's interest and any instruments given as security for the debt.

If "we" choose not to renew this policy, "we" give written notice to the loss payee at least ten days before the expiration date of this policy.

CONTRACT OF SALE

Any loss will be adjusted with "you" and will be payable to "you" and the loss payee described on the schedule as "your" and their interests appear.

The loss payee shown on the schedule is a person or organization "you" have entered into a contract with for the sale of covered property.

When covered property is the subject of a contract of sale, the word "you" also means the loss payee.

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POLICY NUMBER
UM00083057MA25A

LOSS PAYABLE SCHEDULE

(The entries required to complete this schedule
will be shown below or on the "schedule of coverages".)

Indicate applicable provision:

☒ Loss Payable*

☐ Lender's Loss Payable

☐ Contract of Sale

SCHEDULE

Location Number	Address	Covered Property	Name And Address Of Loss Payee

*Per Certificates of Insurance or schedule on file with us or your insurance broker or agent.

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985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SU 1193905-0000

Application/License No. _____

Resource Optimization & Innovation, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13175 Lake Forest Drive, Earth City, MO 63045 (Address of Applicant/Principal), as PRINCIPAL, and Arch Insurance Company (Surety Company), a corporation organized under the laws of the state of Missouri (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is Harborside 3, 210 Hudson Street, Suite 300, Jersey City, NJ 07311-1107 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 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 19th day of October, 2023.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Christy M.Braile, Attorney-in-fact
print name NV License# 3523108

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

ALISON F COLLIER
STATE OF TENNESSEE
NOTARY PUBLIC
WILSON COUNTY
My Commission Expires 06-28-2026

C. Stephens Griggs, Charissa D. Lecuyer, Charles R. Teter III, Christy M. Braile, Debra J. Scarborough, Erin C. Lavin, Evan D. Sizemore, Hillary D. Shepard, Jeffrey C. Carey, Kellie A. Meyer, Kristin D. Thurber, Lauren Scott, Mary T. Flanigan, Patrick T. Pribyl, Rebecca S. Leal, Tahitia M. Fry and Veronica Lawver of Kansas City, MO (EACH)

its true and lawful Attorney(s)in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Hundred Fifty Million Dollars ($150,000,000.00). This authority does not permit the same obligation to be split into two or more bonds In order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said 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 its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on August 31, 2022, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:
"**VOTED**, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on August 31, 2022:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on August 31, 2022, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof,** the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 14th **day of** April, **2023**.

Attested and Certified

Regan A. Shulman, Secretary

Arch Insurance Company
CORPORATE SEAL 1971
Missouri

Arch Insurance Company

Stephen C. Ruschak, Executive Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, **Michele Tripodi**, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

Commonwealth of Pennsylvania - Notary Seal
MICHELE TRIPODI, Notary Public
Philadelphia County
My Commission Expires July 31, 2025
Commission Number 1166622

Michele Tripodi, Notary Public
My commission expires 07/31/2025

CERTIFICATION
I, **Regan A. Shulman**, Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated** April 14, 2023 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.
IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 19th day of October, 20 23.

Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:
Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102

Arch Insurance Company
CORPORATE SEAL 1971
Missouri

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 Resource Optimization & Innovation, LLC MDEG License # (if applicable) _____

Physical Address 13175 Lakefront Drive

City Earth City State MO Zip 63045

Mailing Address (if different from physical address) 13175 Lakefront Drive

City Earth City State Missouri Zip 63045

Telephone +16153364357 Website https://roiscs.com/

Licensing Company Email ROIMLicenses@roiscs.com

Section 2: Personal Information

First Carol Middle Lynn Last Hill

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

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

Mailing Address 13175 Lakefront Drive

City Earth City State Missouri Zip 63045

Telephone +16153364357 Email ROIMLicenses@roiscs.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)	
STLCC At Forest Park		01/83 - 05/85	
Address	**City**	**State**	**Zip**
5600 Oakland Ave	St. Louis	MO	63110
Diploma/Degree obtained, if any			
AAS in Data Processing			

School Name		From - To (MM/YY – MM/YY)	
Central High School		11/79-01/80	
Address	**City**	**State**	**Zip**
3616 Garrison	St. Louis	MO	63107
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Laboure High School		08/76-11/79	
Address	**City**	**State**	**Zip**
5421 Thekia Ave	St. Louis	MO	61312
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
11/01/1995	[redacted]	St. Louis	MO	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Mercy Supply Chain				From - To (MM/YY – MM/YY): 12-23 - Present
Business Address: 13175 Lakefront Drive		City: St. Louis	State: MO	Zip: 63045
Phone: 314-264-7522	Title: Supervisor, Operations		Number of Employed Hours: 3000	
Description of Duties: Please see attached resume				

Business Name: Mercy Supply Chain				From - To (MM/YY – MM/YY): 01/20 - 12/23
Business Address: 13175 Lakefront Drive		City: St. Louis	State: MO	Zip: 63045
Phone: 314-264-7522	Title: Operations Lead		Number of Employed Hours: 7360	
Description of Duties: Please see attached resume				

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

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

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

Continue on next page if additional space is needed.

Carol L. Hill

[redacted]

Results-driven in solving problems. Well organized in prioritizing task. A quick learner and customer service oriented.

PROFESSIONAL EXPERIENCE

Mercy Supply Chain/HCA, St. Louis, MO 2020 – present
Healthcare Supply Chain

Operations Supervisor, Warehouse
Supervise the daily warehouse wholesale Retail Operations activities for the Centralized Distribution Center. Responsible for supervision of materials, resources, and staff that effectively support the logistical and material storage needs of all Health System functions and departments. Must ensure department meets financial and operational goals set by the Executive Director. Has the direct supervision of Material Handler staff in the support of achieving optimal combinations of efficiency and quality. Insuring the highest level of staff function for order fulfillment, and optimal receipt and storage techniques are the key goals.

- Train and motivate staff
- Manage inventory and process, and adherence to the goals and philosophy of Sisters of Mercy Health System.
- Maintains a safety program and adheres to all governmental regulations and company guidelines for safety in a warehouse environment.
- Monitors daily productivity and weekly error reports and ensures all personnel are aware of the target and their personal performance.

Operations Team Lead
Responsible for overall monitoring of warehouse operations, ensuring that the workflow is seamless. Use sound judgement when issues arise to correct and continue work with minimal downtime. Monitor processes to ensure inventory accuracy within the warehouse, requiring both notification to staff of any inefficiency and working with staff to improve defects.

- Perform processes (corrections, adjustments, audits, etc.) needed in Tecsys 9.2 / 9.8 (Warehouse Management System)
- Assign Workflow (picks, receiving, loading/unloading).
- Trained material handlers on processes and equipment (scanners, pickers, forklifts) used to fulfill orders, receive and load/unload product.
- Performed Inventory Audits and make corrections where needed.

CENTENE, St. Louis, MO 2017 - 2018
Multi-national health solutions enterprise

IT Support Specialist
Serve as the primary contact in providing customer service and technical support to internal partners and vendors with more complex issues. Designed, tested new systems, and processes or services.

- Responded to requests for new services.
- Processed ad hoc jobs based on ServiceNow request.

- Documented workflow of processes within the organization.
- Investigated, researched and restored more complex IT related issues.
- Performed new user IT training and communication of IT policies and standards.

Pomeroy IT Solutions (now Getronics), St. Louis, MO 2015 - 2017
IT infrastructures services

Tape Librarian/Computer Operator – IBM

- Created files to compare tape inventory prior to delivery offsite.
- Researched error messages and manipulated console to resolve issues after interruptions.
- Provided hands and eyes support for servers and related components
- Maintained scheduled reports of operations activities including trouble reports, logs, etc.
- Organized inventory of expendable supplies and may restock paper, printer ribbons, etc.

Wachovia Securities 1997 - 2009
A Wells Fargo Company (Formerly A.G. Edwards & Sons), St. Louis, MO
Financial Services

Senior Operations Specialist (2002 - 2009)
Responsibilities included leading a team to ensure that the overall reliability of the system and performance of a batch scheduling environment was maintained.

- Provided application support for JCL review, staged for production, this resulting in less downtime due to aborts.
- Converted applications from Mainframe to in house servers for mainframe decommissioning resulting in a more centralized production environment.
- Led onsite support team for mainframe outages for system recovery by restoring data, syncing systems to ensure the trading system was up during market hours.
- Researched and created scripts for change management request (Remedy).
- Coordinated, documented procedures, and provided training to Analyst and Technicians for new production applications, User Acceptance testing and Disaster Recovery.
- Planned, scheduled (HAPS/Autosys Automated scheduling), and tested job implementations on assigned platforms, to safeguard against any impact to batch processing.
- Developed Sarbanes/Oxley reports for management to use for audits and statistics.

Technical Analyst, A.G. Edwards & Sons (1997 – 2002)
Maintained the overall reliability and performance of a complex computing environment. Performed implementation, scheduling, testing, and review for job installation into production environment. Facilitated problem resolution. Created and performed procedures for contingency testing.

Technical Summary

Platforms: ABS/OpenVMS, ISeries AS400, IBM HP9000, Windows XP/10
Applications: Tecsys Elite 9.2 /9.8, MDM (Mobile Delivery Management), IBM Cognos, TMS MercuryGate, Ideagen Q-Pulse, Microsoft Word 2016/365, Microsoft Excel, Microsoft Outlook, Autosys, HAPS Automated Scheduler, File Management System, Job Control Language, Tape Management System, Remedy, HP-Unix, TIDAL, ServiceNow, HP-Reflection, Amisys, Cypress Web, CoreFTP, Rocket BlueZone, ASG Cypress

Education

Associate Applied Science STLCC at Forest Park

Classes

HIT (Health Information Technology) Program, STLCC at Forest Park
CompTIA Essential Applications & CompTIA Practical Applications

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

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

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

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

Resource Optimization & Innovation, LLC,

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

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

Carol Hill
Print Name (First, Last)

Carol Hill
Original Signature (electronic, copies or stamps not accepted)

10/10/25
Date

Board Use Only	Date Received: 10/20/25

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 Resource Optimization & Innovation, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 13175 Lakefront Drive

City Earth City State MO Zip 63114

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 314-264-7522 Website _____

Licensing Company Email Carol.Hill@roiscs.com

Section 2: Personal Information

First Carol Middle Lynn Last Hill

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

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

Mailing Address [redacted]

City St. Louis State MO Zip [redacted]

Telephone [redacted] Email Carol.Hill@roiscs.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)	
Central High School		11/1979 - 01-1980	
Address	**City**	**State**	**Zip**
3616 Garrison	St. Louis	MO	63107
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Laboure High School		08/1976 - 11/1979	
Address	**City**	**State**	**Zip**
5421 Thekla Ave	St. Louis	MO	63120
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
STLCC at Forest Park		01-1983 - 05/1985	
Address	**City**	**State**	**Zip**
5600 Oakland Ave	St. Louis	MO	63110
Diploma/Degree obtained, if any			
AAS in Data Processing			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**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
11-1995 - present	[redacted]	St. Louis	MO	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Mercy Supply Chain			12-2023 - Present	
Business Address		**City**	**State**	**Zip**
13175 Lakefront Drive		Earth City	MO	63045
Phone	**Title**		**Number of Employed Hours**	
314-264-7522	Supervisor, Operations		3000	
Description of Duties				
Supervise the daily warehouse wholesale Retail Operations activities for the Centralized Distribution Center. Responsible for supervision of materials, resources, and staff that effectively support the logistical and material storage needs of all Health System functions.				

Business Name			From - To (MM/YY – MM/YY)	
Mercy Supply Chain			01-2020 - 12-2023	
Business Address		**City**	**State**	**Zip**
13175 Lakefront Drive		Earth City	MO	63114
Phone	**Title**		**Number of Employed Hours**	
314-264-7522	Operations Lead		7360	
Description of Duties				
Responsible for overall monitoring of wholesale Retail Operations activities for the Centralized Distribution Center, ensuring that the workflow is seamless. Use sound judgement when issues arise to correct and continue work with minimal downtime. Monitor processes to ensure inventory accuracy within the 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.)		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:

Carol Hill
Original Signature (electronic, copies or stamps not accepted)

7/11/2025
Date

I, Carol Hill, **certify that as the designated representative for**

Resource Optimization & Innovation, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CH I am at least 21 years of age;
3. CH 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. CH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CH 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. CH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Carol Hill
Print Name (First, Last)

Carol Hill
Original Signature (electronic, copies or stamps not accepted)

07/11/2025
Date

CH

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

Carol Hill
Print Name (First, Last)

Carol Hill
Original Signature (electronic, copies or stamps not accepted)

07/11/2025
Date

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

State of Missouri, ss. County of St. Louis

I, Carol Lynn 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.

Carol Hill
Original Signature

7/11/2025
Date

Subscribed and Sworn to before me this 11th day of July, 2025.

Notary Public Signature

Parth Shailesh Patel
Notary Public - Notary Seal
STATE OF MISSOURI
Saint Louis County
My Commission Expires: April 21, 2028
Commission # 24333767

(Seal)

CDC & Private Label Warehouse Employee List

Carol Hill
Richard Baranowski
Justin Meyers
Timothy Palmer
Charles Pruitt
Sean Robertson
Richard Robertson

1 **REVISION**

Revision Number	Effective Date	Change Details
3	7/11/2025	Deleted: Tyron Wiggins
2	01/31/2025	Added: Sean Robertson; Tyron Wiggins; Justin Meyers Deleted: Timothy Schermann
1	04/28/2023	Original

Author	**Approver**	**QA Approver**
Name: Carol Hill Title: Operations Supervisor Date: 7/11/2025	Name: Chris Cantwell Title: Sr Ex Dir Supply Chain Date: 7/11/2025	Name: Lacy Stewart Title: Manager QRA Date: 7/11/2025

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: ReviveMed Pharmaceuticals

Physical Address: 5180 Fox St., STE 11

City: Denver State: CO Zip: 80216

Mailing Address (if different from physical address): 13632 Syracuse Way

City: Thornton State: CO Zip: 80602

Telephone: 3036695788 Website: www.revivemedpharm.com

Name of Designated Representative (DR): Andrew Schofield

Licensing Company Email: info@revivemedpharm.com DR Email: info@revivemedpharm.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:

N/A

Original Signature (electronic, copies or stamps not accepted)

10/15/25

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 Schein
Address: 135 Duryea Road City: Melville State: NY Zip: 11747

Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

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: Colorado
Parent Company (if any): na
Corporation/Organization Name: ReviveMed Pharmaceuticals LLC
Mailing Address: 13632 Syracuse Way
City: Thornton State: CO Zip: 80602
Telephone: 3036695788 Email: Thornton
Contact Person Name: Drew (Andrew) Schofield

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

ReviveMed Pharmaceuticals

Facility Name

Andrew Schofield

Print Name of Authorized Person Submitting Application

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

10/15/25

Date

Board Use Only	Date Received: _____	Amount: _____

List of all Owners, Officers and Directors for ReviveMed Pharmaceuticals

CEO: Chelsea Schofield, 51% Ownership

CFO, Designated Representative: Andrew Schofield, 49% ownership

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ReviveMed Pharmaceuticals, LLC

is a

Limited Liability Company

formed or registered on 02/10/2025 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20251165584 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/04/2025 that have been posted, and by documents delivered to this office electronically through 09/07/2025 @ 07:14:32 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/07/2025 @ 07:14:32 in accordance with applicable law. This certificate is assigned Confirmation Number 17662552 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

ReviveMed Pharmaceuticals, LLC

Wholesaler In-State

WHI.0006140	03/07/2025
Number	**Issue Date**
Active	10/31/2026
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp — Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

ReviveMed Pharmaceuticals, LLC

Wholesaler In-State

WHI.0006140	03/07/2025
Number	**Issue Date**
Active	10/31/2026
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp — Credential Holder Signature

MERCHANTS BONDING COMPANY

MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498, DES MOINES, IA 50306-3498
PHONE: (800) 678-8171 FAX: (515) 243-3854

ENDORSEMENT

It is hereby understood and agreed that Bond No.: 101664688

Principal: ReviveMed Pharmaceuticals,

Obligee: State of Nevada and Nevada State Board of Pharmacy

in the Merchants Bonding Company (Mutual), is changing this bond effective October 15, 2025

FROM:
Address: 13632 Syracuse Way Thornton CO, 80602

TO:
Address: 5180 Fox Street Suite 11 Denver CO, 80216

All terms and conditions of said bond, except as above changed, to remain the same.

Signed, sealed and dated this 24th day of October, 2025

Merchants Bonding Company (Mutual)

By Larry Taylor

Larry Taylor, President

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

SUP 0018 (2/15)

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. 101664688

Application/License No. _____

ReviveMed Pharmaceuticals (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13632 Syracuse Way Thornton, CO 80602 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 15, 2025 (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 October, 2025.

APPLICANT/PRINCIPAL

COMPANY

ReviveMed Pharmaceuticals

Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

Surety Company's Representative

Debbie Allen, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent

LP 2079 NV (5/21)

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, and MERCHANTS NATIONAL INDEMNITY COMPANY , an assumed name of Merchants National Bonding, Inc., (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Debbie Allen

their true and lawful Attorney(s)-In-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Companies.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship o obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 15th day of October , 2025 .

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS NATIONAL BONDING INC. INCORPORATED -o- 2003

MERCHANTS NATIONAL INDEMNITY COMPANY CALIFORNIA

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
MERCHANTS NATIONAL INDEMNITY COMPANY

By Larry Taylor

President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 15th day of October 2025 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

Penni Miller
Commission Number 787952
My Commission Expires
January 20, 2027

Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY 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 is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 15th day of October , 2025 .

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS NATIONAL BONDING INC. INCORPORATED -o- 2003

MERCHANTS NATIONAL INDEMNITY COMPANY CALIFORNIA

Secretary

POA 0018 (5/25)

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 ReviveMed Pharmaceuticals

Pharmacy/Wholesaler License # (if applicable) in application

Physical Address 5180 Fox St., STE 11

City Denver State CO Zip 80216

Mailing Address (if different from physical address) 13632 Syracuse Way

City Thornton State CO Zip 80602

Telephone (303) 669-5788 Website www.revivemedpharm.com

Licensing Company Email info@revivemedpharm.com

Section 2: Personal Information

First Andrew Middle Ryan Last Schofield

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

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

Mailing Address [redacted]

City Thornton State CO Zip [redacted]

Telephone (303) 669-5788 Email info@revivemedpharm.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 Governor's University		07/21-05/22	
Address	City	State	Zip
4001 S 700 East, #700	Salt Lake City	UT	84107
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Western Governor's University		07/15-05/17	
Address	City	State	Zip
4001 S 700 East, #700	Salt Lake City	UT	84107
Diploma/Degree obtained, if any			
Bachelor of Science Nursing			

School Name		From - To (MM/YY – MM/YY)	
Concorde Career College		8/05-03/07	
Address	City	State	Zip
111 N. Havana Street	Aurora	CO	80010
Diploma/Degree obtained, if any			
Associates of Applied Science Nursing			

School Name		From - To (MM/YY – MM/YY)	
Crown College		08/99-05/03	
Address	City	State	Zip
8700 College View Drive	St Bonifacius	MN	55375
Diploma/Degree obtained, if any			
Bachelor of Arts New Testament			

School Name		From - To (MM/YY – MM/YY	
Rocky Mountain Christian High School			
Address	City	State	Zip
1421 N Roberts St	Helena	MT	59601
Diploma/Degree obtained, if any			
HS 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
11/16-present	[redacted]	Thornton	CO	[redacted]
11/04-11/16		Henderson	CO	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
ReviveMed Pharmaceuticals			02/25-present	
Business Address		**City**	**State**	**Zip**
5180 Fox St., STE 11		Denver	CO	80216
Phone	**Title**		**Number of Employed Hours**	
303-669-5788	Founder and Designated Respresentative		1400	
Description of Duties				
Establishment of policies and procedures for new wholesale pharmaceutical company, submitted applications and received approvals of wholesale pharmaceutical licenses in CO, TX, UT, OK, TN, GA; built relationships with suppliers				

Business Name			From - To (MM/YY – MM/YY)	
Centura Health- St Anthony North Hospital			03/17-08/21	
Business Address		**City**	**State**	**Zip**
14300 Orchard Parkway		Westminster	CO	800203
Phone	**Title**		**Number of Employed Hours**	
720-627-0000	Clinical Nurse Manager		9340	
Description of Duties				
24/7 accountability of Inpatient Oncology/Ortho/Med/Surg UnitMaintained meticulous records of medication access to Code Blue carts and monitored controlled substance access in 2 Pyxis machines, Conducted monthly access audits, investigated suspicious activity. Provided written reports of audit findings and interviewed nurses with questionable				

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

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

10/15/25
Date

I, Andrew Schofield, **certify that as the designated representative for**

ReviveMed Pharmaceuticals,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AS I am at least 21 years of age;
3. AS 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. AS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AS 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. AS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andrew Schofield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/15/25

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.

Andrew Schofield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/15/25

Date

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

State of Colorado, ss. County of Adams

I, Andrew Schofield, 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

10/15/25

Date

Subscribed and Sworn to before me this 15th day of October 2025.

Notary Public Signature

TRISTAN BECK
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164038495
MY COMMISSION EXPIRES OCTOBER 07, 2028

(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: ReviveMed Pharmaceuticals

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

Physical Address: 5180 Fox St., STE 11

City: Denver State: CO Zip: 80216

Mailing Address (if different from physical address): 13632 Syracuse Way

City: Thornton State: CO Zip: 80602

Telephone: 3036695788 Website: www.revivemedpharm.com

Licensing Company Email: info@revivemedpharm.com

Section 2: Personal Information

First: Chelsea Middle: Ann Last: Schofield

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

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

Mailing Address: [redacted]

City: Thornton State: CO Zip: [redacted]

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)	
Crown College		08/00-05/04	
Address	City	State	Zip
8700 College View Drive	St. Bonifacius	MN	55375
Diploma/Degree obtained, if any			
Bachelor of Science Elementary Education			

School Name		From - To (MM/YY – MM/YY)	
Alliance Academy		08/96 – 05/00	
Address	City	State	Zip
Juan Jose de Villalengua 789	Quito	Ecuador	170102
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
11/16-present	[redacted]	Thornton	CO	[redacted]
11/04-11/16		Henderson	CO	

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)	
ReviveMed Pharmaceuticals			02/25-present	
Business Address		**City**	**State**	**Zip**
5180 Fox St., Ste 11		Denver	CO	80216
Phone	**Title**			
3036695788	Founder/CEO			
Description of Duties				
Establishment of policies and procedures for new wholesale pharmaceutical company, submitted applications and received approvals of wholesale pharmaceutical licenses in CO, TX, UT, OK, TN, GA; built relationships with suppliers				

Business Name			From - To (MM/YY – MM/YY)	
Five Arrows LLC			02/18-Present	
Business Address		**City**	**State**	**Zip**
13632 Syracuse Way		Thornton	CO	80602
Phone	**Title**			
3036695007	Owner			
Description of Duties				
Real Estate Investment LLC- Purchase and sale of residential real estate for investment purposes				

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

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

10/15/2025
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.

Chelsea Schofield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/15/2025

Date

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

State of Colorado, ss. County of Adams

I, Chelsea Schofield, 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

10/15/2025

Date

Subscribed and Sworn to before me this 15th day of October.

Notary Public Signature

TRISTAN BECK
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164038495
MY COMMISSION EXPIRES OCTOBER 07, 2028

(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 ReviveMed Pharmaceuticals

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

Physical Address 5180 Fox St., STE 11

City Denver State CO Zip 80216

Mailing Address (if different from physical address) 13632 Syracuse Way

City Thornton State CO Zip 80602

Telephone 3036695788 Website www.revivemedpharm.com

Licensing Company Email info@revivemedpharm.com

Section 2: Personal Information

First Andrew Middle Ryan Last Schofield

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

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

Mailing Address [redacted]

City Thornton State CO Zip [redacted]

Telephone 3036695788 Email info@revivemedpharm.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 Governors University		07/21-05/22	
Address	**City**	**State**	**Zip**
4001 S. 700 East #700	Salt Lake City	UT	84107
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Western Governors University		07/15-05/17	
Address	**City**	**State**	**Zip**
see above			
Diploma/Degree obtained, if any			
Bachelor of Science- Nursing			

School Name		From - To (MM/YY – MM/YY)	
Concorde Career College		08/05-03/07	
Address	**City**	**State**	**Zip**
111 N. Havana St	Aurora	CO	80010
Diploma/Degree obtained, if any			
Associates of applied Science Nursing			

School Name		From - To (MM/YY – MM/YY)	
Crown College		08/99-05-03	
Address	**City**	**State**	**Zip**
8700 College View Dr.	St. Bonifacius	MN	55375
Diploma/Degree obtained, if any			
Bachelor of Arts New Testament			

School Name		From - To (MM/YY – MM/YY	
Rocky Mountain Christian Highschool			
Address	**City**	**State**	**Zip**
421 N. Roberts	Helena	MT	59601
Diploma/Degree obtained, if any			
Highschool 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
11/16-present	[redacted]	Thornton	CO	[redacted]
11/04-11/16		Henderson	CO	

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)
ReviveMed Pharmaceuticals			02/25-present
Business Address	**City**	**State**	**Zip**
5180 Fox St., Ste. 11	Denver	CO	80216
Phone	**Title**		
3036695788	Founder/COO		

Description of Duties
Establishment of policies and procedures for new wholesale pharmaceutical company, submitted applications and received approvals of wholesale pharmaceutical licenses in CO, TX, UT, OK, TN, GA; built relationships with suppliers

Business Name			From - To (MM/YY – MM/YY)
Five Arrows LLC			02/18-Present
Business Address	**City**	**State**	**Zip**
13632 Syracuse Way	Thornton	CO	80602
Phone	**Title**		
3036695007	Owner		

Description of Duties
Real Estate Investment LLC- Purchase and sale of residential real estate for investment purposes

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

Description of Duties

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

10/15/25
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.

Andrew Schofield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/15/25

Date

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

State of Colorado, ss. County of Adams

I, Andrew Schofield, 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

10/15/25

Date

Subscribed and Sworn to before me this 15th day of October 2025.

Notary Public Signature

TRISTAN BECK
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164038495
MY COMMISSION EXPIRES OCTOBER 07, 2028

(Seal)

Requested list of personnel

Employees: No employees other than owners Chelsea and Andrew Schofield

Agent: N/A

Independent Contractors: Austin Schofield, Asher Schofield, Brandon Farler- Warehouse Contractors helping with shipping and receiving.

Consultant: N/A

Guardian: N/A

Personal Representative: N/A

Lender to ReviveMed: Andrew and Chelsea Schofield (start-up loan)

Holder of indebtedness: N/A

COLORADO
Department of Regulatory Agencies

THE COLORADO STATE BOARD OF PHARMACY
1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

WHOLESALE DRUG OUTLET INSPECTION REPORT

Date of Inspection: 3/5/25 Time In/Out: 9:50 am /

Outlet Name ReviveMed Pharmaceuticals LI Registration No _____ Expiration Date _____

Address 5180 Fox St. City Denver Zip _____ Phone _____

Designated Representative Andrew Schofield Email _____

Person Interviewed _____ Title _____ Email _____

	SANITATION	Sanitary & Plumbing Facilities; Cleaning & Maintenance of Facility; Freedom From Odors; Pest Control
	STORAGE	Facility Constructed/Arranged to Permit Drugs to be Stored According to Label Requirements; No Storage Directly on Floor; Adequate Lighting & Ventilation; Temperature & Climate Controls (HVAC) in Warehouse
	SECURITY	Adequate Perimeter Lighting; Alarm System; Controlled Access; Person Designated to Control Keys/Security; Persons Designated to Have Access; Vault and/or Cage; Loss Reports (NAME OF ALARM COMPANY)
	RECORDS	Computerized? YES___ NO____ Maintenance; Availability; System to Identify Suspicious Orders; Retention
	PEDIGREES	Receipt / Distribution outside of normal distribution channel; Documentation that registrant has verified that each transaction on pedigree has occurred prior to registrant distributing.
	DISTRIBUTION OF VETERINARY DRUGS TO END USER	Written prescription order received at distributing wholesaler *prior to* sale/delivery; no returns of product for redistribution; orders retrievable for at least 3 years; no repackaging or dispensing (product only delivered)
	CONTROLLED SUBSTANCE RECORDS	Availability; Inventories (DATE LAST DEA INVENTORY)
	RECEIPT	From ONLY Board-registered sources - Intracompany transfers excepted.
	DISTRIBUTION	AS LIMITED BY CRS 12-280-118 (3) -- SEE NOTE BELOW; distribution only to licensed/registered location
	POLICY AND PROCEDURE MANUAL	Addresses Receipt, Handling, Storage, Distribution, Delivery/Disposal, Cleaning/Maintenance, Records, Security, Removing Unsalable Drugs, Annual Review; (LAST ANNUAL REVIEW DATE)
	UNSALABLE/RECALLED DRUGS	Records; Segregation Area

NOTE: PURSUANT TO CRS 12-280-118 (3), A WHOLESALE DRUG OUTLET MAY NOT UNDER ANY CIRCUMSTANCES SELL ANY PRESCRIPTION DRUG * TO THE ULTIMATE CONSUMER OR USER. SALES ARE LIMITED TO PERSONS WHO MAY LAWFULLY PRESCRIBE AND/OR DISPENSE SUCH DRUGS (except as specifically permitted by CRS 12-280-113 (2) and CRS 12-280-118(3)(b). * (A "prescription drug" is a one whose label bears the following statement: "Caution: Federal (USA) law prohibits dispensing without a prescription." or "RX Only" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian."

INSPECTOR'S FINDINGS AND COMMENTS

DR (Andrew Schofield) to ensure pharmacy drugs are secure in cages as discussed.

Please submit policy and procedure. Ok to release registration once submitted.

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.

3/5/25

SIGNATURE DATE

INSPECTOR'S SIGNATURE Casey Caserta

OTHER INSPECTORS PRESENT:

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Dixon Shane LLC dba R &S Northeast LLC

Physical Address: 194 American Ave.

City: Glasgow State: KY Zip: 42141

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 270.434.2045 Website: www.rsnortheast.com

Name of Designated Representative (DR): Jesse Burgess

Licensing Company Email: compliance@rsnortheast.com DR Email: jburgess@rsnortheast.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				
N/A				
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: AvKare LLC
Address: 615 North 1st Street City: Pulaski State: TN Zip: 38478

Name: Amneal Pharmaceuticals LLC
Address: 118 Beaver Trail City: Glasgow State: KY Zip: 42141

Name: Upsher Smith Laboratories LLC
Address: 14905 23rd Ave N City: Plymouth State: MN Zip: 55447

Name: Austar Pharma LLC
Address: 18 Mayfield Ave. City: Edison State: NJ Zip: 08817

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: N/A 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: Kentucky
Parent Company (if any): Rondo Acquisitions LLC
Corporation/Organization Name: Dixon Shane LLC
Mailing Address: 8407 Austin Tracy Road
City: Fountain Run State: KY Zip: 42133
Telephone: 270.434.2045 Email: compliance@rsnortheast.com
Contact Person Name: Jesse Burgess

Section 6: Partnership

Partnership Name:
Mailing Address:
City: N/A State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address: N/A
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Dixon Shane LLC dba R & S Northeast LLC

Facility Name

Jesse Burgess

Print Name of Authorized Person Submitting Application

Jesse Burgess

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

07/25/2025

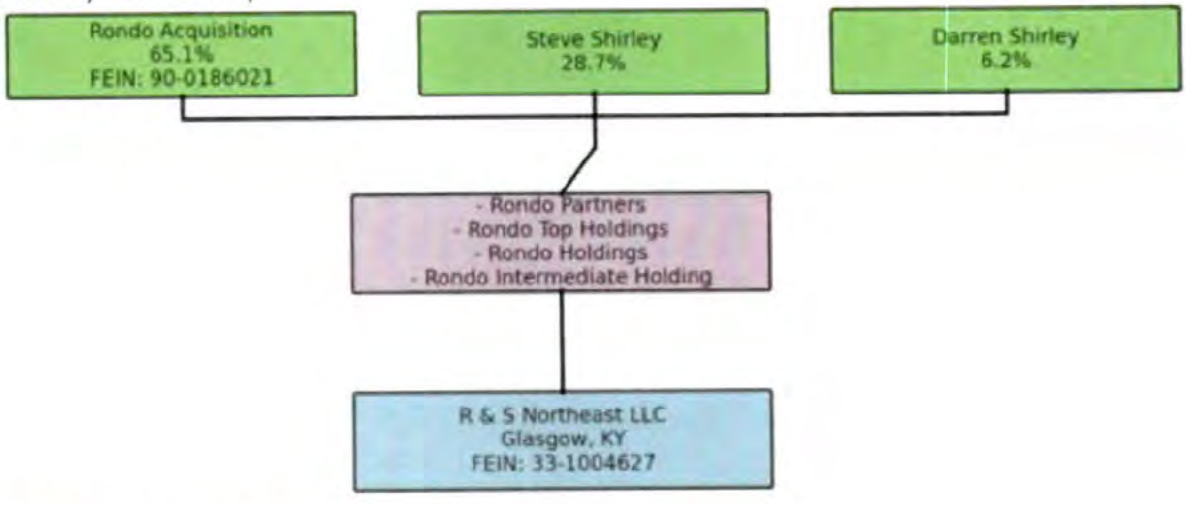
Date

Board Use Only	Date Received: 8/11/25	Amount: $1,000.00

AVKARE R&S
TWO PARTNERS . ONE MISSION

Dixon Shane LLC d/b/a R & S Northeast LLC Owners, Officers, and Facilities Report

Facility Ownership:



R & S Northeast LLC
194 American Avenue Glasgow, KY 42141
Tax ID: 33-1004627
compliance@rsnortheast.com
(270)-434-2045

Designated Representative: Jesse Burgess
Distribution Center Manager
SSN: [redacted]
DOB [redacted]

AVKARE R&S
TWO PARTNERS · ONE MISSION Owners, Officers, DRs, and Facilities Report

- **Company Officers** (same for all facilities)

1) Steve Carroll Shirley
CEO
[redacted]
sshirley@rsnortheast.com
[redacted]

2) Karol Ann Sharp
President
[redacted]
ksharp@avkare.com
[redacted]

3) Mary Tim Smith
CFO
[redacted]
tsmith@rsnortheast.com
[redacted]

4) Steven Carroll Wilhelm
COO
[redacted]
swilhelm@rsnortheast.com
[redacted]

5) Darren Thomas Shirley
EVP
[redacted]
dshirley@rsnortheast.com
[redacted]

COMMONWEALTH OF KENTUCKY

Michael G. Adams
Secretary of State

Certificate

I, Michael G. Adams, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ANNUAL REPORT ONLINE FILING FOR THE YEAR OF 2025 OF DIXON-SHANE LLC FILED FEBRUARY 12 2025.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of June, 2025.

COMMONWEALTH OF KENTUCKY
OFFICE OF SECRETARY OF STATE

Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
aburlingame/0535698 - Certificate ID: 337587

LARP

0535698
Michael G. Adams
KY Secretary of State
Received and Filed
2/12/2025 9:49:07 AM
Fee receipt: $15.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of St

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
http://www.sos.ky.gov

Annual Report
Online Filing
For the Year 2025

ARP

Company: DIXON-SHANE LLC
Company ID: 0535698
State of origin: Kentucky
Formation date: 4/25/2002 12:00:00 AM
Date filed: 2/12/2025 9:46:55 AM
Fee: $15.00

Principal Office

8407 AUSTIN TRACY ROAD
FOUNTAIN RUN, KY 42133

Registered Agent Name/Address

TIMI SMITH
8407 AUSTIN TRACY ROAD
FOUNTAIN RUN, KY 42133

Members/Managers

Manager	Steve	Shirley	8407 Austin Tracy Road, Fountain Run KY 42133
Manager	Mary Tim Smith	8407 Austin Tracy Road, Fountain Run KY 42133	

County:	BARREN
Business size:	Large
Business type:	Wholesale Trade - Nondurable Goods

Signatures

Signature Zackary Knew
Title Senior Accountant

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 337567
Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

DIXON-SHANE LLC

DIXON-SHANE LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 25, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of June, 2025, in the 234th year of the Commonwealth.

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
337567/0535698

KENTUCKY

Board of Pharmacy

The Kentucky Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

Dixon Shane LLC

Drug Facility

Permit Status:

Active

Permit #:

W07645

DBA Name:

R & S Northeast LLC

Issued Date:

05/22/2025

Expire Date:

09/30/2026

Classification:

Wholesaler

Discipline Status:

Good Standing

Discipline on File:

No

Facility Information

Address:

194 American Avenue
Glasgow, KY 42141
Barren

Protocols:

Facility Contact Person:

Jesse Burgess

Services:

Hours:

Lunch:
Sunday: N/A - N/A
Monday: 7:00am - 5:30pm
Tuesday: 7:00am - 5:30pm
Wednesday: 7:00am - 5:30pm
Thursday: 7:00am - 5:30pm
Friday: 7:00am - 5:30pm
Saturday: N/A - N/A

Public Records

No public records were found!

COMMONWEALTH OF KENTUCKY

Michael G. Adams
Secretary of State

Certificate

I, Michael G. Adams, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF ORGANIZATION OF R7S ACQUISITION LLC FILED APRIL 25 2002;

CERTIFICATE OF ASSUMED NAME OF DIXON-SHANE LLC FILED DECEMBER 30 2002.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of June, 2025.

COMMONWEALTH OF KENTUCKY
OFFICE OF SECRETARY OF STATE

Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
aburlingame/0535698 - Certificate ID: 336970

0535698.06 Pcraine LAOO
John Y. Brown III
Secretary of State
Received and Filed
04/25/2002 01:05 PM
Fee Receipt: $40.00

ARTICLES OF ORGANIZATION
FOR
R & S DIXON ACQUISITION LLC

The undersigned person forms a Kentucky limited liability company pursuant to the Kentucky Limited Liability Company Act, KRS Chapter 275 (the "Act"), as follows:

1. The name of the limited liability company (the "Company") shall be R & S Dixon Acquisition LLC.

2. The street address of the Company's initial registered office shall be 8407 Austin Tracy Road, Fountain Run, Kentucky 42133. The name of the Company's initial registered agent at that office shall be Jerry G. Shirley.

3. The mailing address of the initial principal office of the Company shall be 8407 Austin Tracy Road, Fountain Run, Kentucky 42133.

4. The Company is to be managed by one or more managers.

5. The existence of the Company will be perpetual, except as provided in the Company's Operating Agreement.

FBT, LLC, as organizer

By _____
Scott W. Dolson, Manager

CONSENT OF REGISTERED AGENT

The undersigned, having been named in these Articles of Organization as the registered agent of the Company, hereby consents to serve in that capacity.

JERRY G. SHIRLEY

FROST BROWN TODD LLC

400 West Market Street
32nd Floor
Louisville, Kentucky 40202-3363
(502) 589-5400
Facsimile (502) 581-1087
www.frostbrowntodd.com

SCOTT W. DOLSON
sdolson@fbtlaw.com
(502) 568-0203

April 24, 2002

Mr. John Y. Brown, III
Secretary of State
State Capitol Building
700 Capital Avenue, Suite 150
Frankfort, Kentucky 40601

RE: Articles of Organization for R & S Dixon Acquisition LLC

Dear Secretary Brown:

Enclosed please find the following:

1. An original and two copies of the Articles of Organization for R & S Dixon Acquisition LLC;

2. A check in the amount of $40.00 for the filing fee.

Please return the filed stamped document to my attention in the self-addressed, postage prepaid, envelope for your convenience. If you have any questions, please do not hesitate to give me a call.

I thank you in advance for your assistance.

Sincerely,

Jonna S. Case
Legal Secretary for
Scott W. Dolson

Enclosures

COMMONWEALTH OF KENTUCKY
JOHN Y. BROWN III
SECRETARY OF STATE

0535698.12
John Y. Brown III
Secretary of State
Received and Filed
12/30/2002 11:29 AM
Fee Receipt: $20.00

States
C226

CERTIFICATE OF ASSUMED NAME

This certifies that the assumed name of

DIXON-SHANE DRUG COMPANY
(Name under which the business will be conducted)

has been adopted by DIXON-SHANE LLC
(Real name - KRS 365.015(1))

which is the "real name" of (YOU MUST CHECK ONE)

- [ ] a Domestic General Partnership
- [ ] a Domestic Registered Limited Liability Partnership
- [ ] a Domestic Limited Partnership
- [ ] a Domestic Business Trust
- [ ] a Domestic Corporation
- [XX] a Domestic Limited Liability Company
- [ ] a Joint Venture
- [ ] a Foreign General Partnership
- [ ] a Foreign Registered Limited Liability Partnership
- [ ] a Foreign Limited Partnership
- [ ] a Foreign Business Trust
- [ ] a Foreign Corporation
- [ ] a Foreign Limited Liability Company

organized and existing in the state or country of KENTUCKY, and whose address is

8407 Austin Tracy Road (Street address & city) Fountain Run (City) KY (State) 42133 (Zip Code).

The certificate of assumed name is executed by

DIXON-SHANE LLC

BY: Darren Shirley
(Signature)

Darren Shirley, President*
(Print or type name and title)

December 27, 2002
(Date)

(Signature)

(Print or type name and title)

(Date)

*who is its Manager in accordance with the provisions of the Operating Agreement of Dixon-Shane LLC.

SSC-226 (7/98)

(See attached sheet for instructions)

GARMON & GOODMAN
ATTORNEYS AT LAW

139 NORTH PUBLIC SQUARE
P. O. BOX 663
GLASGOW, KY 42142-0663

TELEPHONE (270) 651-8812
FACSIMILE (270) 651-8846
EMAIL: gglaw@gglex.com

LARRY D. GARMON
email: lgarmon@gglex.com

CHARLES A. GOODMAN III
email: cgoodman@gglex.com

VIA UPS

December 27, 2002

Mr. John Y. Brown, III
Secretary of State
Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601

Re: Certificate of Assumed Name of Dixon-Shane Drug Company being adopted by Dixon-Shane LLC, a Kentucky limited liability company

Dear Mr. Brown:

Please file the enclosed triplicate originals of the Certificate of Assumed Name of Dixon-Shane Drug Company being adopted by Dixon-Shane LLC, a Kentucky limited liability company.

I have enclosed the check of Garmon & Goodman payable to the Kentucky State Treasurer in the amount of Twenty Dollars ($20.00) for the filing fee.

After you have filed the enclosed Certificate of Assumed Name, please return it to me in the enclosed self-addressed envelope.

If you have any questions concerning the enclosed document, please contact me at 270-651-8812.

Sincerely,

GARMON & GOODMAN

Larry D. Garmon

LDG:skh
[Corporate\Sec of State
Assumed Name]

Enclosures

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. 9452472

Application/License No. _____

Dixon-Shane, LLC dba R&S Northeast, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 194 American Avenue, Glasgow KY 42141 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity & 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 256 Chapman Road, Suite 105 Newark DE 19702 (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 7/28/2025 (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 28th day of July, 2025.

APPLICANT/PRINCIPAL COMPANY
Dixon-Shane, LLC dba R&S Northeast, LLC

Steve Shirley
Authorized Representative

SIGNED and SEALED in the presence of:

Cody Turner
Witness

Karanie Black
Witness

SURETY COMPANY
Fidelity & Deposit Company of Maryland

Joseph T. Catania
Surety Company's Representative

Joseph T. Catania, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

n/a
Nevada Resident Agent

Posted February 20, 2020

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 28th day of July, 2025.



MJ Pethick

Mary Jean Pethick
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
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

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: Dixon Shane LLC dba R & S Northeast LLC

Pharmacy/Wholesaler License # (if applicable): initial application

Physical Address: 194 American Ave.

City: Glasgow State: KY Zip: 42141

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 270.434.2045 Website: www.rsnortheast.com

Licensing Company Email: compliance@rsnortheast.com

Section 2: Personal Information

First: Jesse Middle: S. Last: Burgess

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

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

Mailing Address: [redacted]

City: Fountain Run State: KY Zip: [redacted]

Telephone: 270.434.2045 Email: jburgess@rsnortheast.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 Monroe County High School			From - To (MM/YY – MM/YY) 08-2008 - 05-2012
Address 755 Old Mulkey Rd	City Tompkinsville	State KY	Zip 42167
Diploma/Degree obtained, if any General 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

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY – MM/YY) 08-2019 - Current	[redacted]	City Fountain Run	State KY	Zip [redacted]
From - To (MM/YY – MM/YY) 05-2017 - 08-2019		City Gamaliel	State KY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Dixon Shane LLC dba R & S Northeast LLC			12-2017 - Current	
Business Address		**City**	**State**	**Zip**
8407 Austin Tracy Road		Fountain Run	KY	42133
Phone	**Title**		**Number of Employed Hours**	
270.434.2045	Distribution Center manager		15,600	
Description of Duties				
Oversee daily operations of wholesale distribution center.				

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

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

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

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 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			

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				

UIA

Provide explanation below:

_____ _____

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

I, Jesse Burgess, **certify that as the designated representative for**

Dixon Shane LLC dba R & S Northeast LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JSB I am at least 21 years of age;
3. JSB 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. JSB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JSB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JSB 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. JSB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jesse Burgess
Print Name (First, Last)

Jesse Burgess
Original Signature (electronic, copies or stamps not accepted)

07/25/2025
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.

Jesse Burgess

Print Name (First, Last)

Jesse Burgess

Original Signature (electronic, copies or stamps not accepted)

07/25/2025

Date

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

State of Kentucky, ss. County of Barren

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

Jesse Burgess

Original Signature

07/25/2025

Date

Subscribed and Sworn to before me this 25th day of July.

Kansas Page Walbert

Notary Public Signature

Kansas Page Walbert
NOTARY PUBLIC
Commonwealth of Kentucky
Commission Number KYNP68756
My Commission Expires 04/05/2027

(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: Dixon Shane LLC dba R & S Northeast LLC

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

Physical Address: 194 American Ave.

City: Glasgow State: KY Zip: 42141

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 270.434.2045 Website: www.rsnortheast.com

Licensing Company Email: compliance@rsnortheast.com

Section 2: Personal Information

First: Steve Middle: C Last: Shirley

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

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

Mailing Addre: [redacted]

City: Nashville State: TN Zip: [redacted]

Telephone: 270.434.2045 Email: sshirley@rsnortheast.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)	
University of Kentucky Pharmacy School		1977-1979	
Address	**City**	**State**	**Zip**
40506 789 S Limestone	Lexington	KY	40508
Diploma/Degree obtained, if any			
BS Degree Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Western Kentucky University		1975-1976	
Address	**City**	**State**	**Zip**
1906 College Heights Blvd	Bowling Green	KY	42101
Diploma/Degree obtained, if any			
Pre-Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Barren County High School		1971-1975	
Address	**City**	**State**	**Zip**
507 Trojan Trail	Glasgow	KY	42141
Diploma/Degree obtained, if any			
General 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
08-2014 - Current	[redacted]	Nashville	TN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Dixon Shane LLC dba R & S Northeast LLC			02-2020 - Current
Business Address	**City**	**State**	**Zip**
8407 Austin Tracy Road	Fountain Run	KY	42133
Phone	**Title**		
270.434.2045	Owner / CEO		
Description of Duties			
Oversee all management staff and strategic growth plans. Responsible for financial stability of the organization.			

Business Name			From - To (MM/YY – MM/YY)
Dixon Shane LLC dba R & S Northeast LLC			01-1982 - 01-2020
Business Address	**City**	**State**	**Zip**
8407 Austin Tracy Road	Fountain Run	KY	42133
Phone	**Title**		
270.434.2045	President		
Description of Duties			
Management of growth plans and financial stability.			

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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		N/A		
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/30/25
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.

Steve Shirley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/30/25

Date

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

State of Kentucky, ss. County of Barren

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

Original Signature

7/30/25

Date

Subscribed and Sworn to before me this 30th day of July 2025.

Notary Public Signature

Kansas Page Walbert
NOTARY PUBLIC
Commonwealth of Kentucky
Commission Number KYNP68756
My Commission Expires 04/05/2027

(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: Dixon Shane LLC dba R & S Northeast LLC

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

Physical Address: 194 American Ave.

City: Glasgow State: KY Zip: 42141

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 270.434.2045 Website: www.rsnortheast.com

Licensing Company Email: compliance@rsnortheast.com

Section 2: Personal Information

First: Jesse Middle: S Last: Burgess

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

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

Mailing Address: [redacted]

City: Fountain Run State: KY Zip: [redacted]

Telephone: 270.434.2045 Email: jburgess@rsnortheast.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)	
Monroe County High School			
Address	**City**	**State**	**Zip**
755 Old Mulkey Rd	Tompkinsville	KY	42167
Diploma/Degree obtained, if any			
General 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			
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			

Section 6: List all residences you have had for the last 10 years beginning with 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 - Current	[redacted]	Fountain Run	KY	[redacted]
From - To (MM/YY – MM/YY)		City	State	
05-2017 - 08-2019		Gamaliel	KY	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Dixon Shane LLC dba R & S Northeast LLC			12-2017 - Current
Business Address	**City**	**State**	**Zip**
8407 Austin Tracy Road	Fountain Run	KY	42133
Phone	**Title**		
270.434.2045	Distribution Center Manager		
Description of Duties			
Oversee daily operations of wholesale distribution center.			

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

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

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			

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, 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				
N/A				
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.

Jesse Burgess

Print Name (First, Last)

Jesse Burgess

Original Signature (electronic, copies or stamps not accepted)

07/25/2025

Date

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

State of Kentucky, ss. County of Barren

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

Jesse Burgess

Original Signature

07/25/2025

Date

Subscribed and Sworn to before me this 25th day of July.

Kansas Page Walbert

Notary Public Signature

Kansas Page Walbert
NOTARY PUBLIC
Commonwealth of Kentucky
Commission Number KYNP68756
My Commission Expires 04/05/2027

(Seal)

Employee List

Jesse Burgess

Jason Britt

Carrie Martin

Joseph Driver

James Page

Brian Trivett

Matthew Jackson

Crystal Tran

Tyler Klap

Brandy Taylor

Mike Ryan

Joe Emberton

Pamela Hoskins

Randy Matthews

Garvin Freeman

Roxanne Ring

Tommy Newman

Marlene Mullins

Rodney Carter

Cody Dean

Scott Payne

Timothy Emberton

Patricia Corn

Thomas Humpery

Kentucky Board of Pharmacy
125 Holmes St.
Frankfort, KY 40601

Report

Pharmacy

Name: Dixon Shane LLC (dba R&S Northeast LLC) Permit No.:
Address: 194 American Ave, Glasgow, KY 42141
Phone: 270-434-2045 Fax: Email: compliance@rsnortheast.com

Inspection

Date: 5/22/25 Time In: 11AM CST Time Out: 11:15 CST
Type: initial
Notes: Wholesaler

Wholesaler Area

Alarm System Maintained: 201 KAR 2:105 Section 4 (2)(a)	compliant
Authorized Access Maintained: 201 KAR 2:105 Section 4(2)(c)	compliant
Drug Storage Area: 201 KAR 2:105 Section 1 (4)(a) and Section 4 (1)	compliant
Lighting (Interior and Exterior): 201 KAR 2:320 Section1 (4)(a) and Section 4 (2)(b)	compliant
Quarantine Area for Outdated, Damaged or Opened: 201 KAR 2:105 Section 1 (4)(b) and Section 4(1)(b)	compliant
Refrigeration/Freezer: 201 KAR 2:105 Section 1 (4)(a)	not applicable
Sanitation: 201 KAR 2:105 Section 4 (1)(a)	compliant
Suitable Size and Construction: 201 KAR 2:105 Section 4 (1)(a)	compliant
Ventilation/Temperature/Humidity: 201 KAR 2:105 Section 1 (4)(a)	compliant

General

Controlled Drugs Secure 201 KAR 2:105 Section 1(4)(d) and Section 4(12)(c), and 21 CFR 1301.72 and 1301.73	not applicable
Customer Verification 201 KAR 2:105 Section 1(4)(c)	compliant
Drug Loss/Theft Records Maintained 201 KAR 2:105 Section 1(4)(d) and Section 4(4)(a) and 21 CFR 1301.76	not inspected
Personnel Training Program: 201 KAR 2:105 Section 4 (2)(d)	compliant
Product and Process Controls: 201 KAR 2:105 Section 4 (3) and (7)	not inspected

0960

General *(continued)*

Receipt and Distribution Transaction Records for 2 Years: 201 KAR 2:105 Section 4 (3)(a)	not inspected
Records Maintained and Complete: 201 KAR 2:105 Section 4 (3)	not inspected
Records Readily Retrievable: 201 KAR 2:105 Section 4 (3)	not inspected
Stock Rotation of Pharmaceuticals: 201 KAR 2:105 Section 4 (7)(b)	not inspected
Employee List with Qualifications: 201 KAR 2:105 Section 4 (2)(e)	compliant
Established Returns Process: KRS 315.404 (4)	compliant
Employees Screened Per DEA Requirements: 21 CFR 1301.90	compliant
Biennial Controlled Substance Inventory: KRS 218A.200 (7)(a) Date:	not applicable

Written Policies and Procedures

Distressed Drugs: 201 KAR 2:105 Section 4 (4)(b) and (5)	compliant
Correcting Errors/Inaccuracies in Inventories: 201 KAR 2:105 Section 4 (4)(b)	Compliant
Outdated Pharmaceuticals: 201 KAR 2:105 Section 4 (4)(c)	compliant
Shipping/Receiving of Stock: 201 KAR 2:105 Section 4 (4)(d)	compliant
Recalled Drugs: 201 KAR 2:105 Section 4 (6)	compliant
Crisis/Emergency Situations: 201 KAR 2:105 Section 4 (4)(a)	compliant
Security/Diversion: 201 KAR 2:105 Section 4 (2)(c)	compliant

Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.

John M. Fuller

Inspector:

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.

Jesse Burgess

~~Pharmacist:~~ Jesse Burgess

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 ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: VaxServe, Inc.

Physical Address: 54 Glenmaura National Boulevard, Suite 301

City: Moosic State: PA Zip: 18507

Mailing Address (if different from physical address): 100 Morris Street Attn: Kara McMahon

City: Morristown State: NJ Zip: 07960

Telephone: (570) 892-4190 Website: www.sanofi.com

Name of Designated Representative (DR): William John Manley

Licensing Company Email: Kara.McMahon@sanofi.com DR Email: bmanley@vaxserve.com

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

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
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?		✔
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:

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ 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: Pennsylvania

Parent Company (if any): Sanofi Pasteur Inc.

Corporation/Organization Name: VaxServe, Inc.

Mailing Address: 100 Morris Street Attn: Kara McMahon

City: Morristown State: NJ Zip: 07960

Telephone: (570) 892-4190 Email: Kara.McMahon@sanofi.com

Contact Person Name: William Manley

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment B	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment B		✓		
• **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 C	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment D		✓	✓	✓
• **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 - wholly owned by parent company		✓	✓	✓
• **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 F	✓	✓	✓	✓
• [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: See Attachment G 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/. See Attachment H		✓	✓	✓

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

VaxServe, Inc.

Facility Name

William John Manley

Print Name of Authorized Person Submitting Application

William John Manley

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

8/12/2025

Date

Board Use Only	Date Received: 10/30/25	Amount: $1000 CC

Attachment A

Nature of Business

VaxServe, Inc. (VaxServe) is a virtual wholesale distributor of non-controlled prescription drugs. VaxServe is a wholly-owned subsidiary of Sanofi Pasteur Inc. (SPI). The VaxServe facility located in Moosic, PA is the corporate headquarters and will be listed on the invoices. Products are manufactured by affiliated and non-affiliated manufacturers and are physically shipped to customers from third party logistics providers and affiliated distributors. This facility never physically manufactures, handles, or distributes any products. The information for the facilities utilized to manufacture and distribute is the following:

Manufacturers:

Sanofi Pasteur Inc.
Address: 1 Discovery Drive, Swiftwater, PA 18370
FDA Registration #: 2518760

Sanofi Winthrop Industrie
Address: Campus Mérieux, 1541 Avenue Marcel Mérieux, 69280 Marcy L'Étoile, France
FDA Registration #: 3002972083

Sanofi Pasteur Limited
Address: 1755 Steeles Avenue West, Toronto, Ontario, M2R 3T4, Canada
FDA Registration #: 3002888623

Protein Sciences Corporation
Address: 401 N. Middletown Road, Pearl River, NY 10965
FDA Registration #: 3011286996

Third Party Logistics Providers:

DHL Supply Chain (USA)
Address: 1025 Sandhill Road, Reno, NV 89521

DHL Supply Chain (USA)
Address: 2500 Southpoint Drive, Forest Park, GA30297

Affiliated Distributor:

Sanofi Pasteur Inc.
Address: 50 Stauffer Industrial Park, Taylor, PA 18517

Attachment B

Corporate Officer and Ownership Information

VaxServe, Inc. is wholly owned by its parent company Sanofi Pasteur Inc.

Corporate Officers:

Stacy K. Bucha
President

Matthew H. Farmer
Secretary

Francois-Xavier M. Dazogbo
Treasurer

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:	VAXSERVE, INC.
Request Type:	Subsistence Certificate
Request No.:	056842830
Receipt No.:	001695001
Filing Type:	Domestic Business Corporation
Filing Subtype:	Business
Initial Filing Date:	July 22, 1998
Status:	Active

Issuance Date: May 19, 2025
File No.: 0002828056

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

VAXSERVE, INC.

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.



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

Attachment F

Regarding the Resident State License Type

Enclosed please find a copy of the resident state Pennsylvania license. Please note that the Pennsylvania Department of Health (Department) does not have a "virtual wholesaler" license type. As such, the state has confirmed that a "virtual manufacturer" license is the most appropriate license type for this facility's business model. Enclosed please find confirmation from the Department that they do not offer a virtual wholesaler license type.

Certificate of Licensure

Certificate No. 9000000325

Drug & Device Registration

2525 N. 7th Street
Suite 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Virtual Manufacturer (License)
(No Commercially available product onsite. Office or Headquarters only.)

VAXSERVE, INC.
54 GLENMAURA NATIONAL BLVD.
SUITE 301
MOOSIC, PA 18507

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: May 23, 2025

Expiration Date: The Last Day of June, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance

Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

If you have neither received your new certificate nor have been contacted by the Department, please contact the program directly. Please note, the program is not responsible for misdirected mail, email, or faxes and fees may be nonrefundable. If an onsite inspection or other documentation is required, your application may need such additional documentation or inspection prior to issuance which may take up to 60 days. If you do not respond to such requests or we are unable to reach you, an application may be cancelled.
Back To Top

What are Some Common Examples of Non-Prescription or OTC Products Requiring Registration?
Some common examples of non-prescription products requiring registration are "Tylenol," aspirin, "Maalox," cough drops, anti-perspirant deodorants, diet aids, First Aid kits, fluoride toothpaste, eye drops, gauze and medicated Band-Aids, veterinary drugs, contraceptive devices, incontinence pads, canes, foot braces, and some vitamins and herbal products. Only herbal products or vitamins that contain a drug product such as ephedrine m or which are promoted to treat, cure mitigate, or prevent disease in man or animals, mandate registration.
Back To Top

Do you license or register in state virtual distributors, brokers, or billing agents?
We do not register or license in state virtual distributors/brokers/billing only offices except that In state Virtual manufacturers, that hold a FDA product label code for commercial product, will need to obtain licensure beginning April 13, 2025.
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Do Commercial Warehouses or Third-Party Logistics (3PL) Need to Register?
Yes, even though commercial warehouses within the Commonwealth do not own the products, they are still physically storing, transferring, and acting as a distributor by definition under the Pennsylvania Drug, Device, and Cosmetic Act and need to register. Nonresident Commercial Warehouses or Third Party Logistics (3PL) only need register if they are directly shipping products containing a List I chemical (ie pseudoephedrine, GHB, etc) Commercial Warehouses or Third Party Logistics (3PL) should also review the federal Drug Quality and Supply Act for possible licensure requirements and other compliance requirements.
Back To Top

What Other Drug or Device Registrations may I possibly need?
For facilities handling controlled substances or List I chemicals, registration with the Federal Drug Enforcement Agency (DEA) is required. For facilities manufacturing or outsource compounding drugs, devices, or medical gases, registration with the Federal Food and Drug Administration (FDA) is required (www.fda.gov). For facilities handling bedding and upholstery (ie hospital beds), registration with the Pennsylvania Department of Labor and Industry is required (www.li.pa.gov). For facilities handling veterinary/animal products, registration with the Pennsylvania Department of Agriculture may be required (www.pda.pa.gov). For facilities handling the destruction of drugs or medical devices, registration with the Pennsylvania Department of Environmental Protection may be required (www.dep.pa.gov). For facilities handling radiologic equipment, registration may be required with the Pennsylvania Department of Environmental Protection. (www.dep.pa.gov) For facilities handling orthotics or prosthetics, individual practitioners may need to obtain licensure from the Board of Medicine (www.dos.pa.gov/med) For General business or entrepreneurial information in the Commonwealth, please check the Pennsylvania

RIDER

To be attached to and form part of:

Bond Number 104811165

dated October 11, 2006

issued by the TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

in the amount of $ 100,000.00

on behalf of VAXSERVE, INC.
(Principal)

and in favor of NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Principal Address shall be added:

54 Glenmaura National Blvd, Suite #301, Moosic, PA 18507

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 16th day of July, 2025.

Signed, Sealed & Dated this 16th day of July, 2025.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
(Surety)

By: _____
Wayne G. McVaugh, 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 **Wayne G. McVaugh** of **PHILADELPHIA**, **Pennsylvania**, 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 **June**, **2025**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 104811166

Application/License No. _____

VAXSERVE, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 50 Stauffer Industrial Park Taylor, PA 18517 (Address of Applicant/Principal), as PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183 (Address of Surety), as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/11/2006 (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 11th day of October, 2006.

APPLICANT/PRINCIPAL
VAXSERVE, INC.

Authorized Representative

SURETY COMPANY
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Darella White
Surety Company's Representative

Darella White, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Richard Dicciani

Witness

Witness William Dancer

Countersigned by:

COUNTERSIGNED BY
MARIAN KEEFE/LIC #73338

Nevada Resident Agent

AON RISK SERVICES, INC. of NEVADA
LAS VEGAS, NV 10-16-06

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 VaxServe, Inc.

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 54 Glenmaura National Boulevard, Suite 301

City Moosic State PA Zip 18507

Mailing Address (if different from physical address) 100 Morris Street, Attn: Kara McMahon, Manager of State Licensing Operations

City Morristown State NJ Zip 07960

Telephone 570-892-4190 Website www.sanofi.com

Licensing Company Email Kara.McMahon@sanofi.com

Section 2: Personal Information

First William Middle John Last Manley

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

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

Mailing Address 100 Morris Street, Attn: Kara McMahon, Manager of State Licensing Operations

City Morristown State NJ Zip 07960

Telephone [redacted] Email bmanley@vaxserve.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)	
Bishop Hannan Highschool		9/74	6/78
Address	**City**	**State**	**Zip**
330 Wyoming Avenue	Scranton	PA	18503
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Pennsylvania State University		79	5/83
Address	**City**	**State**	**Zip**
201 Old Main	University Park	PA	16802
Diploma/Degree obtained, if any			
BS in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**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
06/2020 - Present	[redacted]	Old Forge	PA	[redacted]
01-2002 -06/2020	[redacted]	Gouldsboro	PA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
VaxServe Inc.			03/2008 - Present	
Business Address		**City**	**State**	**Zip**
54 Glenmaura National Boulevard, Suite 301		Moosic	PA	18507
Phone	**Title**		**Number of Employed Hours**	
570-892-4190	Head of Supply Chain		40 hours a week	
Description of Duties				
Manage all aspects of demand/supply planning, procurement and logistics activities to support current and future revenue objectives. Lead our S&OP meetings with Supply Chain, and Heads of Marketing, Sales and Finance. Manage our Key Suppliers Relationships (Merck, Pfizer, GSK, Medline…) and confirm all Contractual Financial and Operational requirements are met. Manage Supply Chain initiatives designed to improve internal business processes and support the rapid growth of VaxServe such as: Depot vaccine inventory for Key Customers, same day delivery of Vaccines. Oversee all VaxServe Compliance related requirements including Transparency Reporting, FDA DQSA requirements, SOX operational requirements, Internal and External Audits, State Distribution Licenses, Inspections by our vendors.				

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

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

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

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:

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

I, William Manley William Manley, **certify that as the designated representative for**

VaxServe Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. WM I am at least 21 years of age;
3. WM 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. WM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WM 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. WM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

William Manley

Print Name (First, Last)

William Manley

Original Signature (electronic, copies or stamps not accepted)

8/12/2025

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 Manley

Print Name (First, Last)

William Manley 8/12/2025

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

---

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

State of NJ, ss. County of

I, William Manley, 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.

William J. Manley 8/13/25

Original Signature **Date**

Subscribed and Sworn to before me this 13 day of August 2025

Kara McMahon

Notary Public Signature

KARA MCMAHON
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES APRIL 16, 2029
COMMISSION: #2182036

(Seal)

Akus, Ozer
Bailey, Jocelyn
Beilman, Krista
Bennedsen, Laura
Bingham, Jill
Birkbeck, Kaitlin
Bonczewski, Alyssa
Burke, Christopher
Caramanno, Kristal
Cerra, Patrick
Chapin, Christopher
Conway, Kelly
Davis, Jennifer
DeFazio, Elisabeth
Dempsey, Christopher
Dohman, Brandis
Gallagher, Clare
Gawel, Alyssa
Gennaro, Stephanie
George, Jessica
Grill, Marla
Gullone, Karen
Harris, Kellie
Heilbrunn, Jeffrey
Hoffner, Sarah
Katz, Richard
Kearney Bucha, Stacy
King, Daniel
Krempasky, Noelle
Law, Rekha
Madden, Lauren
Manley, Bill
Maurer, Marissa
McManus, Derek
Messinetti, Mariel
Morgan, George
Panettieri, Cory
Passamonte, Angela

Parsi, Nilkanth
Patel, Megha
Roberts, Jack
Serino, Sharon
Sweeney, Tara
Timlin, Terri
Tutino, Amy
Walker, Reagan
Youells, Angela

4AA

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 (6/11/2024)

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 #: _____
	☐ 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: Affirming Care Pharmacy

Physical Address: 13331 Nacogdoches Rd

City: San Antonio State: TX Zip: 78217

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 8448057737 Toll Free # (NAC 639.708, NRS 639.23286): 8448057737

Fax: 888 453 8997 Contact Email: Affirmingcare RXTX@Gmail.com

Website: purposemed.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Riyad Hasanali

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24867

Section 2: List the name(s) of at least one NEVADA 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: Riyad Hasanali	NV Pharmacist Registration #: 24867
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): _____

Corporation/Organization Name: Affirming Care Tx LLC

Mailing Address: 13331 Nacogdoches Rd

City: San Antonio State: TX Zip: 78217

Telephone: 8448057737 Email: Affirmingcare RXTX@gmail.com

Contact Person Name: Riyad Hasanali

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 Riyad Hasanali (title) for Affirming Care 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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Riyad Hasanali

Print Name of Authorized Person

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

11/18/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Riyad Hasanali 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 Affirming Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18th day of November, 2025

Emily N Heidelberg
Notary Public

EMILY N. HEIDELBERG NOTARY PUBLIC STATE OF TEXAS ID# 135085164 EXPIRES 9-12-2028

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

Riyad Hasanali

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

11/18/25

Date

Board Use Only	Date Received: 12/9/25	Amount: $600

Corporate Officers

Riyad Hasanali - President
(Corporate Officer)

13331 NACOGDOCHES RD
SAN ANTONIO, TX 78217

affirmingcarerxtx@gmail.com
[redacted]

Affirming Care (TX) LLC Organizational Chart



All entities shown in this organizational chart are wholly owned, directly or indirectly, by PurposeMed Inc. PurposeMed Inc. is a widely held corporation with ownership divided among employees, founders, and institutional investors.

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 Registration for Affirming Care (TX) LLC (file number 805975534), a DELAWARE, USA, Foreign Limited Liability Company (LLC), was filed in this office on April 02, 2025.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 10, 2025.

Jane Nelson
Secretary of State

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 Affirming Care Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 13331 Nacogdoches Rd.

City SAN ANTONIO State TX Zip 78217

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8448057737 Website purposeMED.com

Licensing Company Email AffirmingcareRXTX@GMAIL.com

Section 2: Personal Information

First Riyad Middle _____ Last Harani

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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)	
Rutgers University		9/99 - 5/05	
Address	City	State	Zip
160 Frelinghuysen Rd	Piscataway	NJ	08854
Diploma/Degree obtained, if any			
Pharm D.			

School Name		From - To (MM/YY – MM/YY)	
Brooklyn Technical H.S.		09/96 - 06/99	
Address	City	State	Zip
29 Ft Greene Pl	Brooklyn	NY	11217
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)	[redacted]			
10/08 - Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Good Life Pharmacy #3			01/21 - present
Business Address	**City**	**State**	**Zip**
113 Star Grass	Spring Branch	TX	78070
Phone	**Title**	**Number of Employed Hours**	
830-214-2920	Pharmacist	40/wk for 4 years so over 8000	
Description of Duties			
All day to day Rph duties			

Business Name			From - To (MM/YY – MM/YY)
Good Life Pharmacy			09/14 - 12/20
Business Address	**City**	**State**	**Zip**
26108 Overlook Pkwy	San Antonio	TX	78260
Phone	**Title**	**Number of Employed Hours**	
210-819-4515	Pharmacist	40/wk - 40/wk for 6 years so over 1200	
Description of Duties			
All day to day Rph duties			

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

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

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

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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, Riyad Hasanali, **certify that as the designated representative for** Affirming Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. R.H. I am at least 21 years of age;
3. R.H. 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. R.H. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. R.H. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. R.H. 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. R.H. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Riyad Hasanali

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/25

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.

Riyad Hasanali

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/25

Date

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

State of Texas, ss. County of Comal

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

Original Signature

11/18/25

Date

Subscribed and Sworn to before me this 18th day of Nov, 2025

Emily N Heidelberg

Notary Public Signature

EMILY N. HEIDELBERG NOTARY PUBLIC STATE OF TEXAS ID# 135085164 EXPIRES 5-12-2028

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 Affirming Care Pharmacy

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

Physical Address 13331 Nacogdoches Rd

City SAN ANTONIO State TX Zip 78217

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8448057737 Website purposemed.com

Licensing Company Email Affirmingcarerxtx@gmail.com

Section 2: Personal Information

First Riyad I Middle _____ Last Hasanali

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

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

Mailing Addr[redacted]

City [redacted] State [redacted] Zip [redacted]

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)	
Rutgers Univ.			09/99 – 05/05	
Address		**City**	**State**	**Zip**
160 Frelinghuysen Rd		Piscataway	NJ	08854
Diploma/Degree obtained, if any				
PharmD				

School Name			From - To (MM/YY – MM/YY)	
Brooklyn Technical HS			09/96 – 06/99	
Address		**City**	**State**	**Zip**
29 Ft Greene Pl.		Brooklyn	NY	11217
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)	[redacted]			
10/08 – present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Good Life Pharmacy #3			01/21 - present	
Business Address	**City**	**State**	**Zip**	
113 Star Grass	Spring Branch	TX	78070	
Phone	**Title**			
830-214-2920	pharmacist			
Description of Duties				
All day to day Rph duties				

Business Name			From - To (MM/YY – MM/YY)	
Good Life Pharmacy			09/14 - 12/20	
Business Address	**City**	**State**	**Zip**	
26108 Overlook Pkwy	San Antonio	TX	78260	
Phone	**Title**			
210-819-4515	pharmacist			
Description of Duties				
All day to day Rph duties				

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**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.

Riyad Hasanali

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/25

Date

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

State of Texas, ss. County of Comal

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

Original Signature

11/18/25

Date

Subscribed and Sworn to before me this 18th day of Nov, 2025

Emily N Heidelberg

Notary Public Signature

EMILY N. HEIDELBERG
NOTARY PUBLIC
STATE OF TEXAS
ID# 135085164
EXPIRES 9-12-2028

(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *AFFIRMING CARE PHARMACY* License Number: *35740*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Routine,Licensee Request*

Date: *11/18/2025* Arrival Time: *10:00 AM* Departure Time: *12:00 PM*

Action Taken: *Inspection*

General Comments:

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*

Comment

Advised to wear identification tag or badge with name and title at all times.

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Initial controlled substance inventory completed on:11/17/2025 OOB

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*
04. Balance inspection	*Satisfactory*

Comment

Number of balances: one, not in use

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*

Comment

Advised to notify patients of complaint information.
Must be displayed in full public view

Controlled Substances

10. Prescriptions separated	*Not Applicable*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Not Applicable*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Applicable*
35. Controlled substance invoices separated	*Not Applicable*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Not Applicable*
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*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Not Applicable*
61. Supervision of supportive personnel	*Not Applicable*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*

Comment

Advised to maintain a log of initials or ID codes to identify each pharmacist, pharmacy technician, and pharmacy technician trainee for at least seven years.

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*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

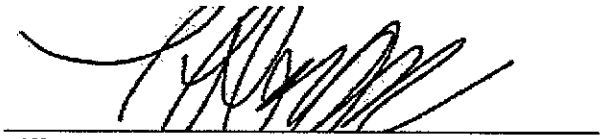
03. Orderly/Clean/Hand Hygiene	*Not Applicable*
04. Balance inspection (for non-sterile compounding)	*Not Applicable*
05. Equipment Inspection	*Not Applicable*

06. Non-sterile Library	*Not Applicable*
32. Non-sterile compound label (Is label complete?)	*Not Applicable*
38. Area/Environment for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*
60. Documentation of non-sterile required training	*Not Applicable*
70. Required policies & procedures/SOPs	*Not Applicable*
87. Quality Control/Assurance	*Not Applicable*

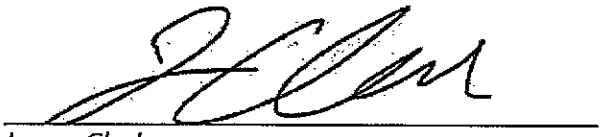
Signatures

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).



Tiffany Karnes



James Clark

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *AFFIRMING CARE PHARMACY*
License Number: *35740*
Address: *13331 NACOGDOCHES RD, SAN ANTONIO, TX 78217*
Phone: *(210) 833-2533*
Email:
Class of License: *A*
License Expiration: *05/31/2027*
DEA #: [redacted]
DEA Expiration: *06/30/2028*

Inspection Information

Type: *Compliance*
Purpose: *Routine,Licensee Request*
Date: *11/18/2025*
Arrival Time: *10:00 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Tiffany Karnes *Staff Pharmacist* *65564*

Witness

Jim Clark

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

ZH — I am the Pharmacist-in-Charge (PIC) of *AFFIRMING CARE PHARMACY*, pharmacy license number *35740*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *06/10/2025*.

ZH — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

ZH — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

ZH — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

ZH — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: ZH Date: *06/09/2025*

Printed Name: *HASANALI, RIYAD AMIRALI* License No.(if applicable): *43526*

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *AFFIRMING CARE PHARMACY*
License Number: *35740*
Address: *13331 NACOGDOCHES RD, SAN ANTONIO, TX 78217*
Phone: *(210) 833-2533*
Email:
Class of License: *A*
License Expiration: *05/31/2027*
DEA #: *Na*
DEA Expiration:

Inspection Information

Type: *Compliance*
Purpose: *Pre-Inspection*
Date: *06/10/2025*
Arrival Time: *7:30 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

HASANALI, RIYAD PIC *43526*
AMIRALI

Witness

Jim Clark

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *AFFIRMING CARE PHARMACY* License Number: *35740*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Pre-Inspection*

Date: *06/10/2025* Arrival Time: *7:30 PM* Departure Time: *8:30 AM*

Action Taken: *Pre-Inspection*

General Comments:

Pre-Inspection Checklist

Verify Owner/Owner's Representative ID — *Yes*

Name	Title
: *HASANALI, RIYAD AMIRALI*	: *Owner*

Verify PIC ID — *Yes*

Name	Title
: *HASANALI, RIYAD AMIRALI*	: *PIC/Owner*

1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy. — *Yes*

2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed. — *Yes*

3. Electrical supply exists. — *Yes*

4. A sink with hot and cold running water available exclusive of the restroom facilities. — *Yes*

5. Pharmacy arranged in an orderly fashion and kept clean. — *Yes*

6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to: — *Yes*

6a. data processing system including a printer or comparable equipment; — *Yes*

6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration; — *Yes*

6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers; — *Yes*

6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy; — *Yes*

6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	*Yes*
6f. metric-apothecary weight and measure conversion charts;	*Yes*
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	*Yes*
7. A reference library is on site and current:	*Yes*
7a. Texas Pharmacy Laws and Regulations (publication year: _____)	*Yes*
Publication Year : *Online*	
7b. Drug Interactions Reference (publication year: _____)	*Yes*
Publication Year : *Online*	
7c. General Information Reference (publication year: _____)	*Yes*
Publication Year : *Online*	
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	*Not Applicable*
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	*Not Applicable*
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	*Yes*
8.If the pharmacy is compounding sterile preparations, the following references are also required:	*No*
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	*Not Applicable*
8b. Chapter 71 of the USP/NF concerning Sterility Tests	*Not Applicable*
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Not Applicable*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Not Applicable*
8e. Handbook on Injectable Drugs (publication year: _____)	*Yes*
Publication Year : *Online*	
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Yes*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*

10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*
11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Yes*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Not Applicable*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Not Applicable*
15. Certified clean room(s) (e.g. ante area, buffer area).	*Not Applicable*

Discussion Items

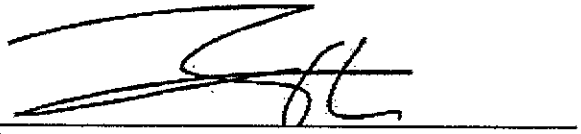
The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed.	*Yes*
Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b).	*Yes*
Pharmacy will need to conduct an opening inventory of all controlled substances on the first day of business.	*Yes*
Pharmacy will need to report all controlled substances to the PMP as required.	*Yes*

Signatures

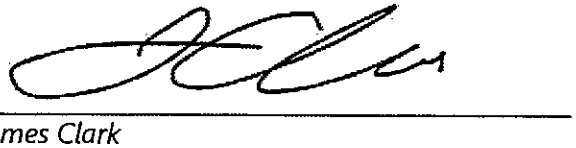
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HASANALI, RIYAD AMIRALI



James Clark

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 35740

(Date PDF Version Generated: 5/26/2025)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **35740** Expiration Date: **05/31/2027**

Balances: **1**

AFFIRMING CARE PHARMACY
13331 NACOGDOCHES RD
SAN ANTONIO, TX 78217

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 35740

AFFIRMING CARE PHARMACY

License Information

License Status Active
License # 35740
Expiration Date 05/31/2027
Date License Issued 05/20/2025

Address

13331 NACOGDOCHES RD
SAN ANTONIO, TX 78217
County BEXAR
Phone [redacted]

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
HASANALI, RIYAD AMIRALI

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 3566063 35740 AFFIRMINGCARE 2025-06 06-2030.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	No
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No

Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
HASANALI, RIYAD AMIRALI	43526	08/04/2005	07/31/2027	PIC	Active
KARNES, TIFFANY MARIE	65564	08/22/2019	10/31/2027	Staff	Active

Page 1 of 1 | 20 | View 1 - 2 of 2

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status

Page 0 of 0 | 20 | No records to view

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

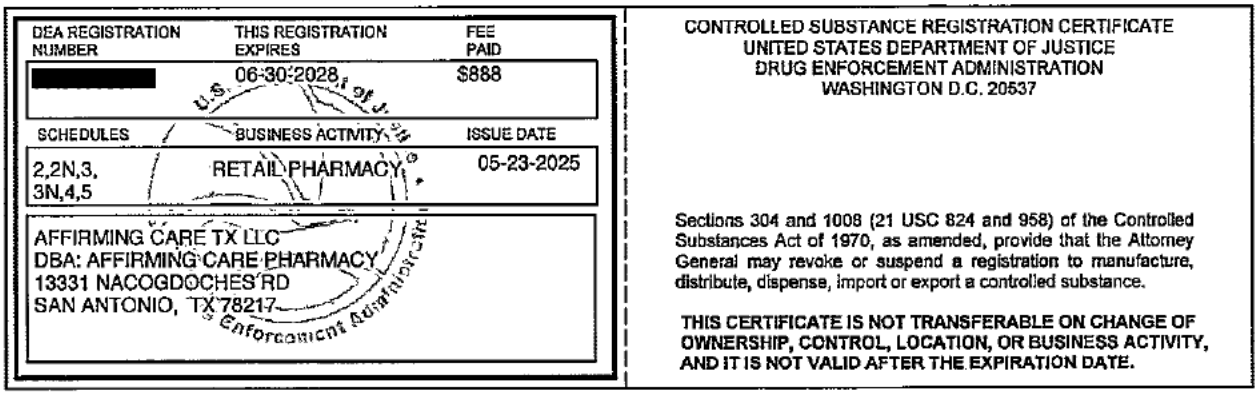
Page 0 of 0 | 20 | No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
AFFIRMING CARE (TX) LLC	OWNER	,			
HASANALI, RIYAD AMIRALI	OFFICER	,			

Page 1 of 1 | 20 | View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	06-30-2028	$888

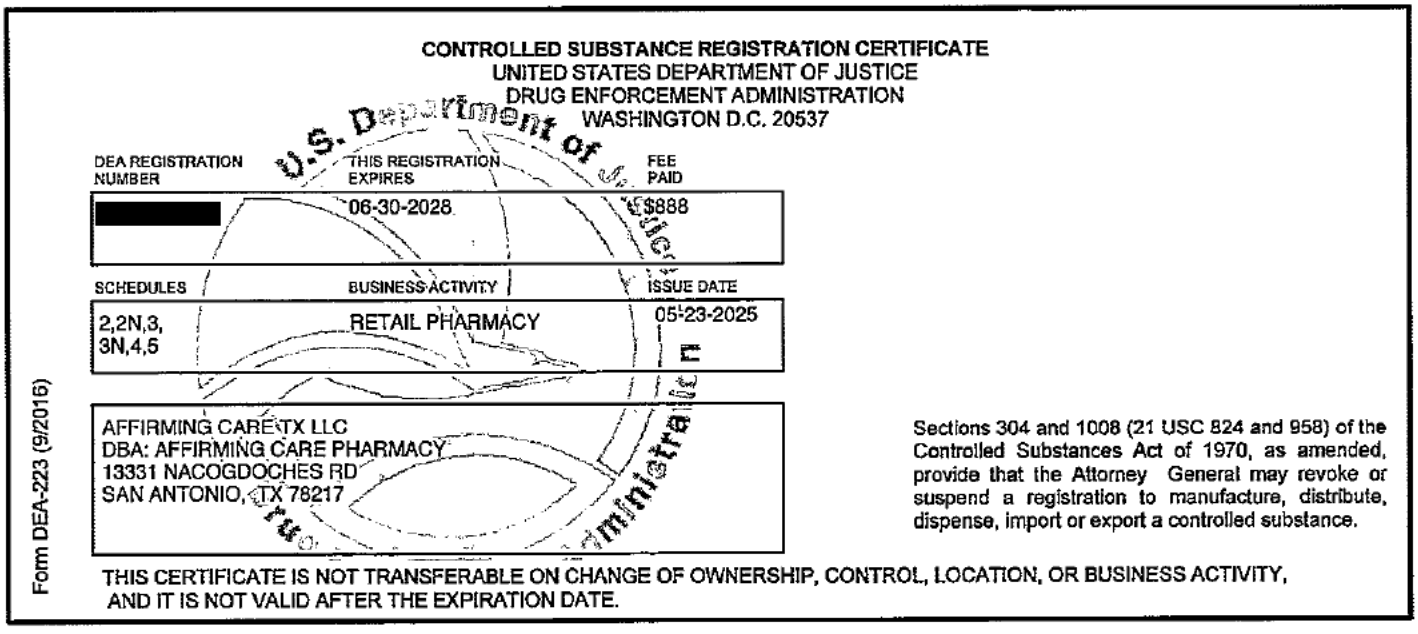
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-23-2025

AFFIRMING CARE TX LLC
DBA: AFFIRMING CARE PHARMACY
13331 NACOGDOCHES RD
SAN ANTONIO, TX 78217

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
[redacted]	06-30-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-23-2025

AFFIRMING CARE TX LLC
DBA: AFFIRMING CARE PHARMACY
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Form DEA-223 (9/2016)

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 **Affirming Care Tx LLC** did on 11/30/2025 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 11/30/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202511306316214
You may verify this certificate online at https://www.nvsilverflume.gov/home

4BB

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 (6/11/2024)

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 #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☑ Other: Mailorder	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☑ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: 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: Biologics, Inc. dba Biologics by McKesson

Physical Address: 170 Clermont Road, Suite D

City: Shepherdsville State: KY Zip: 40165

Mailing Address (if different from physical address): Attn: PIC 170 Clermont Road, Suite D

City: Shepherdsville State: KY Zip: 40165

Telephone: 1-800-850-4306 Toll Free # (NAC 639.708, NRS 639.23286): 1-800-850-4306

Fax: 1-800-823-4506 Contact Email: mckessonlicensing@mckesson.com

Website: https:www.biologicsinc.mckesson.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Cody Bryant Weatherford

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22655

Section 2: List the name(s) of at least one NEVADA 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: Cody Bryant Weatherford	NV Pharmacist Registration #: 22655
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: North Carolina

Parent Company (if any): Physicians Reliance Network, LLC

Corporation/Organization Name: Biologics, Inc.

Mailing Address: 11800 Weston Parkway

City: Cary State: NC Zip: 27513

Telephone: 1-800-850-4306 Email: mckessonlicensing@mckesson.com

Contact Person Name: Cynthia Branch

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: _____

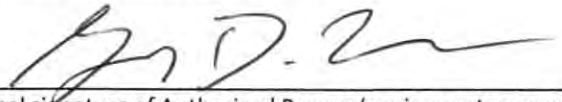
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Biologics, Inc. dba Biologics by McKesson (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Gregory Wolfe

Print Name of Authorized Person



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

10/1/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Gregory Wolfe hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Biologics, Inc. dba Biologics by McKesson (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 14 day of October, 20 25

LaShondia Spears
Notary Public

LASHONDIA SPEARS NOTARY PUBLIC WAKE COUNTY, NC

Lashondia Spears
NOTARY PUBLIC
Wake County
North Carolina
My Commission Expires
August 30, 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.

Gregory Wolfe, Vice President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

10/1/25

Date

Board Use Only	Date Received: 10/27/25	Amount: $500-CC

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its wholly owned subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 100 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. We have limited this summary to disciplinary actions taken against these facilities during the time frame specified in the question or the last six years in accordance with McKesson Corporation's Records and Information Management (RIM) Policy. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In 2013, **McKesson Corporation** entered into a consent order with the Virginia Board of Pharmacy based on the discovery of McKesson product in a non-McKesson warehouse that did not have proper security or temperate controls. Without McKesson's knowledge, an independent courier had placed McKesson customer returns in a warehouse used by the courier. After a default on the lease, McKesson was informed that its product was in the warehouse, but when McKesson attempted to retrieve the product, the owner of the warehouse denied entry. The Virginia Board was informed of the issue and ultimately held McKesson responsible for the courier's activity. A $4,000 penalty was assessed against McKesson's Landover, Maryland distribution center (this facility closed as of May 31, 2012).

In 2014 **McKesson Corporation** disclosed to the Michigan Board of Pharmacy final agency orders from Colorado, Georgia and Oklahoma that were issued between 2009 and 2012. , The Michigan Board of Pharmacy subsequently filed a complaint alleging that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state and asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The Michigan Board of Pharmacy determined that McKesson had accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders and the matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine.

In 2014, **McKesson Corporation** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC") that had closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of

prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson Corporation** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In March 2016, Illinois Board of Pharmacy notified **Biologics, Inc.** that it would investigate the action because it was not notified within 30 days. A consent order was signed and fee of $2,000.00 was paid. Biologics is currently in good standing with the Illinois Board of Pharmacy.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson Corporation** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson Corporation's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson Corporation** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled

substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson Corporation's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson Corporation** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson Corporation's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson Corporation's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson Corporation** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018, May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017, fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson Corporation** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson Corporation** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019, **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on

this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson Corporation** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson Corporation** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, McKesson Corporation entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson Corporation** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On June 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson Corporation** (the "California Settlement"). The California Settlement is effective on August 28, 2019, and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019, **McKesson Corporation** received a Letter of Admonition from the Colorado State Board of **Pharmacy** due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("McKesson St. Louis").

On August 29, 2019, **McKesson Corporation** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change

in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020, **McKesson Corporation** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products that had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and butalbital products that continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019 (the "2020 Clear Lake Consent").

On February 20, 2020, in response to the DEA Settlement, McKesson Corporation entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 22, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Illinois Department of Financial and Professional Regulation. The Illinois Consent Order applies to the McKesson distribution centers located in Aurora, Colorado, Livonia, Michigan and Washington Court House, Ohio.

- Aurora, Colorado - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2020 except for various exceptions that mirror exceptions in the DEA settlement;

- Livonia, Michigan - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On May 27, 2021, **McKesson Corporation** entered into a consent agreement with the Maine Board of Pharmacy regarding its Aurora, IL distribution center failing to report the Colorado disciplinary action to the Maine Board of Pharmacy within 10 days as required. The Colorado disciplinary action is now reported to the Maine Board of Pharmacy. The terms of the consent agreement included a fine in the amount of $500.00.

On October 1, 2021, **McKesson Corporation** ("McKesson") entered into a non-disciplinary agreement with the Connecticut Department of Consumer Protection, regarding its Memphis, TN distribution center. The agreement resolves allegations that, from January 2015 – January 2021, McKesson sold controlled substances to a practitioner that did not have an active Connecticut Controlled Substances Certificate of Registration. McKesson made no admission of liability and there were no findings of any violation of law. A monetary penalty of $4,500 was imposed.

On October 14, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a Settlement Agreement with the Ohio Board of Pharmacy (the "WCH Ohio Settlement"). The WCH Ohio Settlement applies to the McKesson distribution center located in Washington Court House, Ohio. The Ohio Settlement also resolved allegations of suspicious order reporting violations related to sales occurring between 2011 and 2017. Under the terms of terms of the WCH Ohio Settlement, there were no findings of any violation of law and McKesson made no admissions to the same. McKesson was subject to a reprimand and a fine of twenty-thousand dollars ($20,000).

On December 20, 2021, **McKesson Corporation** entered into a Consent Order with the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (the "IDFPR") based on reciprocal state action from the 2020 Clear Lake Consent. The Illinois Consent applied to McKesson's Clear Lake, IA distribution center. Under the terms of the Illinois Consent Order, the facility was subject to a public reprimand by the IDFPR.

On March 24, 2022, **McKesson Corporation** and the California Board of Pharmacy (the "Board") entered into a settlement agreement which resolved allegations against McKesson relating to the sale of controlled substances in 2017 and 2018 to an outpatient hospital pharmacy that the pharmacy discovered were being stolen by a pharmacy employee. Pursuant to the settlement agreement, the Board publicly reproved McKesson's Santa Fe Springs distribution center permit, and McKesson agreed to pay the board's costs related to the investigation and enforcement of the matter. As set forth in the settlement agreement, McKesson denies any allegation that it violated California laws regarding the distribution of controlled substances and there are no findings of any violation of state or federal laws.

On July 22, 2023, **McKesson Corporation**'s Santa Fe Springs, CA distribution center entered into a Consent Order with the Alabama Board of Pharmacy. The Consent Order constitutes reciprocal disciplinary action that was based entirely on a February 22, 2022, Decision and Order from the California Board of Pharmacy. There were no new facts giving rise to the Alabama Consent. Your office was notified of the California Order on or about 03/25/2022. Pursuant to the terms of the Alabama Consent, McKesson agreed to pay a fine of $25,000.

On April 12, 2024, **McKesson Corporation**'s Duluth, GA distribution center entered into a Public Consent Agreement with the Georgia State Board of Pharmacy. McKesson Corporation was disciplined for failure to maintain prescription drugs securely and assessed a fine of $10,000.

On August 29, 2024, the Ohio Board of Pharmacy issued a Final Order to **McKesson Corporation** for activities that occurred at McKesson's former distribution center previously located in Washington Courthouse, OH for purchases of dangerous drugs from an unlicensed entity from July 2019 to April 2021. The Board imposed a monetary fine in the amount of $2,750.00.

On August 30, 2024, **McKesson** (in addition to Cardinal Health, Inc. and Cencora, Inc. (f/k/a AmerisourceBergen Corporation) (collectively, the "Distributors")) has agreed to enter into a settlement agreement with third party payor ("TPP") plaintiffs to resolve certain opioid-related claims.

On September 25, 2024, **McKesson Corporation's** Montgomery, NY facility entered into a Settlement Agreement with the Connecticut Department of Consumer Protection Drug Control Division. Pursuant the terms of the Agreement, the Department of Consumer Protection alleged

that McKesson's contracted courier failing to maintain prescription drugs securely in violation of Section 21a-115-32(b)(4) of the Regulations of Connecticut State Agencies. The Settlement Agreement shall neither be considered an admission of liability or a violation of law for any purpose, nor as evidence supporting the allegations of the Department of Consumer Protection. Per the Settlement Agreement, McKesson Corporation shall submit a payment of One Thousand Five Hundred Dollars ($1,500) to the Department of Consumer Protection and shall be issued a Letter of Reprimand.

On November 14, 2024, **McKesson Corporation's** Montgomery, NY facility entered into a Settlement Agreement with the Connecticut Department of Consumer Protection Drug Control Division. Pursuant the terms of the Agreement, the Department of Consumer Protection alleged that McKesson's contracted courier failing to maintain prescription drugs securely in violation of Section 21a-115-32(b)(4) of the Regulations of Connecticut State Agencies. The Settlement Agreement shall neither be considered an admission of liability or a violation of law for any purpose, nor as evidence supporting the allegations of the Department of Consumer Protection. Per the Settlement Agreement, McKesson Corporation shall submit a payment of Five Thousand Dollars ($5,000) to the Department of Consumer Protection and shall be issued a Letter of Reprimand.

On August 20, 2025, the Michigan Board of Pharmacy issued a Consent Order and Stipulation resolving disciplinary action against **McKesson Corporation** distribution center located in Holt, MI, resulting in a fine of $1,000. The Michigan Board of Pharmacy found violations of Mich Admin Code R 338.3141(1) and MCL 333.17768(2)(e), which require effective controls against theft and diversion of controlled substances.

Pending Actions

McKesson Corporation's Jeffersonville, OH facility has a pending action in Ohio that hasn't reached final disposition. McKesson Corporation will supplement this information once final disposition is determined.

Please direct any questions r request for additional information via email to mckessonlicensing@mckesson.com.

While Biologics, Inc. dba Biologics by McKesson located at 11800 Weston Parkway, Cary, NC 27513 and 13501 Park Vista Blvd, Suite 150, Fort Worth, TX 76177 has no disciplinary actions, Biologics by McKesson located at 13000 Weston Parkway, Suite 105, Cary, North Carolina has the following previous discipline.

Biologics, Inc.
13000 Weston Parkway, Ste. 105
Cary, NC 27513
Disciplinary Action Overview
(Previously Disclosed)

Missouri
Prior to McKesson's ownership of Biologics, Biologics applied for a Missouri nonresident pharmacy permit in November 2003. In January 2004, the Missouri Board requested additional information to complete the application. Unfortunately, due to an oversight during a change in pharmacy management personnel, Biologics did not provide the information and, contrary to Biologics' intent, the application expired in May 2004. As a result, Biologics was found to be in violation of Missouri law for shipping into Missouri without a valid permit. On March 31, 2005, Biologics entered into an Order with the Missouri State Board of Pharmacy whereby the Board issued a nonresident permit to Biologics subject to a three year probationary period. Biologics complied with the Order and the terms thereof, and pursuant to the terms of the Order, the nonresident permit was fully restored after the probationary period. Biologics is currently in good standing with the Missouri Board of Pharmacy.

Texas
In April 2012, the Texas State Board of Pharmacy notified Biologics, Inc. that Biologics, Inc. had failed to include the Missouri restricted license in its 2006 Texas licensure renewal and subsequent Change of Managing Office notice.

In a letter dated June 4, 2012, the Texas Board of Pharmacy notified Biologics, Inc. that its license# 23756 would be sanctioned from May 16, 2012 through August 14, 2015. In addition, an administrative penalty of $2,000.00 would be assessed. The omission was inadvertent and in the good faith belief that the reason for the restricted license was due to a tardy application in Missouri and not an "act" by the Company or its personnel in Missouri. Biologics now understands that this was an incorrect interpretation. Biologics, Inc. paid the penalty and completed the restricted period. Biologics is currently in good standing with the Texas Board of Pharmacy.

Michigan
In May 2013, the Michigan Department of Licensing and Regulatory Affairs notified Biologics, Inc. of an administrative complaint in relation to the administrative penalty levied by Texas. In a State of Michigan consent order dated August 18, 2013, Michigan issued a reprimand to Biologics' Michigan pharmacy license# 530100834 and levied a fine in the amount of $500.00. Biologics is currently in good standing with the Michigan Board of Pharmacy.

Montana
In August 2013, the Montana Board of Pharmacy convened a hearing to review the above

mentioned disciplinary actions and determine whether it would take reciprocal action. After review of all documentation submitted by Biologics, the Board determined that the case did not justify legal or disciplinary proceedings. Biologics is currently in good standing with the Montana Board of Pharmacy.

Hawaii

On March 16, 2015, Hawaii notified Biologics that it would investigate the above mentioned Michigan and Texas discipline, as it was not notified within 30 days of the orders. Early resolution terms were signed and fee of $1,500.00 was paid. Biologics is currently in good standing with the Hawaii Board of Pharmacy.

Illinois

In March 2016, Illinois Board of Pharmacy notified Biologics that it would investigate the above mentioned discipline, as it was not notified within 30 days of the orders. A consent order was signed and fee of $2,000.00 was paid. Biologics is currently in good standing with the Illinois Board of Pharmacy.

Colorado

In an unrelated action in January 2010, Biologics, Inc. was fined five thousand dollars (plus a $500 surcharge) by the Colorado Board of Pharmacy for a failure to provide a zero report to the Colorado Prescription Drug Monitoring Program for a 10 day reporting period from December 1, 2009 through December 10, 2009.The failure was inadvertent and immediately corrected.

Biologics, Inc. has undergone a change in ownership since these instances resulting in disciplinary action. The leadership and management of Biologics take all of these allegations and disciplinary action seriously. The company currently operates in all 50 states plus the District of Columbia and it is our intention to comply with all laws and regulations.

ORDER OF THE STATE BOARD OF PHARMACY REGARDING ISSUANCE OF A PROBATED LICENSE BIOLOGICS, INCORPORATED

Comes now the State Board of Pharmacy ("Board") and hereby issues its ORDER granting a PROBATED license, License No. 2005010826, to Biologics, Incorporated ("Biologics"). As set forth in § 620.149.2, RSMo 2000, Biologics may submit a written request for a hearing to the Administrative Hearing Commission seeking review of the Board's decision to issue a probated license to Biologics. Such written request must be submitted to the Administrative Hearing Commission within 30 days of the delivery or mailing of this Order by certified mail. The written request should be addressed to the Administrative Hearing Commission, Room 640, Truman State Office Building, P.O. Box 1557, Jefferson City, Missouri 65102-1557. If no written request for review is received by the Administrative Hearing Commission within the 30-day period, the right to seek review of the Board's decision shall be considered waived.

I.

Based upon the foregoing, the Board hereby states:

1. The State Board of Pharmacy ("Board") is an agency of the state of Missouri created and established pursuant to § 338.110, RSMo 2000, for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Biologics is located at 625 Oberline Road, Raleigh, North Carolina.

3. Robin U. Smith is the president of Biologics and holder of Biologics' permit. David A. Shaw is the pharmacist-in-charge of Biologics.

4. On or about November 25, 2003, the Board received Biologics Application for New Permit to Operate a Pharmacy.

5. 4 CSR 220-2.020(2)(A) states in pertinent part:

> (A) An applicant for a pharmacy permit will become null and void if the applicant fails to complete the process for licensure within six (6) months of receipt of the application by the board.

6. On or about January 20, 2004, the board mailed a letter to Biologics advising of the non-receipt of two documents required to complete processing of its application. The two documents required were a copy of its North Carolina controlled substance license (or a statement that such state does not issue a separate controlled substance license) and verification of Pharmacy and Pharmacist in Charge licenses from North Carolina.

7. Pursuant to 4 CSR 200-2.020(2)(A), Biologics' November 25, 2003 Application expired on May 26, 2004 due to Biologics failure to complete the process for licensure.

8. On or about June 21, 2004, the Board received information from the North Carolina Board of Pharmacy indicating that Biologics was serving patients residing in Missouri without being licensed as a non-resident pharmacy by the Board.

9. The Board determined that Biologics was in violation of § 338.220(1) and 4 CSR 220-2.025(1) which state in pertinent part:

Section 338.220(1)

1. It shall be unlawful for any person, copartnership, association, corporation or any other business entity to open, establish, operate or maintain any pharmacy, as defined by statute without first obtaining a permit or license to do so from the Missouri board of pharmacy.

. . . .

4 CSR 200-2.025(1):

(1) Nonresident pharmacies shall not ship, mail or deliver prescription drugs into Missouri without first obtaining a pharmacy license from the Missouri Board of Pharmacy. . . .

. . . .

10. Cause exists for the Board to deny Biologics' request for a pharmacy permit pursuant to the provisions of § 338055.2(5) and (6), RSMo 2000, which provide:

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:

. . . .

(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession regulated by this chapter;

. . . .

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

. . . .

11. The Board hereby issues this Order in lieu of denial of Biologics' request for a pharmacy permit.

II.

TERMS AND CONDITIONS

Based on the foregoing, the permit issued to Biologics is subject to the following terms and conditions:

1. Permit no. 2005010826 is hereby placed on PROBATION for a period of THEE (3) YEARS ("the disciplinary period"). During the disciplinary period, Biologics shall be entitled to engage in the practice of pharmacy provided it adheres to all of the terms of this Order.

2. The Permit Holder shall keep the Board apprised of licensed pharmacists employed by Permit Holder, and the individuals' current home and work addresses and telephone numbers.

3. The Permit Holder shall pay all required fees for permitting to the Board and shall renew its permit prior to October 31 of each permitting year.

4. The Permit Holder shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal

and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

5. The Permit Holder shall not serve as an intern training facility for interns.

6. If, after disciplinary sanctions have been imposed, the Permit Holder fails to keep its Missouri pharmacy permit current, the period of unlicensed status shall not bee deemed or taken as any part of the time of discipline so imposed.

7. If the Permit Holder fails to comply with the terms of this agreement, in any respect, the Board may impose such additional or other discipline which it deems appropriate.

8. The Board of Pharmacy will maintain this Order as an open and public record of the Board as provided in Chapters 338, 610, and 620, RSMo.

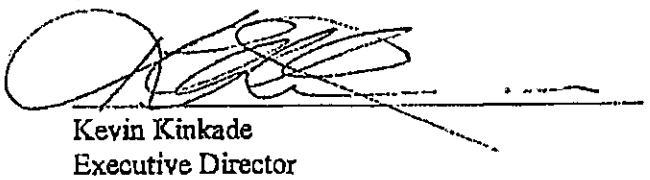
9. Upon the expiration of said discipline period, the Permit Holder's permit to practice pharmacy in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Permit Holder has violated any term or condition of this Order, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Permit.

10. No order shall be entered by the Board pursuant to the preceding paragraph of this Order without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

11. If the Board determines that the Permit Holder has violated a term or condition of this Order, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this agreement in its determination of appropriate legal actions concerning that violation.

SO ORDERED EFFECTIVE THIS 31 day of March, 2005.

STATE BOARD OF PHARMACY



Kevin Kinkade
Executive Director
State Board of Pharmacy

AGREED BOARD ORDER #L-11-018

RE: IN THE MATTER OF BIOLOGICS, INC. (PHARMACY LICENSE #23756)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy license number 23756 issued to Biologics, Inc., 120 Weston Oaks Court, Cary, North Carolina 27513.

By letter dated April 12, 2012, the Texas State Board of Pharmacy gave preliminary notice to Biologics, Inc. of its intent to take disciplinary action with respect to pharmacy license number 23756 held by Biologics, Inc. as a result of information received by the Board which produced evidence indicating that Biologics, Inc. may have violated:

Section 565.002(a)(3) and (10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2007); and

Section 281.7(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2008), in that, allegedly:

COUNTS

(1) On or about March 31, 2005, the Missouri State Board of Pharmacy entered an Order against the application for a Missouri pharmacy permit by Biologics, Inc. The Order was based on information that Biologics, Inc. had served Missouri patients without being licensed as a pharmacy in Missouri. The Order granted the pharmacy's application for a pharmacy permit subject to probation for a period of three years.

On or about October 2, 2006, Biologics, Inc. submitted a fraudulent application for pharmacy license renewal to the Texas State Board of Pharmacy. On the application, it was indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the last 36 months, when, as described above, the pharmacy had been subject to an Order by the Missouri State Board of Pharmacy on March 31, 2005.

EXHIBIT "1"

(2) On or about May 21, 2008, Biologics, Inc. submitted a fraudulent application for Change of Managing Officer to the Texas State Board of Pharmacy. On the application, it was indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority, when, as described above in Count (1), the pharmacy had been subject to an Order by the Missouri State Board of Pharmacy on March 31, 2005.

By letter dated April 12, 2012, Biologics, Inc. was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or administrative hearing. By his signature on this Order, Stuart Frantz, Corporate President, on behalf of Biologics, Inc., neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and waives the pharmacy's right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Stuart Frantz understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Stuart Frantz, on behalf of Biologics, Inc., agrees to the entry of an Order disposing of the need for further disciplinary action in this matter and agrees to comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy (hereinafter referred to as "BOARD") does hereby ORDER that pharmacy license number 23756 held by Biologics, Inc. (hereinafter referred to as "Respondent") shall pay an administrative penalty of two thousand dollars ($2,000) due ninety (90) days after the entry of this Order.

It is further ORDERED that Respondent shall allow the staff of the BOARD, Enforcement Division, to directly contact Respondent on any matter regarding the enforcement of this Order.

It is further ORDERED that any cost associated with compliance with the terms of this Order shall be the responsibility of Respondent.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Respondent.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 16th day of May, 2012.

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

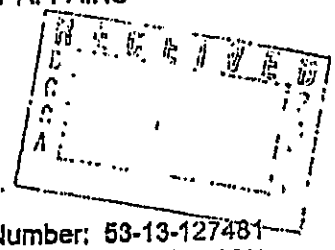
APPROVED AS TO FORM AND AGREED TO:

Stuart Frantz, Corporate President, for and on behalf of Biologics, Inc.

APPROVED AS TO FORM:

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE



In the Matter of

BIOLOGICS, INC.
License Number: 53-01-008349

File Number: 53-13-127481
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on May 16, 2013, charging Biologics, Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Pharmacy has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint are true and constitute a violation of the Public Health Code; and

WHEREAS, the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

EXHIBIT "2"

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Health Professions Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-13-127481.**

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 8/14/13

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint dated May 16, 2013, are true and constitute a violation of section 17766(2)(d) of the Public Health Code, supra.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order were as follows:

> Respondent Pharmacy has been cooperative in resolving this matter.
>
> Respondent Pharmacy has not had any prior disciplinary actions taken against its pharmacy license since it was originally licensed in 2006.

4. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 7-5-13

AGREED TO BY:

Adam Childs, Authorized Representative for
Biologics, Inc.
Respondent Pharmacy

Dated: 6/25/13

This is the final page of a Consent Order and Stipulation in the matter of Biologics, Inc., File Number 53-13-127481, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

LFM

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

BIOLOGICS, INC.
License Number: 53-01-008349

File Number: 53-13-127481
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on May 16, 2013, charging Biologics, Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Pharmacy has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint are true and constitute a violation of the Public Health Code; and

WHEREAS, the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Health Professions Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-13-127481.**

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 8/14/13

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint dated May 16, 2013, are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order were as follows:

Respondent Pharmacy has been cooperative in resolving this matter.

Respondent Pharmacy has not had any prior disciplinary actions taken against its pharmacy license since it was originally licensed in 2006.

4. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 7-5-13

AGREED TO BY:

Adam Childs, Authorized Representative for
Biologics, Inc.
Respondent Pharmacy

Dated: 6/25/13

This is the final page of a Consent Order and Stipulation in the matter of Biologics, Inc., File Number 53-13-127481, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

LFM

Montana Department of
LABOR & INDUSTRY
Business Standards Division
HEALTHCARE LICENSING
301 S PARK AVENUE PO BOX 200513
HELENA MT 59620-0513
Phone: (406) 841-2300 Fax: (406) 841-2363

FOR COMPLIANCE USE ONLY
Complaint # 2013-PHA-LIC-1094
Date Received: 8/12/13

COMPLAINT AGAINST: BIOLOGICS INC LICENSE #: PHA-MOP-LIC-2852

PROFESSION / OCCUPATION TYPE: Mail Order Pharmacy

BUSINESSES:

ADDRESS: 120 WESTON OAKS CT (Street or PO Box) CARY (City) / NC (State) 27513 (Zip Code)

If Applicable: PATIENT NAME: N/A DOB: N/A

NATURE OF COMPLAINT: Please describe in detail the nature of the complaint, giving dates and other information. If service is part of the complaint, give information about telephone calls, contracts, etc. Text is limited to 970 characters so an additional sheet is acceptable. Please state "See attached document"

During the audit renewal process, the licensee reported legal and or disciplinary action had been instituted since the last renewal cycle.

LIST OF WITNESSES AND EVIDENCE: Text is limited to 200 characters so an additional sheet is acceptable. Please state "See attached document"

Please see attached information.

WHAT ACTION ARE YOU REQUESTING OF THE BOARD OR DEPARTMENT?

To be determined by the Montana Board of Pharmacy.

COMPLAINANT INFORMATION

YOUR NAME MT Board of Pharmacy PHONE#: 406-841-2357

YOUR MAILING ADDRESS PO Box 200513 (Street or PO Box) Helena, MT (City/State) 59634 (Zip Code)

YOUR E-MAIL ADDRESS dlibsdcomplaints@mt.gov

YOUR SIGNATURE: Board Generated DATE: 8/12/13

Montana Department of
LABOR & INDUSTRY

Steve Bullock, Governor
Pam Bucy, Commissioner

Business Standards Division
Compliance

October 24, 2013

BIOLOGICS INC
120 WESTON OAKS CT
CARY NC 27513

RE: Complaint #2013-PHA-LIC-1094

Dear BIOLOGICS INC:

The screening panel of the Board of Pharmacy recently reviewed the above-referenced complaint. Section 37-1-307, MCA delegates to the screening panel the authority to determine whether there is reasonable cause to believe that a person has violated a statute or rule justifying legal or disciplinary proceedings.

Having fully considered the matter before it, the screening panel determined that the circumstances surrounding this case do not justify legal or disciplinary proceedings. Therefore, the screening panel voted to dismiss the complaint with prejudice, which means the board may not consider the complaint in the future.

Thank you for your cooperation and assistance in this matter.

Sincerely,

Vicki Bair, Compliance Specialist
(406) 841-2357 (phone)
(406) 841-2363 (fax)
vbair@mt.gov

301 South Park
P.O. Box 200514
Helena, MT 59620-0514

Compliance Unit

Phone (406) 841-2333
Fax (406) 841-2363

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

2015 APR -1 A 9:53

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2015 APR 17 A 7:34
HEARINGS OFFICE

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

In the Matter of the Miscellaneous Permit of BIOLOGICS, INC., Respondent.	PHA 2014-44-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" - "2"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent BIOLOGICS, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was the holder of a miscellaneous permit issued by the Board of Pharmacy (hereinafter the "Board") under miscellaneous permit number

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

PMP 454. The miscellaneous permit was issued on or about February 17, 2006. The miscellaneous permit will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is 120 Weston Oaks Court, Cary, North Carolina 27513.

3. On or about November 14, 2013, Respondent submitted a renewal application indicating it had, within the last three years, been disciplined by the States of Texas and Michigan.

4. Respondent attached a copy of a May 16, 2012, Agreed Board Order #L-11-018 with the Texas State Board of Pharmacy in In the Matter of Biologics, Inc. (Pharmacy License #23756), (hereinafter "the May 16, 2012, Texas action") (Exhibit "1"), and a copy of an August 14, 2013, Consent Order and Stipulation with the Michigan Board of Pharmacy in In the Matter of Biologics, Inc., License No. 53-01-008349 (File No. 53-13-127481) (hereinafter "the August 14, 2013, Michigan action") (Exhibit "2"). The May 16, 2012, Texas action alleged Respondent had been the subject of disciplinary action by the State of Missouri for having served Missouri patients without being licensed as a pharmacy in Missouri, and had failed to report the disciplinary action on application forms submitted in that State. The May 16, 2012, Texas action assessed a $2,000.00 fine. The August 14, 2013, Michigan action alleged Respondent violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq., with respect to the administrative penalty levied on Respondent by the Texas State Board of Pharmacy, and assessed a $500.00 fine.

5. RICO alleges that disciplinary action was taken against Respondent by the States of Texas and Michigan, and that Respondent failed to report these actions within thirty days as required by Hawaii law.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report disciplinary decision within thirty days).

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

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein the holder of a miscellaneous permit acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of the May 16, 2012, Agreed Board Order #L-11-018 with the Texas State Board of Pharmacy in In the Matter of Biologics, Inc. (Pharmacy License #23756) ("the May 16, 2012, Texas action").

6. Respondent represents Exhibit "2" is a true and correct copy of the August 14, 2013, Consent Order and Stipulation with the Michigan Board of Pharmacy in In the Matter of Biologics, Inc., License No. 53-01-008349 (File No. 53-13-127481) ("the August 14, 2013, Michigan action").

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

8. Respondent further understands that RICO enters into this settlement agreement, and agrees to the specific terms contained in this settlement agreement, based upon Respondent's representations made herein.

9. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit.

10. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

11. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO No. PHA 2014-44-L.

12. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

13. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS ($1,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the

conduct of miscellaneous pharmacy permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7, and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning

the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: March, 26th, 2015.

BIOLOGICS, INC.
Respondent

By: [signature]
Its COO

DATED: Honolulu, Hawaii, April 1, 2015.

[signature]
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF BIOLOGICS, INC.;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY
ACTION AND BOARD'S FINAL ORDER; CASE NO. PHA 2014-44-L; EXHIBITS "1" – "2"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

4/16/15
DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

LYDIA KUMASAKA

CAROLYN S. L. MA

PVL 07/01/14

STATE OF NC)
) SS.
COUNTY OF Johnston)

On this 26 day of March 2015, before me personally appeared Ronald E. Smith, to me known to be the person described, and who executed the foregoing instrument on behalf of Biologics, Inc. as its COO, and acknowledged that he/she executed the same as his/her free act and deed.

This 8-page Settlement Agreement document dated March 26, 2015 was acknowledged before me by Ronald E. Smith this 26 day of March, 2015, in the City of Cary, in the County of Wake, in the ____ Circuit, State of NC.

AMANDA JANE LOWDER NOTARY PUBLIC JOHNSTON COUNTY, NC

Amanda Jane Lowder
Name: Amanda Jane Lowder
Notary Public, State of

My Commission expires: 4-15-19

DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

DARA A. LOY-GOTO
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-2660
FAX: (808) 586-2670
www.hawaii.gov/dcca/rico

HILO OFFICE
120 PAUAHI STREET, SUITE 212
HILO, HAWAII 96720

KONA OFFICE
HUALALAI CENTER
75-170 HUALALAI ROAD, ROOM C-306
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, SUITE 204
LIHUE, HAWAII 96766

April 28, 2015

Ron Smith, PharmD, Chief Operating Officer
Biologics, Inc.
120 Weston Oaks Court
Cary, North Carolina 27513

Re: RICO Case No. PHA 2014-44-L

Dear Dr. Smith:

This confirms that the Hawaii Board of Pharmacy approved the settlement agreement on April 16, 2015 and that your company's fine payment has been processed. My office will be closing this case. Please call me at (808) 587-6839 if you have any questions regarding this letter.

Very truly yours,

JOHN T. HASSLER
Supervising Attorney

JTH:psm

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002040

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF BIOLOGICS INC., REGISTRATION NO. OSP 5544,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Biologics Inc. ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002040 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 120 Weston Oak's Ct., Cary, North Carolina, 27513.

4. Respondent Pharmacy does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to comply with the Colorado Prescription Drug Monitoring Program (PDMP) by failing to submit data during the December 1 through December 10, 2009, reporting period.

6. On December 14, 2009, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. Fine with Surcharge. Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. Compliance. Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. Advisements and Waivers. Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. Acknowledgments. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under

section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. Effective Date. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Karen J Freeman
Authorized Agent of Respondent Pharmacy

Dated: 01/11/2010

Subscribed and sworn to before me in the County of Wake, State of North Carolina, this 11th day of January, 2010 by Karen J Freeman, in his/her capacity as an authorized agent of Biologics Inc.

KYLIE M GIBSON
Notary Public, North Carolina
Wake County
My Commission Expires
October 25, 2012

Kylie M Gibson
Notary Public

My commission expires: Oct 25, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 26TH DAY OF January, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant	)	
v.		)	No. 2015-05711
BIOLOGICS, INC License No. 054017496	Respondent	)	

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, (hereinafter the "Department") by and through its attorney, Bonita B. Canavan, and BIOLOGICS, INC., and agree to the following:

STIPULATIONS

BIOLOGICS, INC, located in Cary, North Carolina, is licensed as a NON-RESIDENT pharmacy in the State of Illinois, currently holding License No. 054017496. Said license is presently in active status.

At all times material to the matters set forth in this Consent Order, the Department had jurisdiction over the subject matter and parties to this Consent Order.

Respondent originally applied for licensure on June 9, 2010, and a pharmacy license was first issued on February 8, 2012. A duplicate application was filed on July 13, 2013. A renewal was effective on March 24, 2014. On April 4, 2013, Respondent filed an application for Change-of-Pharmacist in Charge (hereinafter PIC) changing the former PIC Pamela Smith, RPh to Adam Childs, PharmD. On June 26, 2014, another application to change PIC from Childs to Gregory Wolfe was received by the Department.

ON NONE OF THE DATES, APPLICATIONS OR RENEWALS SUBMITTED TO ILLINOIS did the Pharmacy ever reveal that in 2005 it had been put on a three-year probation by Missouri for engaging in unlicensed practice in Missouri by shipping drugs into Missouri before its

license had issued.

On May 16, 2012, Texas issued an Administrative Penalty of $2000.00 against Respondent for failure to reveal the Missouri discipline.

On September 13, 2013, Michigan issued a Reprimand and a five hundred dollar ($500.00) against Respondent for failure to reveal the Missouri probation.

On April 17, 2015, Hawaii issued a $1500.00 fine against Respondent for failure to reveal the Missouri probation.

Respondent's pharmacist-in-charge made a self report to the Department on June 9, 2015, that it had been disciplined by Hawaii based on the prior reciprocal state disciplines as delineated above.

The Department alleges that Respondent made material misstatements in furnishing information to the Department, made misrepresentations for the purpose of obtaining licenses, failed to report a discipline by another U.S. jurisdiction or foreign nation, the basis of which was unlicensed practice.

These allegations, if proven at a hearing to be true, would constitute grounds for disciplining Respondent's license as a pharmacy in the State of Illinois, on the authority of 225 ILCS 85/30(a)(b); 225 ILCS 85/30(a)(2), (3), (4), and (7); Ill. Admin. Code tit. 68, §1330.550.

On December 3, 2015, a review of this matter was made by the Vice-Chairman of the Illinois Board of Pharmacy and a recommendation for discipline was made.

Respondent Pharmacy admits in its self report to the Department that on application, on renewal, and on at least three applications for change of pharmacist in charge, it failed to reveal disciplines from the states of Missouri, Texas, and Michigan, and failed to timely reveal the Hawaii discipline.

Respondent has been advised of the right to counsel, the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right

to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Department. Respondent acknowledges that it has entered into this Consent Order freely and of their own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Department in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed that in order to resolve this matter Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, through Bonita B. Canavan, a Prosecutor for the Department, and BIOLOGICS, INC Respondent, agree:

1. The License of BIOLOGICS, INC, holding license number 054017496, shall be REPRIMANDED and be fined TWO THOUSAND DOLLARS ($2,000.00).
2. BIOLOGICS, INC shall pay a fine of Two Thousand dollars and no cents ($2,000.00) to the Department within sixty (60) days of the effective date of this Order. The fine is to be paid by personal check, a corporate check, or cashier's check. Said check shall be *made payable to* the: Illinois Department of Financial and Professional Regulation and mailed to:

Illinois Department of Financial and Professional Regulation
Attention: SSC-Accounts Receivable Section
320 W. Washington, Room 344
P.O. Box 7086
Springfield, IL 62791

In the notation portion of the check, this Case No. 2015-5711 and the License No. 054017496 shall be reflected.

3. **In the event the fine of Two thousand dollars ($2,000.00) is not paid to the Department, within sixty (60) days of the effective date of this Consent Order, Respondent, BIOLOGICS, INC. acknowledges and agrees that its failure to pay the fine will permit the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Respondent's pharmacy License No. 054017496. The suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. This suspension shall remain in full force and effect until such time as the Department receives the full amount of the fine of two thousand dollars ($2,000.00). In the event Respondent contests in writing the factual basis underlying said suspension and does so within thirty (30) days of the imposition of the automatic suspension, Respondent shall be afforded a hearing on the merits.**

4. If Respondent fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, BIOLOGICS, INC. shall be responsible for all costs and fees incurred by the Department in said collection effort.

5. This Consent Order shall become effective on the date the Director of the Department signs the order.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

5/13/2016
DATE

Bonita B. Canovan, Prosecutor for the Department

12-May 2016
DATE

CHOLOGICS, INC. by its representative, Respondent
Gregory D. Wolfe, Director Specialty Pharmacy Services

5/13/2016
DATE

Member of the Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 6th DAY OF June, 2016.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
BRYAN SCHNEIDER, SECRETARY
DIVISION OF PROFESSIONAL REGULATION

JAY STEWART, DIRECTOR

Case No. 2015-05711
License No. 054017496

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

DATE

Bonita B. Canavan, Prosecutor for the Department

12-May 2016
DATE

BIOLOGICS, INC, by its representative, Respondent
Gregory D. Wolfe, Director Specialty Pharmacy Services

DATE

Member of the Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS _____ DAY OF _____ _____, 2016.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
BRYAN SCHNEIDER, SECRETARY
DIVISION OF PROFESSIONAL REGULATION

JAY STEWART, DIRECTOR

Case No. 2015-05711
License No. 054017496

ORDER OF THE STATE BOARD OF PHARMACY REGARDING ISSUANCE OF A PROBATED LICENSE BIOLOGICS, INCORPORATED

Comes now the State Board of Pharmacy ("Board") and hereby issues its ORDER granting a PROBATED license, License No. 2005010826, to Biologics, Incorporated ("Biologics"). As set forth in § 620.149.2, RSMo 2000, Biologics may submit a written request for a hearing to the Administrative Hearing Commission seeking review of the Board's decision to issue a probated license to Biologics. Such written request must be submitted to the Administrative Hearing Commission within 30 days of the delivery or mailing of this Order by certified mail. The written request should be addressed to the Administrative Hearing Commission, Room 640, Truman State Office Building, P.O. Box 1557, Jefferson City, Missouri 65102-1557. If no written request for review is received by the Administrative Hearing Commission within the 30-day period, the right to seek review of the Board's decision shall be considered waived.

I.

Based upon the foregoing, the Board hereby states:

1. The State Board of Pharmacy ("Board") is an agency of the state of Missouri created and established pursuant to § 338.110, RSMo 2000, for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Biologics is located at 625 Oberline Road, Raleigh, North Carolina.

3. Robin U. Smith is the president of Biologics and holder of Biologics' permit. David A. Shaw is the pharmacist-in-charge of Biologics.

4. On or about November 25, 2003, the Board received Biologics Application for New Permit to Operate a Pharmacy.

5. 4 CSR 220-2.020(2)(A) states in pertinent part:

> (A) An applicant for a pharmacy permit will become null and void if the applicant fails to complete the process for licensure within six (6) months of receipt of the application by the board.

6. On or about January 20, 2004, the board mailed a letter to Biologics advising of the non-receipt of two documents required to complete processing of its application. The two documents required were a copy of its North Carolina controlled substance license (or a statement that such state does not issue a separate controlled substance license) and verification of Pharmacy and Pharmacist in Charge licenses from North Carolina.

7. Pursuant to 4 CSR 200-2.020(2)(A), Biologics' November 25, 2003 Application expired on May 26, 2004 due to Biologics failure to complete the process for licensure.

8. On or about June 21, 2004, the Board received information from the North Carolina Board of Pharmacy indicating that Biologics was serving patients residing in Missouri without being licensed as a non-resident pharmacy by the Board.

9. The Board determined that Biologics was in violation of § 338.220(1) and 4 CSR 220-2.025(1) which state in pertinent part:

Section 338.220(1)

> 1. It shall be unlawful for any person, copartnership, association, corporation or any other business entity to open, establish, operate or maintain any pharmacy, as defined by statute without first obtaining a permit or license to do so from the Missouri board of pharmacy.
>
> . . . .

4 CSR 200-2.025(1):

> (1) Nonresident pharmacies shall not ship, mail or deliver prescription drugs into Missouri without first obtaining a pharmacy license from the Missouri Board of Pharmacy. . . .
>
> . . . .

10. Cause exists for the Board to deny Biologics' request for a pharmacy permit pursuant to the provisions of § 338055.2(5) and (6), RSMo 2000, which provide:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> . . . .
>
> (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession regulated by this chapter;
>
> . . . .

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

. . . .

11. The Board hereby issues this Order in lieu of denial of Biologics' request for a pharmacy permit.

II.

TERMS AND CONDITIONS

Based on the foregoing, the permit issued to Biologics is subject to the following terms and conditions:

1. Permit no. 2005010826 is hereby placed on PROBATION for a period of THEE (3) YEARS ("the disciplinary period"). During the disciplinary period, Biologics shall be entitled to engage in the practice of pharmacy provided it adheres to all of the terms of this Order.

2. The Permit Holder shall keep the Board apprised of licensed pharmacists employed by Permit Holder, and the individuals' current home and work addresses and telephone numbers.

3. The Permit Holder shall pay all required fees for permitting to the Board and shall renew its permit prior to October 31 of each permitting year.

4. The Permit Holder shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal

and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

5. The Permit Holder shall not serve as an intern training facility for interns.

6. If, after disciplinary sanctions have been imposed, the Permit Holder fails to keep its Missouri pharmacy permit current, the period of unlicensed status shall not bee deemed or taken as any part of the time of discipline so imposed.

7. If the Permit Holder fails to comply with the terms of this agreement, in any respect, the Board may impose such additional or other discipline which it deems appropriate.

8. The Board of Pharmacy will maintain this Order as an open and public record of the Board as provided in Chapters 338, 610, and 620, RSMo.

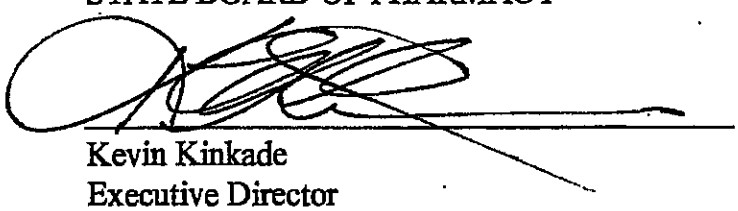
9. Upon the expiration of said discipline period, the Permit Holder's permit to practice pharmacy in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Permit Holder has violated any term or condition of this Order, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Permit.

10. No order shall be entered by the Board pursuant to the preceding paragraph of this Order without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

11. If the Board determines that the Permit Holder has violated a term or condition of this Order, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this agreement in its determination of appropriate legal actions concerning that violation.

SO ORDERED EFFECTIVE THIS 31 day of March, 2005.

STATE BOARD OF PHARMACY



Kevin Kinkade
Executive Director
State Board of Pharmacy

McKESSON

Biologics, Inc – Additional Details

Delaware company incorporated on January 13th, 1994.

Applicant:

Biologics, Inc
170 Clermont Road, Suite D
Shepherdsville, KY 40165
Facility County: Bullitt
Phone: 800-850-4306
FEIN: 56-1861614

Parent Company:

Physician Reliance Network, LLC
6555 State Highway 161, Irving, TX 75039
FEIN: 75-2495107

Corporate Officers:

Kirk Kaminsky, President, Director
6555 State Highway 161, Irving, TX 75039
Ownership – 0%

Akinjide O. Falaki Senior Vice President, Treasurer
6555 State Highway 161, Irving, TX 75039
Ownership – 0%

Saralisa C. Brau, Secretary
6555 State Highway 161, Irving, TX 75039
Ownership – 0%

Gregory D. Wolfe, Vice President
6555 State Highway 161, Irving, TX 75039
Ownership – 0%

Designated Representative:

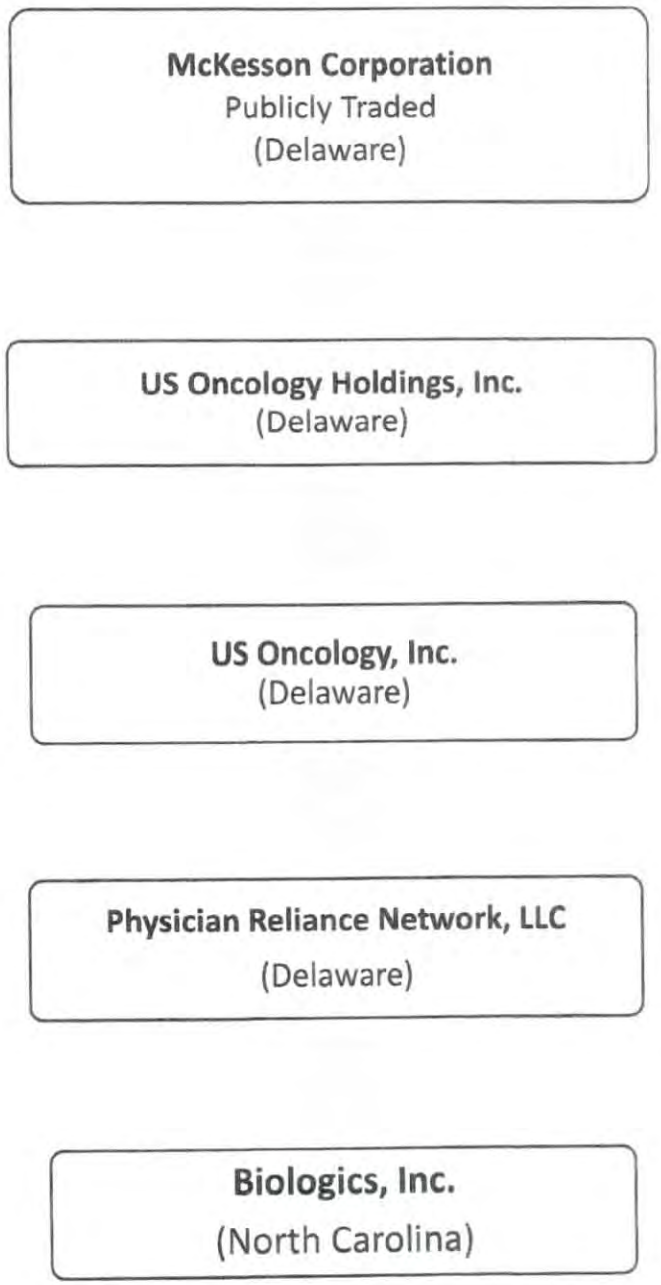
Cody Weatherford,
[redacted]com

Application Contact:

Cynthia Branch, Senior Licensing Specialist
Email: mckessonlicensing@mckesson.com
Phone: [redacted]

Confidentiality Notice: This document, including any attachments, is for the sole use of its intended recipients and may contain confidential, proprietary and/or privileged information of McKesson Corporation or its affiliates. Any unauthorized review, use, disclosure, or distribution is prohibited.

Biologics, Inc. Organizational Chart



NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BIOLOGICS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of January, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of August, 2025.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 124741073-1 Reference# 23273460- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

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: Biologics Inc. dba Biologics by McKesson

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 170 Clermont Road, Suite D

City: Shepherdsville State: KY Zip: 40165

Mailing Address (if different from physical address): Attn: PIC 170 Clermont Road, Suite D

City: Shepherdsville State: KY Zip: 40165

Telephone: 1-800-850-4306 Website: https://biologics.mckesson.com

Licensing Company Email: mckessonlicensing@mckesson.com

Section 2: Personal Information

First: Cody Middle: Bryant Last: Weatherford

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

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 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)
Biologics by McKesson			09/25 - Current
Business Address	**City**	**State**	**Zip**
170 Clermont Road, Suite D	Shepherdsville	KY	40165
Phone	**Title**	**Number of Employed Hours**	
1-800-850-4306	Clinical Pharmacist/PIC	240	

Description of Duties
Ensure day to day operations remain compliant with federal and state pharmacy laws. Counsel patients on drugs for oncology and rare diseases. DUR and prescription verification. Verify accurate dispensing of cell and gene therapy.

Business Name			From - To (MM/YY – MM/YY)
Onco360			03/22 - 09/25
Business Address	**City**	**State**	**Zip**
13410 Eastpoint Centre Drive, Suite 101	Louisville	KY	40223
Phone	**Title**	**Number of Employed Hours**	
877-662-6633	Oncology Pharmacist	~4800	

Description of Duties
Counseled patients on new oncology regimens, warnings, side effects, proper administration, storage, and drug interactions. DUR and prescription verification. Verify accurate dispensing and shipping of oncology medications.

Business Name			From - To (MM/YY – MM/YY)
Clarkson Drug Store			07/20 - 07/22
Business Address	**City**	**State**	**Zip**
201 Millerstown Street	Clarkson	KY	40223
Phone	**Title**	**Number of Employed Hours**	
270-242-3811	Pharmacist	~3500	

Description of Duties
Verified prescriptions to ensure accurate filling and dispensing of prescription and non-prescription medications. Made patient therapy recommendations. Conducted comprehensive med reviews. Supervised team of 9 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

Continue on next page if additional space is needed.

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

School Name			From - To (MM/YY – MM/YY)	
Grayson County High School			07/09 - 05/13	
Address	City	State	Zip	
340 Schoolhouse Road	Leitchfield	KY	42754	
Diploma/Degree obtained, if any				
HS Diploma				

School Name			From - To (MM/YY – MM/YY)	
University of Louisville			08/13 - 05/17	
Address	City	State	Zip	
2301 South 3rd Street	Louisville	KY	40292	
Diploma/Degree obtained, if any				
Bachelor of Arts - Biology				

School Name			From - To (MM/YY – MM/YY)	
Sullivan University College of Pharmacy and Health Sciences			07/17 - 06/20	
Address	City	State	Zip	
2100 Gardiner Lane	Louisville	KY	40205	
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				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/23 - current	[redacted]			
06/20 - 02/23				
07/18 - 06/20				
07/17 - 07/18				
12/05 - 07/17				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 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, Cody Bryant Weatherford, **certify that as the designated representative for**

Biologics, Inc. dba Biologics by McKesson,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CBW I am at least 21 years of age;
3. CBW 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. CBW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CBW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CBW 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. CBW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Cody Weatherford

Print Name (First, Last)

Cody Bryant Weatherford

Original Signature (electronic, copies or stamps not accepted)

11/05/2025

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.

Cody Weatherford

Print Name (First, Last)

Cody Bryant Weatherford — 11/05/2025

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

---

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

State of Kentucky, ss. County of Bullitt

I, Cody Bryant Weatherford, 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.

Cody Bryant Weatherford — 11/5/2025

Original Signature — **Date**

Subscribed and Sworn to before me this 5th day of Nov, 2025

Sheila M Patterson

Notary Public Signature

SHEILA MARIE PATTERSON
Notary Public
Commonwealth of Kentucky
Commission Number KYNP61602
My Commission Expires Nov 3, 2026

(Seal)

KENTUCKY
Board of Pharmacy

Name
Biologics, Inc.

DBA
Biologics by McKesson

Address
170 Clermont Road
Suite D
Shepherdsville, KY
40165
Bullitt

Inspection User
Fuller, John

Permit #
P08393

CS #
- ()

Compounding #

Pharmacist In Charge
Megan Crystal Phimmasone

DEA #:

DEA Expiration:

Inspection Start
07/31/2025 09:30 AM

Inspection End
07/31/2025 09:30 AM

Assigned To

Type

Type of Wholesaler

None

	Answer	Question
1)	Compliant	Reference Material (201 KAR 2:090) Section 1
	Comments: Lexicomp	
2)	Not Inspected	Equipment (201 KAR 2:090) Section 2
3)	Compliant	Security and Control (201 KAR 2:100)
4)	Not Inspected	Sanitation (201 KAR 2:180)
5)	Compliant	Refrigeration (201 KAR 2:180) Section 5
6)	Not Inspected	Drug Storage (201 KAR 2:180) Section 5
7)	Not Applicable	Exclusive Compounding Area (KRS 217.055(2)) 201 KAR 2:180 Section 1
8)	Compliant	Valid R.Ph License Displayed (KRS 315.110) (2)
	Comments: post KY annual rph licenses	
9)	Not Inspected	Valid Pharmacy Permit (KRS 315.035) and KRS 315.020

	Answer	Question
10)	Not Inspected	Valid Intern Registration Identification Card (201 KAR 2:040) Section 4
11)	Not Inspected	Valid Technician Registration Displayed: KRS 315.138 (2)
12)	Not Inspected	Records/Computer Records (201 KAR 2:171)

Comments: Careten software

13)	Not Applicable	Syringe/Needle Sale and Disposal (KRS 217.177)
14)	Not Inspected	Outdated Stock Removed (KRS 217.055)
15)	Compliant	Prescription Labeling Requirements (KRS 217.065)
16)	Not Applicable	Pseudoephedrine Log (KRS 218A.1437) KRS 218A. 1446
17)	Not Applicable	Collaborative Care Agreements (201 KAR 2:220)
18)	Not Applicable	Board Authorized Protocols (201 KAR 2:380)
19)	Not Inspected	Additional Prescription Recordkeeping (KRS 217.822) and 201 KAR 2:280
20)	Compliant	Generic Drug Sign Posted (KRS 217.830)
21)	Not Inspected	Pamphlet (KRS 217.896)
22)	Not Applicable	CII Prescription Requirements (KRS 218A.180) and 902 KAR 55:105
23)	Not Applicable	Oral CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105
24)	Not Applicable	Written CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105
25)	Not Applicable	Purchase Records/DEA 222 Forms (KRS 218A.200)
26)	Not Applicable	KASPER (902 KAR 55:105, 110)
27)	Not Applicable	CII-V Filing Requirements - Prescription/Po: 21 (CFR 1304.04)
28)	Not Applicable	Exempt CV Register (KRS 218A.190)
29)	Not Applicable	Biennial Inventory Complete (21 CFR 1304.11) and KRS 218A. 200 (7)
30)	Not Applicable	Power-of-Attorney Current 21 (CFR 1305.05)
31)	Not Applicable	Inform Public of Proper and Safe Disposal of Controlled Substances (KRS 218A.170(3)(4))
32)	Not Inspected	Patient Record System (201 KAR 2:210)
33)	Not Inspected	Patient Recordkeeping (201 KAR 2:210)
34)	Not Inspected	Drug Utilization Review (201 KAR 2:210)

	Answer	Question
35)	Not Inspected	Patient Counseling (201 KAR 2:210)
36)	Not Inspected	Refused Offers Documented (201 KAR 2:210)

Full Name:

Megan Phimmasone

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: **Resident Pharmacy**

EFFECTIVE DATE: **07/31/2025**

NUMBER: **P08393**

EXPIRATION DATE: **06/30/2026**

Pharmacist In Charge: Cody Bryant Weatherford

Issued to:

Biologics, Inc.
DBA Biologics by McKesson

170 Clermont Road
Suite D
Shepherdsville, KY 40165

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

KENTUCKY BOARD OF PHARMACY
125 Holmes Street, Suite 300
State Office Building Annex
Frankfort, Kentucky 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

October 02, 2025

STATE OF KENTUCKY

COUNTY OF FRANKLIN

I, Christopher Harlow, Executive Director of the Kentucky Board of Pharmacy, do hereby certify that I am an official custodian of the records of said Board and pursuant to a request, certify that as of this date the information contained herein regarding Biologics, Inc. is true and accurate.

Permit Type: **Pharmacy - Resident Pharmacy**
Number: **P08393**
Status: **Active**
Initiial Issue Date: **07/31/2025**
Expire Date: **06/30/2026**
Discipline Status: **Good Standing**

Witness my official hand and seal of the Board on October 02, 2025.

Christopher P. Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	07-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-19-2025

BIOLOGICS, INC. DBA BIOLOGICS BY MCKESSON
170 CLERMONT RD STE D
SHEPHERDSVILLE, KY 401658826

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
[redacted]	07-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-19-2025

BIOLOGICS, INC. DBA BIOLOGICS BY MCKESSON
170 CLERMONT RD STE D
SHEPHERDSVILLE, KY 401658826

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)

4CC

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee
Rev (6/11/2024)

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 #: _____
	☐ 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 #: PH 24733		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Cache Valley Pharmacy
Physical Address: 2245 N. 400 E Ste 105
City: North Logan State: UT Zip: 84341
Mailing Address (if different from physical address): Same
City: _____ State: _____ Zip: _____
Telephone: 435-787-1212 Toll Free # (NAC 639.708, NRS 639.23286): 844-782-1212
Fax: 435-787-1922 Contact Email: mark@cachevalleypharmacy.com
Website: cachevalleypharmacy.com
Nevada Business License # (if applicable) _____
Supervising/Managing Pharmacist Name (NRS 639.220): Mark Emmett Linhardt
Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24733

Section 2: List the name(s) of at least one NEVADA 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: Mark Emmett Linhardt	NV Pharmacist Registration #: 24733
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Utah

Parent Company (if any):

Corporation/Organization Name: Cache Valley Pharmacare LLC

Mailing Address: 2245 N 400 E STE 105

City: North Logan State: UT Zip: 84341

Telephone: 435-787-1212 Email: mark@cachevalleypharmacy.com

Contact Person Name: Mark Lindhardt

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ ~~No~~

Section 7: Partnership

Partnership Name: Cache Valley Pharmacare LLC

Mailing Address: 2245 N. 400 E. Ste 105 ~~North~~

City: North Logan State: UT Zip: 84341

Telephone: 435-787-1212 Email: info@cachevalleypharmacy.com

Contact Person Name: Byran Scott Robinson

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 Cache Valley 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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Mark Emmett Linkhardt

Print Name of Authorized Person

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

9-3-25

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 Emmet Lindhardt

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)

9-3-25

Date

Board Use Only	Date Received: 9/9/25	Amount: $500.00

Cache Valley Pharmacare Organization Chart

Doing business as: Cache Valley Pharmacy

Owners:

Byron Scott Robinson 50% owner CEO

Lori Robinson 50% owner CFO

UTAH DEPARTMENT OF COMMERCE
Division of Corporations and Commercial Code

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

MARGARET W. BUSSE
Executive Director

ADAM WATSON
Division Director

August 04, 2025

CERTIFICATE OF EXISTENCE

Registration Number:	14526826-0160
Business Name:	CACHE VALLEY PHARMACARE LLC
Principal Office Address:	2245 N 400 E, NORTH LOGAN, UT 84341
Registered Date:	11/27/2024
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Current Status:	ACTIVE - CURRENT

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

Adam Watson

Adam Watson
Director
Division of Corporations and Commercial Code

Certificate Number: 202508040830264
Enter the certificate number at https://businessregistration.utah.gov/ to verify this certification.

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: Cache Valley Pharmacy

Pharmacy/Wholesaler License # (if applicable): New

Physical Address: 2245 N 400 E STE 105

City: Logan State: UT Zip: 84341

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 435-787-1212 Website: www.cachevalleypharmacy.com

Licensing Company Email: mark@cachevalleypharmacy.com

Section 2: Personal Information

First: Mark Middle: Emmett Last: Lindhardt

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

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)	
Idaho State University		01/03-05/10	
Address	**City**	**State**	**Zip**
921 S 8 th Ave,	Pocatello	ID	83209
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Utah State University		08/02-05/03	
Address	**City**	**State**	**Zip**
Old Main Hill	Logan	UT	84322
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Preston High School		08/90-05/95	
Address	**City**	**State**	**Zip**
151 E 2nd S	Preston	ID	83263
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)	[redacted]			
07/23-Current				
From - To (MM/YY – MM/YY)				
09/21-07/23				
From - To (MM/YY – MM/YY)				
02/11-09/21				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Cache Valley Pharmacy			04/25-Current
Business Address	**City**	**State**	**Zip**
2245 N 400 E	Logan	UT	84341
Phone	**Title**		**Number of Employed Hours**
435-787-1212	Pharmacy Manager		1000
Description of Duties			
PIC			

Business Name			From - To (MM/YY – MM/YY)
Red Rock Pharmacy			09/24-04/25
Business Address	**City**	**State**	**Zip**
1240 E 100 S Suite 2220	St George	UT	84790
Phone	**Title**		**Number of Employed Hours**
435-703-2900	Staff Pharmacist		1500
Description of Duties			
LTC and Compounding			

Business Name			From - To (MM/YY – MM/YY)
Crimson Valley Pharmacy			02/22-09-24
Business Address	**City**	**State**	**Zip**
2351 S River Rd	St George	UT	84790
Phone	**Title**		**Number of Employed Hours**
435-218-7744	Pharmacy Manager		4500
Description of Duties			
Compounding, LTC, and Retail			

Business Name			From - To (MM/YY – MM/YY)
Lee's Marketplace			03/14-02/22
Business Address	**City**	**State**	**Zip**
555 E 1400 N	Logan	UT	84341
Phone	**Title**		**Number of Employed Hours**
435-750-0258	Staff Pharmacist		16000
Description of Duties			
Retail, Immunizations, Clinical Services			

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

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
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, Mark Lindhardt, **certify that as the designated representative for**

Cache Valley Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ML I am at least 21 years of age;
3. ML 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. ML I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ML I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ML 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. ML I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mark Lindhardt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/03/2025

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 Lindhardt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/03/2025

Date

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

State of Utah, ss. County of Cache

I, Mark Lindhardt, 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

9-4-2025

Date

Subscribed and Sworn to before me this 4th day of September 2025

Notary Public Signature

NOTARY PUBLIC
LIBERTY JACKSON
My Commission # 733441
My Commission Expires
September 29, 2027
STATE OF UTAH

(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 Cache Valley Pharmacare LLC

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

Physical Address 2245 N 400 E Suite 105

City North Logan State UT Zip 84341

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 435-787-1212 Website _____

Licensing Company Email cachevpap@gmail.com

Section 2: Personal Information

First Lori Middle L Last Robinson

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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?		

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

School Name	From - To (MM/YY – MM/YY)		
Idaho State University	08/1990 - 05/94		
Address	**City**	**State**	**Zip**
921 S 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
bachelor's of Science			
School Name	**From - To (MM/YY – MM/YY)**		
Southern Utah University	08/87 – 05/89		
Address	**City**	**State**	**Zip**
351 W University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
N/A			
School Name	**From - To (MM/YY – MM/YY)**		
Beaver High School	08/83 - 05/87		
Address	**City**	**State**	**Zip**
195 E Center Street	Beaver	UT	84713
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
12/2018 – Present	[redacted]			
09/2017 - 12/2018				
05/2005 - 09/2017				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Beaver Valley Pharmacy Services			From - To (MM/YY – MM/YY): 09/2000 Present
Business Address: 98 N Main Street	City: Beaver	State: UT	Zip: 84713
Phone: 435-438-2470	Title: owner office manager		
Description of Duties: CFO			

Business Name: Zion Pharmacy Services LLC			From - To (MM/YY – MM/YY): 05/2016-Present
Business Address: 14 E Center St	City: Kanab	State: UT	Zip: 84741
Phone: 435-644-2693	Title: Owner		
Description of Duties: CFO			

Business Name: Gibson Pharmacy Services LLC			From - To (MM/YY – MM/YY): 05/2016-Present
Business Address: 240 E Winchester Street	City: Murray	State: UT	Zip: 84107
Phone: 801-262-5526	Title: Owner		
Description of Duties: CFO			

Business Name: Milford Pharmacy Services LLC			From - To (MM/YY – MM/YY): 03/2020 - Present
Business Address: 437 S Main St	City: Milford	State: UT	Zip: 84751
Phone: 435-387-5583	Title: Owner		
Description of Duties: CFO			

Business Name: Nambe Pharmacare SF LLC			From - To (MM/YY – MM/YY): 02/2022 - Present
Business Address: 501 Old Santa Fe Trail	City: Santa Fe	State: NM	Zip: 87505
Phone: 505-455-2256	Title: Owner		
Description of Duties: CFO			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Nambe Pharmacare HA LLC			02/2022 - Present
Business Address	**City**	**State**	**Zip**
111 Central Park Square	Los Alamos	NM	87544
Phone	**Title**		
505-661-9560	Owner		
Description of Duties			
CFO			

Business Name			From - To (MM/YY – MM/YY)
Main Street Pharmacare LLC			01-2023 - Present
Business Address	**City**	**State**	**Zip**
140 S Main Street PO Box 519	Monticello	UT	84535
Phone	**Title**		
435-587-2302	Owner		
Description of Duties			
CFO			

Business Name			From - To (MM/YY – MM/YY)
Cache Valley Pharmacare LLC			12/2024 - Present
Business Address	**City**	**State**	**Zip**
2245 N 400 E Suite 105	North Logan	UT	84341
Phone	**Title**		
435-787-1212	Owner		
Description of Duties			
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			

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

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

Lori, Robinson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-6-25

Date

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

State of Utah, ss. County of Beaver

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

Original Signature

10-6-25

Date

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

Kelly Hutchinson

Notary Public Signature

KELLY HUTCHINSON
Notary Public, State of Utah
Commission #736483
My Commission Expires
August 2 2028
(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 Cache Valley Pharmacy LLC

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

Physical Address 2245 N 400 E Suite #105

City North Logan State UT Zip 84341

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Byron Middle Scott Last Robinson

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zi [redacted]

Telephone [redacted] Email [redacted]

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

Section 3: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 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)	
Idaho State University		8/01/90 – 05/1994	
Address	**City**	**State**	**Zip**
921 South 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Southern Utah University		08/1987 – 5/90	
Address	**City**	**State**	**Zip**
351 W University BLvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Beaver High School		08-1980 – 05/1984	
Address	**City**	**State**	**Zip**
195 E Center Street	Beaver	UT	84713
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
12/2018 - Present	[redacted]			
09/2017 - 12/2018	[redacted]			
05/2006 - 09/2017	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Beaver Valley Pharmacy Services			From - To (MM/YY – MM/YY): 09/2000 - Present
Business Address: 98 N Main Street	City: Beaver	State: UT	Zip: 84713
Phone: 435-438-2470	Title: Owner		
Description of Duties: CEO			

Business Name: Zion Pharmacy			From - To (MM/YY – MM/YY): 05/2016 - Present
Business Address: 14 E Center St	City: Kanab	State: UT	Zip: 84741
Phone: 435-644-2693	Title: Owner		
Description of Duties: CEO			

Business Name: Gibson Pharmacy Services LLC			From - To (MM/YY – MM/YY): 05/2016 - Present
Business Address: 240 E Winchester Street	City: Murray	State: UT	Zip: 84107
Phone: 801-262-5526	Title: Owner		
Description of Duties: CEO			

Business Name: Milford Pharmacy Services LLC			From - To (MM/YY – MM/YY): 03/2020 - Present
Business Address: 437 S Main Street	City: Milford	State: UT	Zip: 84751
Phone: 435-387-5583	Title: Owner		
Description of Duties: CEO			

Business Name: Nambe Pharmacare SF LLC			From - To (MM/YY – MM/YY): 02/2022 - Present
Business Address: 501 old Santa Fe Trail	City: Santa Fe	State: NM	Zip: 87505
Phone: 505-455-2256	Title: Owner		
Description of Duties: CEO			

Continue on next page if additional space is needed.

Business Name: Nambe Pharmacare LA LLC			From - To (MM/YY – MM/YY): 02/2022 – Present	
Business Address: 111 Central Park Square	City: Los Alamos		State: NM	Zip: 87544
Phone: 505-661-9560	Title: Owner			
Description of Duties: CEO				

Business Name: Main Street Pharmacare LLC			From - To (MM/YY – MM/YY): 01-2023 – Present	
Business Address: 140 S Main St PO Box 519	City: Monticello		State: UT	Zip: 84535
Phone: 435-587-2302	Title: Owner			
Description of Duties: CEO				

Business Name: Cache Valley Pharmacare LLC			From - To (MM/YY – MM/YY): 12/2024 – Present	
Business Address: 2245 N 400 E Suite 105	City: North Logan		State: UT	Zip: 84341
Phone: 435-787-1212	Title: Owner			
Description of Duties: CEO				

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

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

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

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
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.

Byron Scott Robinson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/25

Date

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

State of Utah, ss. County of Beaver

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

Original Signature

10/6/25

Date

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

Kelly Hutchinson

Notary Public Signature

KELLY HUTCHINSON
Notary Public, State of Utah
Commission #736483
My Commission Expires
APR. 02 2028

(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 Cache Valley Pharmacy LLC

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

Physical Address 2245 N 400 E Suite #105

City North Logan State UT Zip 84341

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Byron Middle Scott Last Robinson

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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

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

School Name: Idaho State University			From - To (MM/YY – MM/YY): 8/01/90 – 05/1994	
Address: 921 South 8th Ave	City: Pocatello		State: ID	Zip: 83209
Diploma/Degree obtained, if any: Doctorate of Pharmacy				
School Name: Southern Utah University			From - To (MM/YY – MM/YY): 08/1987 – 5/90	
Address: 351 W University BLVd	City: Cedar City		State: UT	Zip: 84720
Diploma/Degree obtained, if any: N/A				
School Name: Beaver High School			From - To (MM/YY – MM/YY): 08-1980 – 05/1984	
Address: 195 E Center Street	City: Beaver		State: UT	Zip: 84713
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
12/2018- Present	[redacted]			
09/2017- 12/2018				
05/2016- 09/2017				
From - To (MM/YY – MM/YY)	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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Phone: 435-438-2470	Title: Owner		
Description of Duties: CEO			

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Phone: 435-644-2693	Title: Owner		
Description of Duties: CEO			

Business Name: Gibson Pharmacy Services LLC			From - To (MM/YY – MM/YY): 05/2016 – Present
Business Address: 240 E Winchester Street	City: Murray	State: UT	Zip: 84107
Phone: 801-262-5526	Title: Owner		
Description of Duties: CEO			

Business Name: Milford Pharmacy Services LLC			From - To (MM/YY – MM/YY): 03/2020 – Present
Business Address: 437 S Main Street	City: Milford	State: UT	Zip: 84751
Phone: 435-387-5583	Title: Owner		
Description of Duties: CEO			

Business Name: Nambe Pharmacare SF LLC			From - To (MM/YY – MM/YY): 02/2022 – Present
Business Address: 501 old Santa Fe Trail	City: Santa Fe	State: NM	Zip: 87505
Phone: 505-455-2250	Title: Owner		
Description of Duties: CEO			

Continue on next page if additional space is needed.

Business Name: Nambe Pharmacare LA LLC			From - To (MM/YY – MM/YY): 02/2022 – Present
Business Address: 111 Central Park Square	City: Los Alamos	State: NM	Zip: 87544
Phone: 505-661-9560	Title: Owner		
Description of Duties: CEO			

Business Name: Main Street Pharmacare LLC			From - To (MM/YY – MM/YY): 01-2023 – Present
Business Address: 140 S Main St PO Box 519	City: Monticello	State: UT	Zip: 84535
Phone: 435-587-2302	Title: Owner		
Description of Duties: CEO -			

Business Name: Cache Valley Pharmacare LLC			From - To (MM/YY – MM/YY): 12/2024 – Present
Business Address: 2245 N 400 E Suite 105	City: North Logan	State: UT	Zip: 84341
Phone: 435-787-1212	Title: Owner		
Description of Duties: CEO			

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

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

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

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
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.

Byron Scott Robinson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/25

Date

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

State of Utah, ss. County of Beaver

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

Original Signature

10/6/25

Date

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

Kelly Hutchinson

Notary Public Signature

KELLY HUTCHINSON
Notary Public, State of Utah
Commission #736483
My Commission Expires
APR. 02 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

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: Cache Valley Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): New Application

Physical Address: 2245 N 400 E STE 105

City: Logan State: UT Zip: 84341

Mailing Address (if different from physical address): SAME

City: _____ State: _____ Zip: _____

Telephone: 435-787-1212 Toll Free # (NAC 639.708, NRS 639.23286): 1-844-782-1212

Fax: 435-787-1922 Contact Email: mark@cachevalleypharmacy.com

Website: www.cachevalleypharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Mark Lindhardt

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24733

Name of Designated Person(s) as defined by revised USP-797 guidelines: Mark Lindhardt

Email of Designated Person(s): mark@cachevalleypharmacy.com

Telephone of Designated Person(s): 208-852-6504

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)?

☐ Category 1 ■ Category 2 ■ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 03/14/25

6. What is the frequency of the recertification for the ISO classified areas? Annually

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked "Yes", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Tirzepatide/Glycine injections and Semaglutide/L-Carnitine injections
NAD+ and Sermorelin injection

12. What laboratory performs your sterility or endotoxin testing?

Name: CELLTECHGEN LABORATORY

Address: 14780 Memorial Dr. Ste 103

City: Houston State: TX Zip: 77079

Telephone: 877-994-4100

13. What is your procedure for visual inspection of compounded sterile products?
Check for cracks, punctures, leaks, or compromised seals.
Verify tamper-evident features (if present) are intact.
Clarity & Particulate Matter
nspect solution for cloudiness, turbidity, or unexpected color change.
Look for visible particulate matter, fibers, or foreign objects.
Proper Labeling
Confirm correct patient name, drug name, concentration, diluent, beyond-use date (BUD), storage conditions, and auxiliary labels.

14. How often do you perform glove fingertip and medial fill testing?
Every 3 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Please see attached documents

16. 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:
Please see attached documents for procedures and frequency. We use 70% IPA, Preempt and Cavacide, and PeridoxRTU

17. Who performs the sterile compounding process at your facility?

Mark Lindhardt, Isaak Gibbons, and Ember Korner

18. Who is responsible and accountable for the sterile compounding process at your facility?
Mark Lindhardt

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
We use tested and proven insulated mailers and ice packs for those items that require refridgeration that comply with FedEx recomendations to meet insurance requirements. We have a clear Q/A program to check for compliance and all items are either shipped overnight or 2 day FedEx

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? We do NOT compound Sterile Hazardous products		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? We do NOT compound sterile hazardous drugs

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
We do NOT compound sterile hazardous drugs

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:
Tirzepatide/Glycine and Semaglutide/L-Carnitine injections

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?
Every 3 months

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?
Every 6 months and whenever changes are made to PEC's, for functional layout that could impact air quality

5. What is the frequency for completing surface sampling? Every Month		
6. What is the frequency for using sporicidal agents? Monthly		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes	No

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.

Mark Lindhardt

Name of Person who Completed the Form

Phamacy Manager/ PIC

Title



Signature (copies or stamps not accepted)

09/03/2025

Date

Board Use Only	Date Received: 9/9/25 Date Approved: _____ Approved By: _____

Sterile Compounding:

Personnel Training and Requirements (for Nonsterile-to-Sterile Compounding)

Cache Valley Pharmacy requires all sterile compounding personnel to successfully complete specialized training in aseptic techniques and aseptic area practices prior to preparing CSPs.

Cache Valley Pharmacy personnel will ensure that all compounded sterile products are prepared in a manner that maintains sterility and minimizes the introduction of particulate matter.

Cache Valley Pharmacy personnel shall be thoroughly competent and highly motivated to perform proper aseptic manipulations with ingredients, devices and components of compounded sterile products. Compounding personnel who fail any of the following; written tests, observational audits, media-fill tests, surface samples, glove tests; should be re-instructed and re-evaluated by infusion pharmacist.

All training-related documents will be kept for 3 years.

INITIAL Sterile Compounding Training Requirements:

Standard Operating Procedures (SOPs) & USP 797 Competency

- All compounding personnel shall read Cache Valley's sterile compounding standard operating procedures and USP Chapter 797 most current update of November 2022, then take the SOP / USP 797 comprehensive exam.
- A score of 80% or greater is required to pass the exam.

Calculation Competency

- All compounding personnel shall perform calculations related to sterile compounding by completing the sterile compounding calculations exam.
- A score of 80% or greater is required to pass the exam.

Demonstration of Proper Garbing and Hand Hygiene followed by Gloved Fingertip Test

- Cache Valley Pharmacy will not allow individuals experiencing rashes, sunburn, weeping sores, conjunctivitis, active respiratory infection, as well as when they wear cosmetics, to work in the compounding area.
- Before entering the ante-room, compounding personnel shall remove personal outer garments (e.g., bandannas, coats, hats, jackets, scarves, sweaters, vests), all cosmetics, because they shed flakes and particles; all hand, wrist, and other visible jewelry or piercings (e.g., earrings, lip or eyebrow piercings). The wearing of artificial nails or extenders is prohibited.
- Eyeglasses (if worn) need to be wiped
- Cache Valley Pharmacy requires compounding personnel to don PPE in the following order

1. Put on one shoe cover and cross the demarcation line
2. Put on other shoe cover
3. Put on head and facial hair covers
4. Put one face masks
5. Hand cleaning procedure:
   Remove debris from underneath fingernails using a nail pick
   Hands and forearms shall be washed to the elbow for at least 30 seconds with soap and water
6. Put on a non-shedding gown with sleeves that fit snugly around the wrists and enclosed at the neck. Pharmacy only uses disposable gowns.
7. All the PPE will be disposed after compounder comes out of the ante room. Exception: If the gown is clean and free of damage, it may be reused by the same employee until the end of the shift.

- Once inside the buffer room and prior to donning sterile powder-free gloves, compounder is required to perform antiseptic hand cleansing using a waterless alcohol-based surgical hand antiseptic.
- Before compounding begins, compounder shall don sterile gloves. (Pharmacy only uses sterile gloves that have been proven to be compatible with alcohol). Compounder should apply sterile 70% IPA routinely throughout the compounding process and whenever nonsterile surfaces (e.g.: vials) are touched. Gloves on hands shall also be routinely inspected for holes, punctures or tears and replaced immediately if such are detected.

Sterile compounding personnel are required to study Pharmacy SOPs pertaining to personal cleaning and garbing as well as the Hand hygiene and garbing practices training form. All the compounding personnel should be trained conscientiously and skillfully by infusion pharmacist on all the personal cleaning and garbing processes. Infusion pharmacist will observe them performing personal cleaning and garbing and decide whether they pass the training.

The visual observation will be documented on the form "Assessing hand hygiene and garbing related practice of compounding personnel".

Gloved Fingertip Test <u>to validate Hand Hygiene and Garbing</u>

- Immediately after the compounder completes the hand hygiene and garbing procedure (e.g.: donning of sterile gloves prior to any disinfection with sterile 70% IPA), the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounder onto TSA agar plates by lightly pressing each fingertip into the agar.
- The agar plates will be incubated at 30° to 35° C for at least 48 hours followed by incubation at 20° to 25° C for at least 5 days
  Results: Pass: 0 CFU / Fail: > 0 CFU
  If compounding personnel fail the glove fingertip sampling, infusion pharmacist will redo the training of hand hygiene and garbing procedures and compounding personnel should redo the glove fingertip sampling.
  <u>New trainees</u> will need to successfully pass Hand Hygiene and Garbing with gloved fingertip sampling <u>no less than three separate times</u> before being allowed to start compounding CSPs.

The initial 3 collections of gloved fingertip samples will be documented on the "Initial GFT form". Subsequent gloved fingertip samples will be documented on the "Periodic GFT & surface sample form"

Aseptic Manipulation Competency Evaluation through Media-Fill Test, Followed by Gloved Fingertip Test and Surface Sample

Pharmacy requires all compounding personnel read SOP regarding aseptic compounding procedures. Aseptic manipulation competency will be evaluated by media-fill test followed by a gloved fingertip test and a surface sample of the direct compounding area where the media-fill test was performed. Infusion pharmacist will observe the process of the media-fill test and assess aseptic technique and related practice as well.

Media-Fill Procedure

Pharmacy will used the IVQA (or similar) brand High Complexity Media Fill Test Kit to perform the media-fill test

Test Kit Materials: 1 vial containing 3 grams of media, 9 Crimped Top 10 mL empty sterile vials.
Other Required Materials: 3 x 30mL syringes, 100mL non-bacteriostatic water, 3 x 0.22 micron sterile filters, 3 Adhesive Seals.

- Step 1: Outside an ISO class 5 air quality environment, dissolve 3gm of nonsterile commercially available Soybean-Casein Digest Medium in 100 ml of non-bacteriostatic water to make a 3% solution.
- Step 2: Withdraw 25 ml of the medium into each of three 30-ml sterile syringes.
- Step 3: Transfer 5 ml from each syringe into separate sterile 10-ml vials. Label these vials as controls. These vials will generate exponential microbial growth, indicated by visible turbidity upon incubation.
- Step 4: Under aseptic conditions (in an ISO class 5 air quality environment), and using aseptic techniques, affix a sterile 0.2-µm porosity filter unit and a 20-gauge needle to each syringe. Inject 10 ml from each syringe into each of two, 10 ml sterile vials.
  Repeat the process with each of the three syringes, injecting 10 ml aliquots into each of two, 10 ml sterile vials. On all 6 vials, write the name and date of person taking this test.
- Step 5: Affix sterile adhesive seals to the closure of the nine vials, and incubate them at 20-25° C for 7 days follows by 30-35°C for 7 days. Inspect for microbial growth over 14 days. Sterile vials will remain clear and without bubbles, precipitate, cloudiness or changes in turbidity. Cloudiness, turbidity, bubbles or a precipitate on the bottom of any of the vials indicates bacterial contamination. All 6 vials must be sterile to constitute a passed test. The 3 control vials should become turbid or develop a precipitate demonstrating bacterial growth.

A positive media fill test sample indicates that the compounder has introduced microorganisms into the "product" and has failed the test. Infusion pharmacist will instruct the compounder with aseptic techniques and reinforce the SOPs.

The visual observation and the result of the media fill test will be documented on the "Assessing aseptic technique and related practices and media-fill test results *High Complexity Media Fill*" page of the Initial and Periodic training packets.

Gloved Fingertip Test to validate Aseptic Technique of Media-Fill Procedure

- Immediately after the compounder completes the media-fill test, the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounder onto TSA agar plates by lightly pressing each fingertip into the agar. *Note—the compounder should NOT apply isopropyl alcohol to gloves just before sample is collected as this can cause a false-negative result.
- The agar plates will be incubated at 30° to 35° C for at least 48 hours followed by incubation at 20° to 25° C for at least 5 days
- **Results: Pass: 3 CFU or less / Fail: > 3 CFU. This is based on the TOTAL CFU from both hands.** If compounding personnel fail this glove fingertip sampling, infusion pharmacist will instruct the compounder with aseptic techniques and reinforce the SOPs. Compounding personnel should redo the media fill, gloved fingertip sampling and surface collection.

  These gloved fingertip samples will be documented on the "Periodic GFT & surface sample form"

Surface Sample Collection to validate Aseptic Technique of Media-Fill Procedure

- Immediately after the compounder completes the media-fill test, AND BEFORE CLEANING, the evaluator will collect a surface sample of the direct compounding area where the media fill test was performed. Appropriate TSA agar plates with L&T will be used for surface sample collection. Manufacturers recommendations will be followed for collection technique.
- The agar plates will be incubated at 30° to 35° C for at least 48 hours followed by incubation at 20° to 25° C for at least 5 days
- **Results: Pass: 3 CFU or less / Fail: > 3 CFU.**
  If compounding personnel fail the surface sample collection, infusion pharmacist will instruct the compounder with aseptic techniques and reinforce the SOPs. Compounding personnel should redo the media fill, gloved fingertip sampling and surface collection.

  The surface sample collection will be documented on the "Periodic GFT & surface sample form"

Cleaning and Disinfecting Competency Evaluation

- All compounding personnel should read SOP regarding cleaning and disinfecting
- Infusion pharmacist should observe all compounding personnel performing the cleaning and disinfecting procedures during personnel training on cleaning procedures and at the completion of any media-fill test procedure. Infusion pharmacist will determine whether further study and training are needed.

The visual observation shall be documented in the following form: "Assessing Cleaning and Disinfecting Procedures".

Sterile Compounding Training Requirements Every 6 Months:

(every 3 months if compounding Category 3 CSPs from nonsterile ingredients)

Demonstration of Proper Garbing and Hand Hygiene followed by Gloved Fingertip Test

- Cache Valley Pharmacy will not allow individuals experiencing rashes, sunburn, weeping sores, conjunctivitis, active respiratory infection, as well as when they wear cosmetics, to work in the compounding area.
- Before entering the ante-room, compounding personnel shall remove personal outer garments (e.g., bandannas, coats, hats, jackets, scarves, sweaters, vests); all cosmetics, because they shed flakes and particles; all hand, wrist, and other visible jewelry or piercings (e.g., earrings, lip or eyebrow piercings). The wearing of artificial nails or extenders is prohibited.
- Eyeglasses (if worn) need to be wiped
- Cache Valley Pharmacy requires compounding personnel to don PPE in the following order
    8. Put on one shoe cover and cross the demarcation line
    9. Put on other shoe cover
    10. Put on head and facial hair covers
    11. Put one face masks
    12. Hand cleaning procedure:
        Remove debris from underneath fingernails using a nail pick
        Hands and forearms shall be washed to the elbow for at least 30 seconds with soap and water
    13. Put on a non-shedding gown with sleeves that fit snugly around the wrists and enclosed at the neck. Red Rock Pharmacy only uses disposable gowns.
    14. All the PPE will be disposed after compounder comes out of the ante room. Exception: If the gown is clean and free of damage, it may be reused by the same employee until the end of the shift.
- Once inside the buffer room and prior to donning sterile powder-free gloves, compounder is required to perform antiseptic hand cleansing using a waterless alcohol-based surgical hand antiseptic.
- Before compounding begins, compounder shall don sterile gloves. (Pharmacy only uses sterile gloves that have been proven to be compatible with alcohol). Compounder should apply sterile 70% IPA routinely throughout the compounding process and whenever nonsterile surfaces (e.g.: vials) are touched. Gloves on hands shall also be routinely inspected for holes, punctures or tears and replaced immediately if such are detected.

Sterile compounding personnel are required to study Cache Valley Pharmacy SOPs pertaining to personal cleaning and garbing as well as the Hand hygiene and garbing practices training form. All the compounding personnel should be trained conscientiously and skillfully by infusion pharmacist on all the personal cleaning and garbing processes. Infusion pharmacist will observe them performing personal cleaning and garbing and decide whether they pass the training.

The visual observation will be documented on the form "Assessing hand hygiene and garbing related practice of compounding personnel" within the training packet.

Gloved Fingertip Test to validate Hand Hygiene and Garbing

- Immediately after the compounder completes the hand hygiene and garbing procedure (e.g.: donning of sterile gloves prior to any disinfection with sterile 70% IPA), the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounder onto TSA agar plates by lightly pressing each fingertip into the agar.
- The agar plates will be incubated at 30° to 35° C for at least 48 hours followed by incubation at 20° to 25° C for at least 5 days
  Results: Pass: 0 CFU / Fail: > 0 CFU
  If compounding personnel fail the glove fingertip sampling, infusion pharmacist will redo the training of hand hygiene and garbing procedures and compounding personnel should redo the glove fingertip sampling.

  Gloved fingertip samples performed every 6 months will be documented on the "Periodic GFT & surface sample form"

Aseptic Manipulation Competency Evaluation through Media-Fill Test, Followed by Gloved Fingertip Test and Surface Sample

Cache Valley Pharmacy requires all compounding personnel read SOP regarding aseptic compounding procedures. Aseptic manipulation competency will be evaluated by media-fill test followed by a gloved fingertip test and a surface sample of the direct compounding area where the media-fill test was performed. Infusion pharmacist will observe the process of the media-fill test and assess aseptic technique and related practice as well.

Media-Fill Procedure
Pharmacy will used the IVQA (or similar) brand High Complexity Media Fill Test Kit to perform the media-fill test

Test Kit Materials: 1 vial containing 3 grams of media, 9 Crimped Top 10 mL empty sterile vials.
Other Required Materials: 3 x 30mL syringes, 100mL non-bacteriostatic water, 3 x 0.22 micron sterile filters, 3 Adhesive Seals.

- Step 1: Outside an ISO class 5 air quality environment, dissolve 3 gm of nonsterile commercially available Soybean-Casein Digest Medium in 100 ml of non-bacteriostatic water to make a 3% solution.
- Step 2: Withdraw 25 ml of the medium into each of three 30-ml sterile syringes.
- Step 3: Transfer 5 ml from each syringe into separate sterile 10-ml vials. Label these vials as controls. These vials will generate exponential microbial growth, indicated by visible turbidity upon incubation.
- Step 4: Under aseptic conditions (in an ISO class S air quality environment), and using aseptic techniques, affix a sterile 0.2-µm porosity filter unit and a 20-gauge needle to each syringe. Inject 10 ml from each syringe into each of two, 10 ml sterile vials.

Repeat the process with each of the three syringes, injecting 10 ml aliquots into each of two, 10 ml sterile vials. On all 6 vials, write the name and date of person taking this test.

- Step 5: Affix sterile adhesive seals to the closure of the nine vials, and incubate them at 20-25° C for 7 days follows by 30-35°C for 7 days. Inspect for microbial growth over 14 days. Sterile vials will remain clear and without bubbles, precipitate, cloudiness or changes in turbidity. Cloudiness, turbidity, bubbles or a precipitate on the bottom of any of the vials indicates bacterial contamination. All 6 vials must be sterile to constitute a passed test. The 3 control vials should become turbid or develop a precipitate demonstrating bacterial growth.

A positive media fill test sample indicates that the compounder has introduced microorganisms into the "product" and has failed the test. Infusion pharmacist will instruct the compounder with aseptic techniques and reinforce the SOPs.

The visual observation and the result of the media fill test will be documented on the "Assessing aseptic technique and related practices and media-fill test results *High Complexity Media Fill*" page of the Initial and Periodic training packets.

Gloved Fingertip Test <u>to validate Aseptic Technique of Media-Fill Procedure</u>

- Immediately after the compounder completes the media-fill test, the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounder onto TSA agar plates by lightly pressing each fingertip into the agar. *Note—the compounder should NOT apply isopropyl alcohol to gloves just before sample is collected as this can cause a false-negative result.
- The agar plates will be incubated at 30° to 35° C for at least 48 hours followed by incubation at 20° to 25° C for at least 5 days
- **Results: Pass: 3 CFU or less / Fail: > 3 CFU. This is based on the TOTAL CFU from both hands.** If compounding personnel fail this glove fingertip sampling, infusion pharmacist will instruct the compounder with aseptic techniques and reinforce the SOPs. Compounding personnel should redo the media fill, gloved fingertip sampling and surface collection.

These gloved fingertip samples will be documented on the "Periodic GFT & surface sample form"

Surface Sample Collection <u>to validate Aseptic Technique of Media-Fill Procedure</u>

- Immediately after the compounder completes the media-fill test, AND BEFORE CLEANING, the evaluator will collect a surface sample of the direct compounding area where the media fill test was performed. Appropriate TSA agar plates with L&T will be used for surface sample collection. Manufacturers recommendations will be followed for collection technique.
- The agar plates will be incubated at 30° to 35° C for at least 48 hours followed by incubation at 20° to 25° C for at least 5 days
- **Results: Pass: 3 CFU or less / Fail: > 3 CFU.**

If compounding personnel fail the surface sample collection, infusion pharmacist will instruct the compounder with aseptic techniques and reinforce the SOPs. Compounding personnel should redo the media fill, gloved fingertip sampling and surface collection.

The surface sample collection will be documented on the "Periodic GFT & surface sample form"

Cleaning and Disinfecting Competency Evaluation

- All compounding personnel should read SOP regarding cleaning and disinfecting
- Infusion pharmacist should observe all compounding personnel performing the cleaning and disinfecting procedures during personnel training on cleaning procedures and at the completion of any media-fill test procedure. Infusion pharmacist will determine whether further study and training are needed.

  The visual observation shall be documented in the following form: "Assessing Cleaning and Disinfecting Procedures".

Sterile Compounding Annual Retraining Requirements:

Standard Operating Procedures (SOPs) & USP 797 Competency

- All compounding personnel shall read Cache Valley's sterile compounding standard operating procedures and USP Chapter 797 most current update of November 2022, then take the SOP / USP 797 comprehensive exam.
- A score of 80% or greater is required to pass the exam.

Calculation Competency

- All compounding personnel shall perform calculations related to sterile compounding by completing the sterile compounding calculations exam.
- A score of 80% or greater is required to pass the exam.

Assessing cleaning and disinfecting procedures

Daily Tasks:

- ☐ Chooses correct cleaning and disinfecting agents—only sterile products should be used in ISO Class 5 areas.
- ☐ Uses appropriately labeled container for the type of surface to be cleaned (floor, wall, production bins, etc.)
- ☐ Follows garbing procedures when performing any cleaning activities.
- ☐ At the beginning of each shift, prior to compounding, cleans interiors of all primary engineering controls (PECs) going in order from cleanest to dirtiest surface. Uses new wipe for each surface and allows to dry completely. For horizontal laminar air flow workbenches (LAFW), cleans in the following order: inner back wall (mesh), ceiling, walls, IV bar, automated compounders if present, then work surface.
- ☐ **For all cleaning processes mentioned below- Use lint free wipe with sterile water to remove visible particles, debris, or residue. Uses a lint free wipe with sterile one step cleaning and disinfecting agent (allowing to sit for manufacturer recommended dwell time) followed sterile 70% IPA and allows to dry completely. Uses new wipes as needed.**
- ☐ At the end of each shift, cleans interiors of PECs going in order from cleanest surfaces to dirtiest (as stated above). Uses new wipes for each surface.
- ☐ Cleans all buffer room worktables, stools, and contact surfaces (light switches, etc.)
- ☐ Mops floors using disposable lint free sterile mop pads, starting at the wall opposite the room entry door; mops floor surface in even strokes toward the operator.
- ☐ In the ante-room, cleans sink, roller carts and all contact surfaces. Mops floor using lint free sterile mop pads starting at the wall opposite the room entry door; mops floor surface in even strokes toward the operator.

Monthly Tasks:

- ☐ Performs monthly cleaning on a designated day.
- ☐ **For all cleaning processes mentioned below--starts by wiping with lint free wipes soaked with sporicidal agent, allowing to sit for manufacturer recommended dwell time, followed by cleaning with lint free wipes soaked with sterile 70% IPA and allows to dry. Uses new wipes as needed.**
- ☐ Cleans PEC interiors going in order from cleanest surfaces to dirtiest. Uses new wipes for each surface.
- ☐ Cleans buffer room ceiling, walls, PEC exteriors, storage shelving, storage totes, worktables, stools, trash bins and ends with mopping the floor with lint free sterile mop pads.
- ☐ Cleans ante-room ceiling, walls, storage shelving, storage totes, roller carts, sink, trash bins and ends with mopping the floor with lint free sterile mop pads.
- ☐ When cleaning totes, removes contents and cleans entire interior and exterior surfaces of totes.
- ☐ When cleaning shelving and carts starts with the top shelf and top of post, working down to wheels. Cleans the underside of shelves in a similar manner.
- ☐ When cleaning trash bins, removes trash bags and cleans interior then exterior surfaces then places new trash bags in bin.
- ☐ Documents all cleaning activities as to who performed such activities with date and time noted.

Signature of Person Assessed _____ **Printed Name** _____

Signature of Qualified Evaluator _____ **Printed Name** _____ **Date** _____

Assessing hand hygiene and garbing related practice of compounding personnel

- ☐ Presents in a clean appropriate attire and manner.
- ☐ Removes unnecessary outer clothing (jackets, etc.)
- ☐ Wears no cosmetics or jewelry (watches, rings, earrings, visible piercings etc.) upon entry into ante-areas.
- ☐ Is not wearing artificial fingernails. Keeps fingernails neat and trimmed.
- ☐ Cleans eyewear, if wearing.
- ☐ Does not store or bring food or drinks into the ante-areas or buffer areas. Is aware of the line of demarcation separating clean and dirty sides and observes required activities. Dons shoe covers one at a time--placing the covered or designated shoe on clean side of the line of demarcation, as appropriate.
- ☐ Dons beard cover if necessary.
- ☐ Dons head cover assuring that all hair is covered. Dons face mask to cover bridge of nose down to include chin.
- ☐ Performs hand hygiene procedure by
    - o Wetting hands and forearms with water.
    - o Using nail-pick to clean underneath fingernails.
    - o Washing up to elbows using soap and warm water for at least 30 seconds.
    - o Drying hands and forearms using lint-free towels.
- ☐ Selects the appropriately sized low-lint gown examining for any holes, tears, or other defects.
- ☐ Dons gown and ensures full closure.
- ☐ Disinfects hands again using a waterless alcohol-based surgical hand scrub with persistent activity and allows hands to dry thoroughly before donning sterile gloves.
- ☐ Dons appropriately sized sterile, powder free gloves ensuring that there is a tight fit with no excess glove material at the fingertips. Examines gloves ensuring that there are no defects, holes, or tears.
- ☐ While engaging in sterile compounding activities, routinely disinfects gloves with sterile 70% IPA prior to work in the direct compounding area (DCA) and after touching items or surfaces that may contaminate gloves.
- ☐ If gloves become damaged while compounding, repeats hand hygiene and dons new sterile gloves.
- ☐ Removes gown in the ante-area on the clean side of the line. May keep until end of shift if unsoiled and damage-free. Must be discarded at end of shift.
- ☐ Removes and discards hair cover, mask, beard cover, and gloves in the ante-area on the clean side of the line.
- ☐ Removes and discards shoe covers one at a time, ensuring that uncovered foot is placed on the dirty side of the line of demarcation and performs hand hygiene again.

Signature of Person Assessed _____ **Printed Name** _____

Signature of Qualified Evaluator _____ **Printed Name** _____ **Date** _____

Annual Gloved Fingertip Tests and Surface Sample Collection

Perform Date & Time _____ **Observed by** _____

Gloved Fingertip Tests

TSA Agar plates w/ L&T Manufacturer _____ Lot # _____ Exp _____
Refer to Certificate of Analysis (CoA) for this product in personnel training binder or look up by lot on manufacturer's website.
Incubate for at least 48h at 30°-35° C. Starting temp _____ Dates of incubation _____
Followed by at least 5 days at 20°-25° C Starting temp _____ Dates of Incubation _____

After Garbing and Hand Hygiene		
Hand Tested	**# of CFU (after 48h @ 30°-35° C)**	**# of CFU (after 5d @ 20°-25° C)**
R		
L		

Pass: 0 CFU / Fail: >0 CFU

After Media Fill		
Hand Tested	**# of CFU (after 48h @ 30°-35° C)**	**# of CFU (after 5d @ 20°-25° C)**
R		
L		

Pass: < or = 3 CFU / Fail: > 3
(total CFUs both hands)

Comments:

Surface Sample of Direct Compounding Area After Performing Media Fill

TSA Agar Plates w/ L&T Manufacturer _____ **Lot #** _____ Exp _____
Refer to Certificate of Analysis (CoA) for this product in personnel training binder or look up by lot on manufacturer's website.
Incubate for at least 48h at 30°-35° C. Starting temp _____ Dates of Incubation _____
Followed by at least 5 days at 20°-25° C Starting temp _____ Dates of Incubation _____

Surface Sample Result	
# of CFU (after 48h @ 30°-35° C)	**# of CFU (after 5d @ 20°-25° C)**

Pass: < or = 3 CFU / Fail: > 3 CFU

Comments:

Result Observe Date _____

Signature of Person Assessed _____ **Printed Name** _____

Signature of Qualified Evaluator _____ **Printed Name** _____

Assessing aseptic technique and related practices and media-fill test results (for Sterile-to-Sterile CSPs)

- ☐ Completes the Hand Hygiene and Garbing Competency Assessment Form.
- ☐ Performs proper hand hygiene, garbing, and gloving procedures according to SOPs validated by gloved fingertip test(s).
- ☐ Performs and passes media fill (see below) per manufacturer's instructions followed by gloved fingertip test and surface sample of direct compounding area.
- ☐ Disinfects ISO Class 5 device surfaces with an appropriate agent.
- ☐ Disinfects components/vials with an appropriate agent prior to placing into ISO Class 5 work area.
- ☐ Introduces only essential materials in a proper arrangement in the ISO Class 5 work area.
- ☐ Does not interrupt, impede, or divert flow of first-air to critical sites.
- ☐ Ensures syringes, needles, and tubing remain in their individual packaging and are only opened in ISO Class 5 work area. Performs manipulations only in the appropriate DCA of the ISO Class 5 device.
- ☐ Does not expose critical sites to contact contamination or worse than ISO Class 5 air.
- ☐ Disinfects stoppers, injection ports, and ampule necks by wiping with sterile 70% IPA while allowing sufficient time to dry. Affixes needles to syringes without contact contamination.
- ☐ Punctures vial stoppers and spikes infusion ports without contact contamination.
- ☐ Labels preparation(s) correctly.
- ☐ Disinfects sterile gloves routinely by applying sterile 70% IPA during prolonged compounding manipulations.
- ☐ Cleans, sets up, calibrates, and becomes familiar with basic functions of automated compounding devices (e.g., "repeater pump") according to manufacturer's instructions.
- ☐ Disposes of sharps and waste according to institutional policy or recognized guidelines.

Comments:

Media Fill Test

Perform Date & Time _____ **Observed by** _____

TSB Growth Media 100mL bags Manufacturer _____ **Lot #** _____ Exp _____
Refer to Certificate of Analysis (CoA) for this product in personnel training binder or look up by lot on manufacturer's website.
Incubate for at least 7 days at 20°-25° C. Starting temp _____ Dates of incubation _____
Followed by at least 7 days at 30°-35° C Starting temp _____ Dates of incubation _____

Media fill result:
Negative_____
Positive (microbial growth present) _____
Comments:

Result Observe Date _____

Signature of Person Assessed _____ **Printed Name** _____

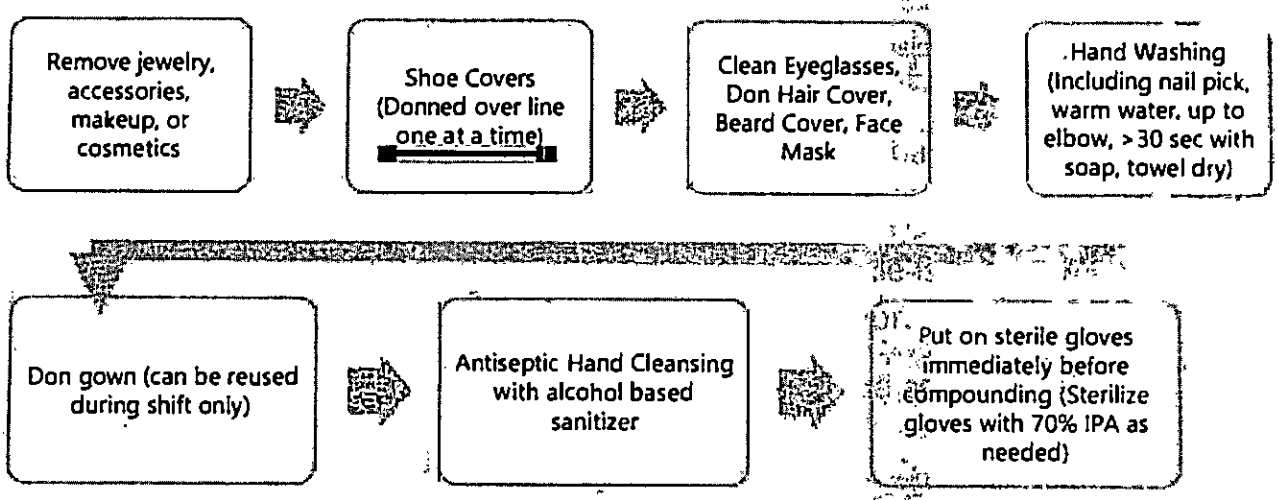
Signature of Qualified Evaluator _____ **Printed Name** _____

STERILE COMPOUNDING PROCESSES

Once paperwork is done and processed and the drug vials have been pulled you may enter the Ante room.

Step 1: Begin by wiping down all vials and totes with Sterile Isopropyl Alcohol before putting them over the demarcation line on the floor.

Step 2: Follow proper garbing and handwashing technique as illustrated below:



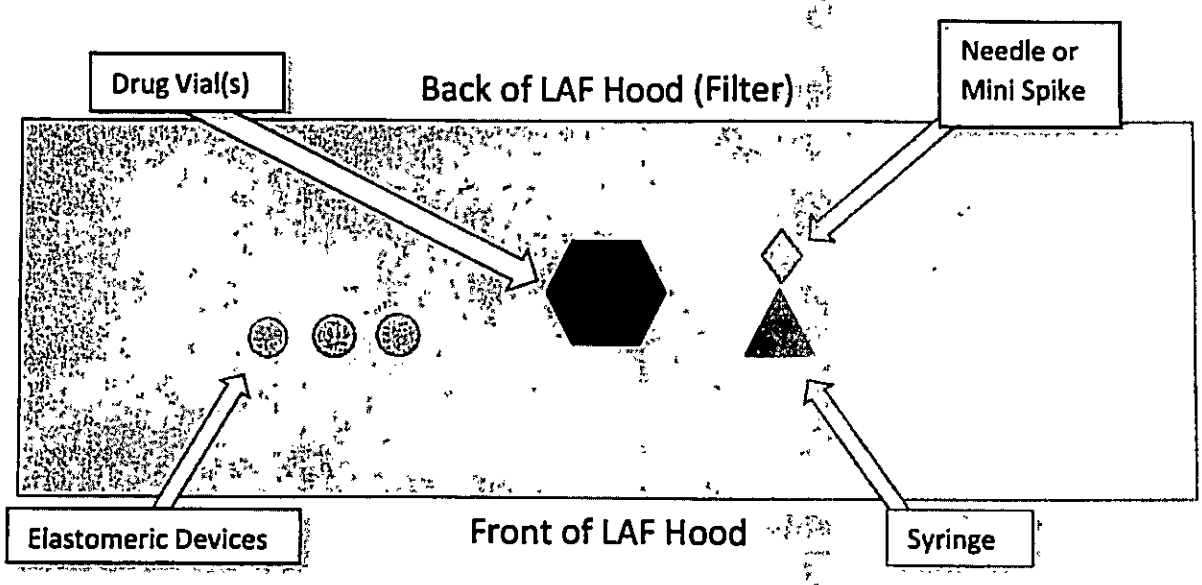
Compounding Process

Step 3: Clean the hood prior to compounding. Spray 70% Isopropyl alcohol on a lint-free cloth. DO NOT SPRAY ALCOHOL DIRECTLY TOWARD THE FILTER. Starting with the back filter if in a LAF hood, wipe in one direction starting at the top and working your way down. Next you will clean the ceiling, bar, walls, and finally work space on the hood. Repeating the process of one direction wiping from back of the hood to the front with a fresh cloth for each section of the hood.

Step 4: Once hood is clean grab all supplies needed to complete the IV order. Syringe, Needles, Sterile Alcohol wipes, elastomeric devices, etc..

Step 5: Spray all supplies and vials down with sterile alcohol before placing in the hood.

Step 6: Align all vials 6 inches from the back and the front of the hood. Allowing "First Air" to flow over the top of them.



Step 7: Spray gloves with Sterile Isopropyl Alcohol once all supplies are in the hood. Wipe vial top with a Sterile Alcohol pad.

Step 8: Using Sterile Water or Normal Saline, reconstitute the vial as per the package instructions or Compounding record.

Step 9: Allow vial to completely reconstitute before drawing up contents

Step 10: Wipe vial with Sterile Alcohol pad before puncturing to draw out contents.

Step 11: Verify compounding record for recipe for compound

Step 12: Draw out correct mLs for dose and remove air from syringe

Step 13: Remove needle and attach syringe to Elastomeric. Depress plunger to inject contents into device. Place filled device to the side of the hood. DO NOT remove hands from hood to place in tote. Repeat until all doses are made.

Step 14: Place empty vial in tote along with filled Elastomerics. Discard all used items correctly, Place needle in sharps container.

Step 15: Repeat Step 3 and clean the hood using the proper process. (If there are multiple IV's being made, make sure you repeat this step by cleaning the workspace between each drug.)

Step 16: In the Ante room to de-garb all PPE, follow Step 2 in the opposite order. Removing shoe covers one at a time over the demarcation line.

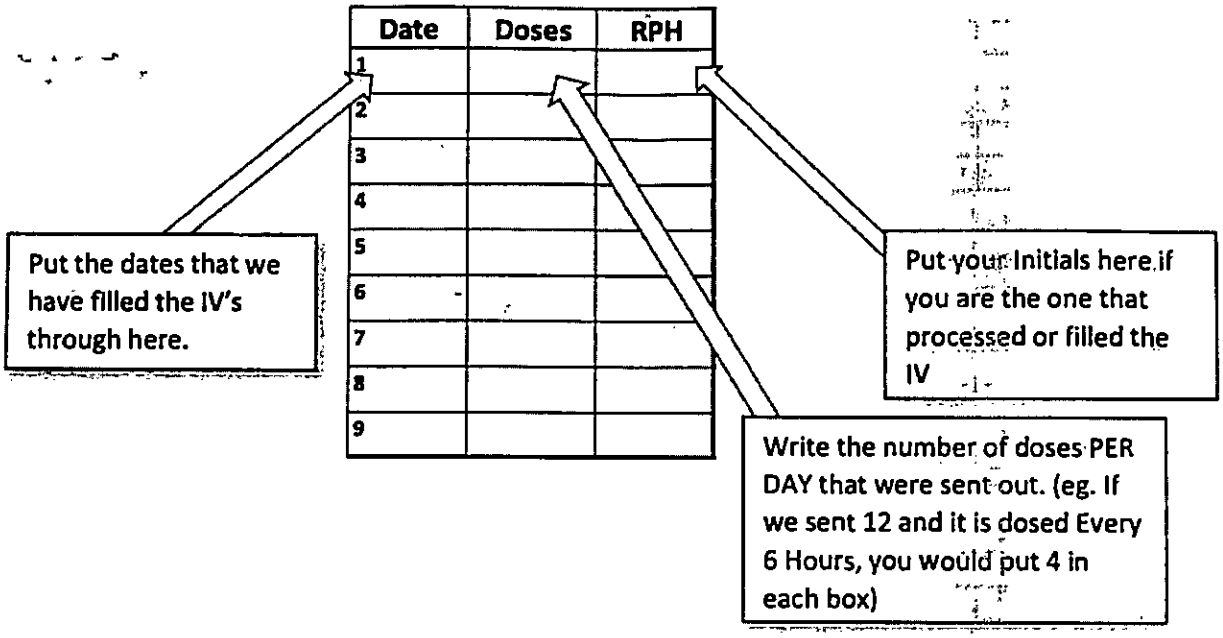
Labeling Process

To label the Elastomeric Device, wrap the label around the tubing to flag it. Once all of the devices have been labeled, put them in the bag and then place in the tote with the filled-out compounding record (as talked about in the previous section) and the vial that was used. This will help the Pharmacist checking to know what was used in filling the compound.

Filling out the IV Order card

When you get a new IV you will need to fill out an IV order card if the therapy is going to last more than a day or two. This helps you know what IVs will need to be processed on the next processing day. Follow the instructions on the following page to correctly fill out the IV order card.

IV ORDER						Start Date:			Notes:		
PUT LABEL HERE						SNF Rx:					
						Stop Date:					
						DATE	Doses	RPH	DATE	Doses	RPH
						19			34		
						20			35		
						21			36		
						22			37		
						23			38		
Date	Doses	RPH	Date	Doses	RPH	24			39		
1			10			25			40		
2			11			26			41		
3			12			27			42		
4			13			28			43		
5			14			29			44		
6			15			30			45		
7			16			31			46		
8			17			32			47		
9			18			33			48		
Patient Name						Facility					



Nightly Cleaning Process

Follow these steps nightly to ensure proper cleaning of the IV ante and clean room.

Step 1: Garb up completely before entering the clean room.

Step 2: Clean and remove all debris off the floor and surfaces in the ante and clean room.

Step 3: Clean compounding hoods first. Using the technique shown in Step 3 of Compounding Process. Clean with a lint free towel damp with sterile alcohol. Remove sharps containers when cleaning inside the hood. Wipe down before returning to the hood.

Step 4: Remove all spiked Sterile Water or NS bags and their tubing from the hood. These are only to be used for 24 hours and need to be discarded at the end of the day.

Step 5: Clean all tables and other surfaces (eg. Trash cans and stools) using sterile 70% Isopropyl alcohol and lint free towels.

Step 6: Starting in the furthest corner of the room, soak a lint-free towel in Cavicide or other preferred disinfectant. Wipe the floor toward the door with the Cavicide. Once the whole floor has bee wiped down, let the Cavicide sit for two to three minutes.

Step 7: Once this is done, return to the clean room and repeat the floor cleaning step, this time with Sterile 70% Isopropyl Alcohol.

Step 8: To clean the Ante room, clean sink and other contact surfaces with Isopropyl alcohol.

Step 9: Repeat the floor cleaning process from the clean room in the ante room. Wipe floor from the furthest point in the ante room toward the door. First with Cavicide and then with Isopropyl alcohol.

Step 10: Replace sticky mat in front of ante room.

Monthly Cleaning Process

At the end of the month the clean room must be deep cleaned using a sporicidal cleaning agent. Every surface and container must have items removed and cleaned.

Step 1: Due to the nature of the sporicidal agents being used, more protective gear must be worn. Respirator and goggles must be added to normal garbing processes. Follow the normal garbing procedure and don sterile gloves as entering the Clean room.

Step 2: Move all wire racks and shelving off the wall.

Step 3: Remove all items from plastic containers and prepare them for cleaning.

Step 4: Clean the interior of the hoods using a damp lint-free towel soaked in the sporicidal agent. Follow the same cleaning order as detailed above (back, ceiling, bar, side walls, main work surface). Let it sit for the appropriate dwell-time (check sporicidal manufacturer information). Then thoroughly re-clean with sterile 70% isopropyl alcohol in the appropriate order.

Step 5: Clean the ceiling of the clean-room with damp lint-free towel soaked in the sporicidal agent. Start in the corner furthest from the door and work toward the door. Allow to sit for appropriate dwell-time according to sporicidal manufacturer. Then thoroughly re-clean with sterile 70% isopropyl alcohol in the same order.

Step 6: Clean the walls of the clean-room with damp lint-free towel soaked in the sporicidal agent. Start with walls furthest from the door and work toward the door and work from top to bottom on each wall. Allow to sit for appropriate dwell-time according to sporicidal manufacturer. Then thoroughly re-clean with sterile 70% isopropyl alcohol in the same order.

Step 7: Clean hood exteriors, racks, work tables, stools, garbage cans, and totes with damp lint-free towel soaked in the sporicidal agent. Be sure to get inside and outside of garbage can. Allow to sit for appropriate dwell-time according to sporicidal manufacturer. Then thoroughly re-clean with sterile 70% isopropyl alcohol.

Step 8: Clean the floor of the clean-room with damp lint-free towel soaked in the sporicidal agent. Start in the corner furthest from the door and work toward the door. Allow to sit for appropriate dwell-time according to sporicidal manufacturer. Then thoroughly re-clean with sterile 70% isopropyl alcohol in the same order.

Step 9: Clean the ante room following the same steps as the clean room on everything over the demarcation line. Starting with the ceiling and walls. Clean with a damp lint-free towel soaked with sporicidal agent. Let sit for the appropriate dwell time. Then thoroughly re-clean with sterile 70% isopropyl alcohol.

Step 10: Clean all surfaces in the ante room on the clean side of the demarcation line with a damp lint-free towel soaked in sporicidal agent. These include: the sink, any carts, wire racks, and totes. After letting it sit the appropriate dwell time, thoroughly re-clean all surfaces with sterile 70%Isopropyl alcohol.

Step 11: Clean the floor of the ante room with a damp lint-free towel soaked in sporicidal agent. Let it sit for the appropriate dwell time. Thoroughly re-clean with sterile 70% isopropyl alcohol.

Step 12: Remove and discard any used PPE that cannot be thoroughly wiped down and sanitized.

Step 13: Pull up and remove sticky mat in front of the ante room and replace with a fresh one for the next day.

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741

Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

CLASS A RETAIL PHARMACY

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Cache Valley Pharmacare LLC Date: 5/28/25

License Number: 14198127-1703 Exp Date: 9/30/27

C.S. License Number: 14198127-8913 Exp Date: 9/30/27

DEA Registration: [redacted] Exp Date: 8/31/27

Pharmacy FEIN Number (Tax ID): 33-2308577

Pharmacy Email: cachevpap@gmail.com

Pharmacy Phone Number: 435-787-1212 Fax: 435-787-1922

Pharmacy Toll Free Number: 855-787-1212

Affiliated Websites:

Pharmacy Hours: Monday-Friday: 9-6 Saturday: 9-2 Sunday: closed

Pharmacy Address: 2245 N 400 E Ste 105

City: North Logan State: UT Zip: 84341

Pharmacist In Charge (PIC): Mark Emmett Lindhardt

PIC License Number: 6846439-1701 Expiration Date: 9/30/25

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License # photo taken of list.	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
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Name:	License #	Title:	Exp:

CLASS A RETAIL PHARMACY INSPECTION

Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:

INSPECTION

	YES	NO	
1	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of the pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)(a)(i-vi)(b)]
2	☑	☐	Notification has been provided to the Division in regards to the unique email address used for self audits or pharmacy alerts. The pharmacy will use a single email address and notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603 (2) and (3) (t) (I-II)]
3	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
4	☑	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☐ N/A
5	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist or two pharmacy technician trainees to one pharmacist, if a licensed pharmacy technician or intern is working during the same shift. [UAC R156-17b-601(4)(a)(I-II)]
6	☑	☐	A licensed pharmacy technician shall practice under the general supervision of a licensed pharmacist. [UCA 58-17b-102 (57)]
7	☑	☐	A pharmacy technician may administer vaccines and emergency medications pursuant to delegation by a pharmacist... And is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); [UAC R156-17b-601 (3)(b)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(2)(a)(3)(a)]
9	☑	☐	In accordance with Subsection 58-17b-102(72)(b), supportive personnel shall be supervised by a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the services being performed expect for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☑	☐	In accordance with Subsection 58-17b-102(72)(a), supportive personnel may assist in any tasks not related to drug preparation or processing, including: [UAC R156-17b-607 (1)(a-g)]

- ☑ stock ordering and restocking;
- ☑ cashiering;
- ☐ billing;

☐ filing;
☐ receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee;
☐ housekeeping;
☑ delivering a pre-filled prescription to a patient.

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for ensuring that no pharmacy operates with a ratio of pharmacist or DMP to other pharmacy personnel in circumstances that result in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare; [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☐ ☐ The facility conducts a pharmacy self-audit on a form provided by the Division, in accordance with the the following time frames: within 30 days of a change of consulting pharmacist, PIC, DMPIC, or RDPIC; within 30 days of the opening of a new facility; and at least 90 days before the end of each license renewal cycle. The facility maintains each pharmacy self-audit form for two years from the date of the self-audit. [UCA R156-17b-603 (3)(u)(i-v)]

Date of last self inspection: 3/10/25

14 ☑ ☐ The facility or parent company shall maintain a record for at least five years of the initials or identification codes that identify each dispensing pharmacist or DMP by name. The initials or identification code shall be unique to ensure that each pharmacist or DMP can be identified; therefore identical initials or identification codes may not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable by facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b (Pharmacy Practice Act Rules)
- ☑ UAC R156-37 (Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product (Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (d)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (e)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605(1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public safety. [UAC R156-17b-614a (1) (f)]

22 ☑ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock where drugs are stored and be securely locked when the pharmacy department is closed. [UAC R156-17b-614a (1)(g)(i-ii)(h)(i-ii)]
N/A ☐

23 ☐ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)]
N/A ☑

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156- 17b-614a (6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (3)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log for three years. [UAC R156-17b-614a (3)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness; a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Drug-disease contraindications
- ☑ Incorrect drug dosage
- ☑ Drug-allergy interactions
- ☑ Therapeutic duplications
- ☑ Drug-drug interactions
- ☑ Incorrect duration of drug treatment
- ☑ Clinical abuse or misuse

29 ☑ ☐ Facility does have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (1)(i)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient or patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescribed drugs to the patient by means other than personal delivery shall provide the patient with a telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling regarding the prescribed drug. [UCA 58-17b-613(2)]

32 ☑ ☐ if a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)]

☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing.

☑ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information.

33 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

34 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or returned to the pharmacy. [UCA 58-17b-602(9)(a)(b)(i-ii)]

35 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription to a patient shall: [UAC R156-17b-608(1)(a-e)(2)(a-c)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☑ have policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements, including when drugs do not arrive on time or there is evidence that the integrity of a drug was compromised and providing for the replacement of those drugs.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient in accordance with sections 58-17b-613 and R156-17b-610; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

36 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

37 ☑ ☐ Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. [16 CFR 1700.15]

38 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.22]

39 ☑ ☐ N/A ☐ The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile*) for transmission. [UAC R156-17b-613(1) & 21 CFR 1311]

40 ☑ ☐ Prescription files, including refill information, is maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

41 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

42 ☑ ☐ N/A ☐ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

43 ☐ ☑ N/A ☐ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

44 ☑ ☐ N/A ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

45 ☑ ☐ N/A ☐ Requirements for taking the initial controlled substances inventory shall include the following: pharmacies having stock of controlled substances shall take an inventory, including out-of-date drugs and drugs in automated pharmacy systems, on the opening day of business; if a pharmacy commences business with no Schedule I or II controlled substances, the pharmacy shall record this fact as the initial inventory and shall document Schedule I and II controlled substance inventory separately from an inventory reporting no Schedule III, IV, and V controlled substances; the initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)]

46 ☑ ☐ N/A ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(f)(g)(h)(k)(l)]

- ☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☑ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☑ the inventory records shall be filed separately from all other records
- ☑ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

47 ☑ ☐ N/A ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances that shall be reconciled according to facility policy. [UAC R156-17b-605(6)]

48 ☑ ☐ N/A ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (j) & R156-37-502(4)]

49 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

50 ☑ ☐ N/A ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

51 ☑ ☐ N/A ☐ The facility shall maintain a record of suppliers' credit memos for controlled substances [UAC R156-17b-614a (12)]

52 ☑ ☐ N/A ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a(9)]

53 ☑ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour daily or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

54 ☑ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, identification number used and first and last name of individual picking up dispensed drug. [UCA R156-37f-203 (4) (bb-ff)]

55 ☑ ☐ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

56 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

57 ☐ ☑ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

58 ☑ ☐ The facility is engaged in hazardous drug compounding as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

59 ☑ ☐ The facility is engaged in compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (2)]

60 ☑ ☐ The facility is engaged in *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (2)]

COMMENTS

Assisted during the inspection by pharmacy technician Stephanie Evans.

The pharmacy has a current list of licensed pharmacy employees. A photo was taken.

The pharmacy utilizes supportive personnel as cashiers and delivery.

A self inspection was conducted around 03/10/2025. The inspection was not on site. The pharmacy is to follow up by next Monday 06/02/2025 by email to tdrebing@utah.gov.

A total of four expired medications were found in the pharmacy's stock.

The pharmacy mails and delivers prescriptions to patients. No concerns noted.

Prescription labels are compliant.

Pharmacy has compliant initial controlled substance inventory.

A check of three CIIs was made against the pharmacy's CII perpetual inventory. No discrepancies were found.

*43) Controlled compounding records were filed with legend compounding records. All controlled records are to be filed separately according to schedule.

The pharmacy is submitting to the CSDB on a daily basis.

The pharmacy does not have an automated pharmacy system.

A non-sterile compounding inspection was conducted by Investigator Travis Drebing.

A sterile compounding inspection was conducted by Investigator Zack Christensen.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments ~~made~~ with the undersigned "Responsible Party."

Signature of Responsible Party: [signature] Date: 5/28/25

Name of Responsible Party (Print): Caleb Cowley

Signature of Division Investigator: [signature] Date: 5/28/25

Name of Division Investigator (Print): Travis Drebing

Revised 3/2025

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NON-STERILE COMPOUNDING

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Cache Valley Pharmacare LLC Date: 5/28/25

Pharmacy License Number: 14198127-1703 Expiration Date: 9/30/27

Controlled Substance License Number: 14198127-8913 Expiration Date: 9/30/27

DEA Registration Number: [redacted] Expiration Date: 8/31/27

Pharmacist-in-Charge (PIC): Mark Emmett Lindhardt

Pharmacist-in-Charge License Number: 6846439-1701 Expiration Date: 9/30/25

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

GENERAL OPERATIONS AND INFORMATION

	Yes	No	
1	☑	☐	Compounders shall acquire and maintain knowledge and skills in all areas (e.g., dosage form, patient population, and medical specialty) for which they compound. [USP-NF Chapter 795—*Categories of Compounding*]

Which categories of compounding does the facility perform?

2	☑	☐	**Simple**- Making a preparation that has a *United States Pharmacopeia (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 date for that formulation with appropriate BUDs; or reconstitution or manipulation commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Captopril Oral Solution,* and *Indomethacin Topical Gel,* and *Potassium Bromide Oral Solution, Veterinary.* [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☑	☐	**Moderate**- Making a preparation that requires special calculations or procedure (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. 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. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☐	☑	**Complex**- Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
3	☑	☐	The preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug-delivery device, or device is in accordance with a licensed practitioner's prescription, medication order, or initiative based upon the practitioner/patient/pharmacist/compounder relationship in the normal course of professional practice[USP-NF Chapter 795—*Definitions—Compounding*]
4	☐	☑	Does the facility compound nonsterile prescriptions which are then delivered to a practitioner for administration to the patient in the office, clinic or facility?

	Yes	No	
5	☐	☑	A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(II)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]
6	☐	☑	Does the facility distribute non-sterile compounded preparations to hospitals, clinics, or surgery centers?
7	☐	☑	Does the facility have a sales force that distributes samples containing active ingredients? List on separate sheet.
8	☐	☑	Does the facility provide non-sterile compounded preparations to other pharmacies for dispensing?
9	☑	☐	What does the facility compound?

☐ Tablets ☑ Liquids ☑ Troches ☑ Ointments
☑ Capsules ☐ Lozenges ☑ Creams ☐ Suppositories
☐ Patches ☑ Sprays ☐ Powders ☐ Oral Pastes
☐ Transdermals ☐ _____ ☐ _____ ☐ _____

10	☐	☑	Does the facility compound vitamins or nutritional supplements? If so, list on separate sheet.
11	☐	☑	Does the facility compound investigational drugs? If so, list on separate sheet.
12	☑	☐	The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UCA 58-17b-502 (13)]
13	☑	☐	Does the facility perform compounding with hazardous drugs?
14	☑	☐	Does the facility segregate hazardous drugs from normal compounding stock?
15	☑	☐	MSDSs shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facilities premises. Employees should be instructed on how to retrieve and interpret needed information. [USP-NF Chapter 795—*Compounding Documentation—Material Safety Data Sheets File*]
16	☑	☐	Does the facility make non-sterile compounded preparations using bulk powder active pharmaceutical ingredients?
17	☑	☐	All significant procedures performed in the compounding area should be covered by written standard operating procedure (SOPs). Implementing SOPs establishes procedural consistency and also provides a reference for orientation and training of personnel. To ensure accountability, accuracy, quality, safety and uniformity in compounding procedures should be developed for the following: [USP-NF Chapter 795—*Compounding Documentation—Standard Operating Procedures*]

☑ Facility ☑ Equipment ☑ Personnel
☑ Packaging ☑ Storage ☑ Preparation

18	☑	☐	A *United States Pharmacopeia (USP), National Formulary (NF), or Food Chemical Codex (FCC)* substance is the recommended source of all ingredients for compounding all preparations. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(1)*]
19	☑	☐	Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [R156-17b-614a-(3)(c)(i)(ii)]

20 ☑ ☐ Bulk containers are labeled with appropriate Occupational Safety and Health Administration (OSHA) hazard communication labels (see OSHA.gov), and Material Safety Data Sheets (MSDSs) are available to compounding personnel for all drugs and chemicals used in compounding. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (3)*]

BEYOND USE DATING

21 ☑ ☐ All components used in the compounding of preparations must be store as directed by the manufacturer or according to *USP*, *NF*, or *FCC* monograph requirements, in a clean area, and under appropriation temperatures and humidity conditions (controlled room temperature, refrigerator, or freezer). [USP-NF Chapter 795—*Component Selection, Handling, and Storage (11)*]

22 ☑ ☐ For components that do not have expiration dates assigned by the manufacture or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, to the component (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date)* based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage conditions. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(6)*]

23 ☑ ☐ If the component has been transferred to a different container, that container shall be identified with the component name, lot or control number, transfer date, and expiration date and shall provide integrity that is equivalent to or better than that of the original container. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(5)*]

24 ☑ ☐ The compounder shall ensure that the container and container closures used in packaging compounded preparations meet *USP* requirements (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Containers; Containers—Glass* <660>; *Containers—Plastics*<661>; *Containers—Performance Testing* <671>; Chapter <681>; Chapter <1136>; *Packaging Practice—Repackaging a Single Solid Oral Drug Product into a Unit-Dose Container*<1146>); and when available, compounding monographs. Compounders are not expected to perform the tests described in these chapters but should be knowledgeable about the stands described in them. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

25 ☑ ☐ The containers and closures shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the older stock is used first. The containers and container closures shall be stored in such a way as to permit inspection and cleaning of the storage area. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

26 ☑ ☐ The BUD is the date after which a compounded preparation shall not be used and is determined from the date when the preparation is compounded. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating*]

27 ☑ ☐ The beyond use date assigned shall be based on currently available drug stability information and sterility considerations or appropriate in-house or contract service stability testing. [R156-17b-614a (3)(g)]

28 ☑ ☐ Sources of drug stability information shall include the following: [R156-17b-614a (3)(g)(i)(A)(B)(C)]
☑ References can be found in "Trissel's Handbook on Injectable Drugs", 17th Edition, October 31, 2012 ☑ Manufacturer recommendations ☑ Reliable, published research

29 These maximum BUDs (shown below) are recommended for non-sterile compounded drug preparations in the absence of stability information that is applicable to a specific drug or preparation. They are packaged in tight, light resistant containers and stored at controlled room temperature. The BUD shall not be later than the expiration date on the container of any component. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]

☑ ☐ BUDs for Nonaqueous Formulations—The BUD is not later that the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier.

☑ ☐ BUDs for Water-Containing Oral Formulations—The BUD is not later than 14 days when stored at controlled cold temperatures.

☑ ☐ BUDs for Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations—The BUD is not later than 30 days.

ENVIRONMENT

30 ☑ ☐ Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide the orderly placement of equipment and materials to prevent mixups among ingredients, containers, labels, in-process materials and finished preparations and is designed, arranged and used to prevent adventitious cross-contamination. [USP-NF Chapter 795—*Compounding Facilities*]

31 ☑ ☐ Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Chapter <797>, *Environmental Quality and Control*). [USP-NF Chapter 795—*Compounding Facilities*]

32 ☑ ☐ Compounding is done in an appropriately clean and sanitized area dedicated to this activity (see section *Compounding Facilities*). [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (4)*]

33 ☑ ☐ Only one preparation is compounded at one time in a specific workspace. [USP-NF Chapter 795—Compounding Process—*Criteria When Compounding Each Drug Preparation (5)*]

34 ☑ ☐ The entire compounding and storage area should be well lighted. [USP-NF Chapter 795—*Compounding Facilities*]

35 ☑ ☐ Heating, ventilation, and air conditioning systems shall be controlled to avoid decomposition and contamination of chemicals (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Storage Temperature and Humidity;* and the manufacturers' labeled storage conditions). [USP-NF Chapter 795—*Compounding Facilities*]

36 ☑ ☐ Potable water shall be supplied for hand washing and equipment washing. *Purified Water* (see *Purified Water* monograph) shall be used for compounding nonsterile preparations when formulations indicate the inclusion of water. *Purified Water* should be used for rinsing equipment and utensils. [USP-NF Chapter 795—*Compounding Facilities*]

37 ☑ ☐ Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. [USP-NF Chapter 795—*Compounding Facilities*]

38 ☑ ☐ Disposal of all hazardous drugs wastes shall comply with all applicable federal and state regulations. All personnel who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs shall be trained in appropriate procedure to protect themselves and prevent contamination. [USP-NF Chapter 795—*Compounding Facilities*]

TRAINING

39 ☐ ☑ Personnel are appropriately trained and are capable of performing and qualified to perform their assigned duties. Such training should be documented. Compounding personnel should be evaluated annually. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (1), Training*]

40 ☐ ☑ All employees involved in pharmaceutical compounding shall read and become familiar with the chapter (USP-NF Chapter 795). They should also become familiar with the contents of the *USP Pharmacists' Pharmacopoeia* and other relevant publications, including how to read and interpret MSDS. [USP-NF Chapter 795—*Training*]

41 ☐ ☑ All employees shall read and become familiar with each of the procedures related to compounding, including those involving the facility, equipment, personnel, actual compounding, evaluation, packaging, storage, and dispensing. [USP-NF Chapter 795—Training]

COMPOUNDING EQUIPMENT

42 ☑ ☐ All equipment used in compounding is clean, properly maintained, and used appropriately. [USP-NF Chapter 795—Responsibilities of the Compounder—General Principles of Compounding (4)]

43 ☑ ☐ Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance and cleaning. Automated, mechanical, electronic, and other types of equipment used in compounding or testing of compounded preparations shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. Immediately before compounding operations, the equipment shall be inspected by the compounder to determine its suitability for use. After use, the equipment shall be appropriately cleaned. [USP-NF Chapter 795—Compounding Equipment]

DOCUMENTATION

44 ☑ ☐ A master worksheet shall be developed and approved by a pharmacist for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master worksheet shall be used as the preparation worksheet from which each batch is prepared an on which all document for that batch occurs. The master worksheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a (3)(d)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(A-D)(ix)(A-D)(x)(xi)(xii)(xiii)]

- ☑ Official or assigned name
- ☑ Calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients
- ☑ Equipment needed to prepare the preparation
- ☑ Container used in dispensing
- ☑ Quality control procedures and expected results
- ☑ Description of final preparation
- ☑ Strength
- ☑ Description of all ingredients and their quantities
- ☑ Mixing instructions, which shall include: order of mixing, mixing temperature or other environmental controls, duration of mixing, and other factors pertinent to the replication of the preparation as compounded
- ☑ Packaging and storage requirements
- ☐ Dosage form of the preparation
- ☑ Compatibility and stability information, including references when available
- ☑ Sample labeling information, which shall contain, in addition to legally required information: generic name and quantity or concentration of each active ingredient, assigned beyond use date, storage conditions, and prescription or control number, whichever is applicable

45 ☑ ☐ A preparation worksheet for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a (3)(e)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)(x)(xi)(xii)(A-D)(xiii)(A,B,C,D)(I-III)(xiv)(xv)(xvi)]

- ☑ Official or assigned name
- ☑ Names and quantities of all components
- ☑ Name of the person who prepared the preparation
- ☑ Date of the preparation
- ☑ Proof of duplicate labeling information, which shall: be kept at the pharmacy, be immediately retrievable; include an audit trail for any altered form, and be reproduced in: the original format that was dispensed, and electronic version, or a scanned electronic version
- ☐ Strength and dosage of the preparation
- ☑ Sources, lot numbers, and expiration dates of components
- ☑ Name of the compounder who approved the preparation
- ☑ Assigned control number, if for anticipation of use or prescription number, if patient specific, whichever is applicable
- ☑ Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver
- ☑ Description of final preparation
- ☑ Master Formulation Record reference for the preparation
- ☑ Total quantity compounded
- ☑ Name of the person who performed the quality control procedures
- ☑ Duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: active ingredients, beyond-use-date, storage conditions, and lot number
- ☑ Results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)

46 ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and prescription files, including refill information shall be maintained for a minimum of five years and be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

47 ☑ ☐ There shall a documented, ongoing quality control program that monitors and evaluates personnel performance, equipment and facilities that follow USP-NF Chapters 795 and 797 standards. [R156-17b-614a (3)(h)]

COMPOUNDING PROCEDURES

48 ☑ ☐ Only authorized personnel are allowed in the immediate vicinity of the compounding operations. [USP-NF Chapter 795—Responsibilities of the Compounder—General Principles of Compounding(6)]

49 ☑ ☐ Personnel engaged in compounding maintain good hand hygiene and wear clean clothing appropriate to the type of compounding performed (e.g., hair bonnets, coats, gowns, gloves, face masks, shoes, aprons, or other items) as needed for protection of personnel from chemical exposures and for preventions of drug contamination. [USP-NF Chapter 795—Compounding Process—Criteria When Compounding Each Drug Preparation (8)]

50 ☑ ☐ Critical processes (including but not limited to weighing, measuring, and mixing) are verified by the compounder to ensure that procedures, when used, will consistently result in the expected qualities in the finished preparation. [USP-NF 795—Compounding Process—Criteria When Compounding Each Drug Preparation]

PRESCRIPTION LABELING

51 ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or Agent shall bear at a minimum in addition what is required in Section 58-17b-602 the following: [UAC R156-17b-614a (3)(h)(i)(ii)(iii)]

- ☑ generic name and quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
- ☑ assigned compounding record or lot number;
- ☑ "This is a compounded preparation" or similar language.

PATIENT COUNSELING AND COMMUNICATION

52 ☑ ☐ At the time of dispensing the prescription, the patient or the patient's agent shall be counseled about proper use, storage, handling, and disposal of the compounded preparation. The patient or the patient's agent shall also be instructed to report any adverse event and to observe and report to the compounder any changes in the physical characteristics of the compounded preparation (see Chapter <1191> *Responsibility of the Pharmacist*). The compounder shall investigate and document any reported problem with a compounded preparation and shall take corrective action. [USP-NF Chapter 795—*Patient Counseling*]

VETERINARY COMPOUNDING

53 ☐ ☑ Does the facility compound for veterinary use?

54 ☐ ☑ If compounding for both humans and animals, are the API's or other components that are labeled for veterinary use only are segregated or marked in such way to prevent them from being used for human compounding?

55 ☐ ☑ The pharmacist shall be knowledgeable about the individual species' limitation in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used in compounded preparations. For this reason, compounders making preparations for animals should use, when possible, formulations specifically developed for animal patients. If such formulations are not available, the compounder shall conduct a literature review to determine whether a specific component of the formula is toxic to the target species. [USP-NF Chapter 795—Compounding For Animal Patients]

COMMENTS (Use an additional sheet if necessary)

Assisted during the inspection by pharmacy technician Caleb Cowley.

SOPs are compliant. They will need to be revised for current USP 795 when rule passes.

Training records exist for pharmacists and pharmacy technicians that are actively involved in compounding. Pharmacists, at least two, that are providing a check on compounds do not have documented finished training. For one pharmacist it was noted that they are in the middle of training.

Compounding records are compliant.

Note to file controlled records separately from non controlled records.

The prescription labels for compounds is compliant.

The pharmacy is not compounding for animal use.

The pharmacy is not compounding for office use.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 5/28/25

Signature of Division Investigator: _____ Date of Signature: 5/28/25

UTAH DEPARTMENT OF COMMERCE
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STERILE COMPOUNDING

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Cache Valley Pharmacare LLC Date: 5/28/25

Pharmacy License Number: 14198127-1703 Expiration Date: 9/30/27

Controlled Substance License Number: 14198127-8913 Expiration Date: 9/30/27

DEA Registration Number: [redacted] Expiration Date: 8/31/27

Pharmacist-in-Charge (PIC): Mark Lindhardt

Pharmacist-in-Charge License Number: 6846439-1701 Expiration Date: 3/22/25

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

	Yes	No	GENERAL OPERATIONS AND INFORMATION
			Which categories of compounding does the facility perform?
1.	☐	☑	The pharmacy does perform compounding identified as **low-risk** [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- Low-Risk Level CSPs]*

☐ The CSPs are compounded with aseptic manipulations entirely within ISO Class 5 or better air quality using only sterile ingredients, products, components, and devices.

☐ The compounding involves only transfer, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile products and not more than two entries into any one sterile container or package (e.g., bag, vial) of sterile product or administration container/ device to prepare the CSP.

☐ Manipulations are limited to aseptically opening ampules, penetrating disinfected stoppers on vials with sterile needles and syringes, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile products, and containers for storage and dispensing.

☐ For a low-risk level preparation, in the absence of passing a sterility teste (see Sterility Tests <71>) the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 48 hours at controlled room temperature (see General Notices and Requirements), and for 45 days in solid frozen state between -25°and -10°.

☐ ☑ The pharmacy does perform compounding identified as **medium-risk**. When CSPs are compounded aseptically under Low-Risk Conditions and one or more of the following conditions exist, such CSPs are at a medium risk of contamination. [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- Medium-Risk Levels CSPs]*

☐ Multiple individual or small doses of sterile products are combined or pooled to prepare a CSP that will be administered to either multiple patients or to one patient on multiple occasions.

☐ The compounding process includes complex aseptic manipulations other than the single-volume transfer.

☐ The compounding process requires unusually long duration, such as that required to compete dissolution or homogenous mixing.

☐ For a medium-risk preparation, in the absence of passing a sterility test (see Sterility Tests <71>0, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 30 hours at controlled room temperature (see Generals Notices and Requirements), and for 45 days in solid frozen state between 25°and -10°.

☑ ☐ The pharmacy does perform compounding identified as **high-risk** [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- High-Risk Levels CSPs]*

☑ Non sterile ingredients, including manufactured products not intended for sterile routes of administration (e.g. oral), are incorporated or a non-sterile device is employed before terminal sterilization.

☐ Any of the following are exposed to air quality worse than ISO 5 for more than 1 hour (see *Immediate-Use CSPs*):

- ☐ Sterile contents of commercially manufactured products;
- ☐ CSPs that lack effective antimicrobial preservative, and
- ☐ Sterile surfaces of devices and containers for the preparation, transfer, sterilization, and packaging of CSPs

☐ Compounding personnel are improperly garbed and gloved (see *Personnel Cleansing and Use of Barrier Protective Equipment).*

☐ Nonsterile water-containing preparations are stored for more than 6 hours before being sterilized.

☐ It is assumed, and not verified by examination of labeling and documentation from suppliers or by direct determination, that the chemical purity and content strength of ingredients meet their original or compendia specifications in unopened or in opened packages of bulk ingredients (see *Ingredient Selection under Pharmaceutical Compounding- Non-Sterile Preparations <795>).*

☐ In the absence of passing a sterility test, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 24 hours at controlled room temperature (see *General Notices and Requirements),* for not more than 3 days at a cold temperature (*see General Notices and Requirements),* and for 45 days in a solid frozen state between 25°and -10°.

☐ ☑ **Immediate-use provision in intended only for those situation where there is a need for emergency or immediate patient administration of a CSP.** Such situations may include cardiopulmonary resuscitation, emergency room treatment, preparation of diagnostic agents, or critical therapy where the preparation of the CSP under conditions described for Low-Risk Level CSPs subjects the patient to additional risk due to delays in therapy. Immediate-use CSPs are not intended for storage for anticipated needs or batch compounding. Preparations that are medium-risk level and high-risk level CSPs shall not be prepared as immediate-use CSPs. [USP-NF Chapter 797- *Immediate-use CSPs*]

☐ ☑ **Immediate-use CSPs** are exempt from the requirements described for Low-Risk Label CSPs only when all of the following are met: [USP-NF Chapter 797- *Immediate-use CSPs]*

☐ The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturer's' original containers and not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device. For example, anti-neoplastics shall not be prepared as immediate-use CSPs because they are hazardous drugs.

☐ Unless required for the preparation, the compounding procedure is a continuous process not to exceed 1 hour.

☐ During preparation, aseptic technique is followed and, if not immediately administered, the finished CSP is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mixups with other CSPs, and direct contact of outside surfaces.

☐ Administration begins not later than 1 hour following the start of the preparation of the CSP.

☐ Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact 1-hour BUD and time.

☐ If administration has not begun within 1 hour following the start of preparing the CSP, the CSP shall be promptly, properly, and safely discarded.

2. ☑ ☐ Does the facility dispense sterile compounded preparations pursuant to a prescription?

3. ☐ ☑ Does the facility make sterile compounded preparations that are delivered to a practitioner for administration to a patient in an office, clinic, or facility?

4. ☑ ☐ A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug; does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical

Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21.U.S.C A § 301 et seq. [R156-17b-624]

5. ☐ ☑ Does the facility distribute sterile compounded preparations to hospitals, clinics, or surgery centers?

6. ☐ ☑ Does the facility have a sales force that distributes samples containing active ingredients? If so, list samples on separate sheet.

7. ☐ ☑ Does the facility compound sterile preparations for veterinary use?

8. ☐ ☑ Is the facility registered with the FDA as an "Outsourcing Facility"?

9. ☑ ☐ The facility does compound:
- ☐ allergen extracts
- ☑ parental solutions
- ☐ parenteral suspensions
- ☐ preservative-free parenterals
- ☐ baths and soaks for live organs and tissues
- oral or nasal inhalation preparations
- irrigations for wounds and body cavities
- ophthalmic preparations

10. ☐ ☑ Does the facility compound investigational drugs? If so, list on separate sheet.

11. ☑ ☐ The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UAC 58-17b-102(18)(b)(ii)]

12. ☑ ☐ The facility does not prepare a prescription drug for sale to another pharmacist or pharmaceutical facility. [UAC 58-17b-102 (18)(b)(i)]

13. ☑ ☐ The facility does not prepare a prescription drug, sterile product, or device which has been withdrawn from the market for safety reasons. [UAC 58-17b-102 (18)(b)(iii)

14. ☑ ☐ Does the pharmacy makes sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients?

15. ☑ ☐ Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [UAC R156-17b-614a (3)(c)(i)(ii)]

16. ☐ ☑ Does the facility have a lyophilizer?

17. ☑ ☐ **The compounding facility shall have written, properly approved SOPs** designed to ensure the quality of the environment in which a CSP is prepared. [USP-NF Chapter 797-*Responsibility of Compounding Personnel-Suggested Standard Operating Procedures (SOPs)]*

a. ☑ Procedures for **measuring, mixing, dilution, purification, sterilization, packaging, and labeling** conform to the correct sequence and quality established for the specified CSP. [USP-NF Chapter 797- *Responsibility of Compounding Personnel*]

b. ☑ All **cleaning and disinfecting** practices and policies for the compounding of CSPs shall be included in written SOPs and shall be followed by all compounding personnel. [USP-NF Chapter 797- *Environmental Quality and Control and Disinfecting the Compounding Area*]
- ☑ ISO Class 5 PEC (e.g. LAFW, BSC, CAI, CACI)
- ☑ Counters and easily cleanable work surfaces
- ☑ Floors
- ☑ Walls
- ☑ Ceiling
- ☑ Storage Shelving

c. ☑ It is necessary that **equipment, apparatus, and devices** used to compound a CSP be consistently capable of operating properly and within acceptable tolerance limits. [USP-NF Chapter 797- *Element of Quality Control, Equipment]*

- ☑ Equipment calibration
- ☑ Annual maintenance
- ☑ Monitoring for proper function and controlled procedures for use of the equipment and specified time frames for these activities
- ☑ Routine maintenance and frequencies

d. ☑ The principles of HEPA-filtered unidirectional airflow in the work environment shall be understood and practiced in the compounding process in order to achieve the desired environmental conditions. Policies and procedures for **maintaining and working within the** PEC area shall be written and followed. The policies and procedure will be determined by the scope and risk levels of the aseptic compounding activities utilized during the preparation of the CSPs. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Control]*

e. n/a ☐ When compounding activities require **the manipulation of a patient's blood-derived or other biological material (e.g., radiolabeling a patient's or donor's white blood cells), the manipulations shall be clearly separated from routine material-handling** procedures and equipment used in CSP preparation activities, and they shall be controlled by specific SOPs in order to avoid any cross contamination. [USP-NF Chapter 797- *Environmental Quality and Control- Additional Personnel Requirements*]

f. ☑ **Double-checking compounding** accuracy shall be followed for every CSP during preparation and immediately prior to release. [USP-NF Chapter 797- *Preparation Release Checks and Tests, Compounding Accuracy Checks*]

g. ☑ When **high-risk level CSPs are dispensed before receiving the results of their sterility tests**, there shall be a written procedure requiring daily observations of the incubating test specimens and immediate recall of the dispensed CSPs when there is any evidence of microbial growth in the test specimens. [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests, Sterility Testing*]

h. ☑ **Verifying the correct identity and quality** of CSPs before they are dispensed and administered: [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests, Identity and Strength Verification of Ingredients*]

- ☑ Labels of CSPs bear correct names and amounts or concentrations of ingredients, the total volume, the BUD, the appropriate route(s) of administration, the storage conditions, and other information for safe use.
- ☑ That there are correct identities, purities, and amounts of ingredients by comparing the original written order with the written compounding record for the CSP.
- ☑ That correct fill volumes in CSPs and correct quantities of filled units of the CSPs were obtained. When the strength of finished CSPs cannot be confirmed to be accurate, based on the above three inspections, the CSPs shall be assayed by methods that are specific for the active ingredients.

i. ☑ To ensure consistent practices in determining and assigning BUDs, the compounding facility should have written policies and procedures governing the **determination of the BUDs** for all compounded products. The SOP manual of the compounding facility and each specific CSP formula record shall describe the general basis used to assign the BUD and storage conditions. [USP-NF Chapter 797- *Storage and Beyond-Use Dating*]

j. ☑ The **compounding procedures and sterilization methods** for CSPs correspond to correctly designed and verified written documentation in the compounding facility. Verification requires planned testing, monitoring, and documentation to demonstrate adherence to environmental quality requirements, personnel practices, and procedures critical to achieving and maintaining sterility, accuracy, and purity of finished CSPs. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Stability*]

k. ☑ Commercially available sterile drug products, sterile ready-to-use containers, and devices are examples of sterile components. A written procedure for **unit-by-unit physical inspection preparatory to use** is followed to ensure that these components are sterile, free from defects, and otherwise suitable for their intended use. [USP-NF Chapter 797- *Elements of Quality Control- Ingredients and Devices- Sterile Ingredients and Devices*]

l. ☑ Compounding personnel shall ensure proper storage and security of CSPs prepared by or dispensed from the compounding facility until either their BUDs are reached or they are administered to patients. In fulfilling this general responsibility, the compounding facility is responsible for the proper **packaging, handling, transport, and storage of CSPs prepared by or dispensed from it, including the appropriate education, training, and supervision of compounding personnel assigned to these functions.** The compounding facility should assist in the education and training of noncompounding personnel responsible for carrying out any aspect of these functions. Establishing, maintaining, and ensuring compliance with comprehensive written policies and procedures encompassing these responsibilities is a further responsibility of the compounding facility. Where noncompounding personnel are assigned tasks involving any of these responsibilities, the policies and procedures encompassing those tasks should be developed by compounding supervisors. [USP-NF Chapter 797- Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs]

m. ☑ Inappropriate processes or techniques involved with packaging, handling, and transport can adversely affect quality and package integrity of CSPs. Although compounding personnel routinely perform many of the tasks associated with these functions, some tasks, such as **transport, handling, and placement into storage, may be fulfilled by noncompounding personnel** who are not under the direct administrative control of the compounding facility. Under these circumstances, appropriate SOPs shall be established by the compounding facility with the involvement of other departments or services whose personnel are responsible for carrying out those CSP-related functions for which the compounding facility has a direct interest. The performance of the noncompounding personnel is monitored for compliance to established policies and procedures. [USP- NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packaging, Handling, and Transport*]

n. ☑ **When CSPs are distributed to locations outside the premises** in which they are compounded, compounding personnel select packing containers and materials that are **expected to maintain physical integrity, sterility, and stability of CSPs during transit.** Packing is selected that simultaneously protects CSPs from damage, leakage, contamination, and degradation, and protects personnel who transport packed CSPs from harm. The SOP manual of the compounding facility specifically describes appropriate packing containers and insulating and stuffing materials, based on information from product specifications, vendors, and experience of compounding personnel. Written instructions that clearly explain how to safely open containers of packed CSPs are provided to patients and other recipients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Packing CSPs for Transit*]

o. N/A ☐ SOPs must exist to ensure that **storage conditions in the patient-care setting** are suitable for the CSP-specific storage requirements. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs, Use and Storage*]

☐ Procedures include daily monitoring and documentation of drug storage refrigerators to ensure temperatures between 2° and 8°

☐ and the monthly inspection of all drug storage locations by compounding personnel.

p. ☑ The SOP manuals of compounding facilities shall describe **specific instructions for receiving, acknowledging, and dating receipts, and for recording, or filing, and evaluating reports of adverse events and of the quality of preparation** claimed to be associated with CSPs. Reports of adverse events with CSPs shall be reviewed promptly and thoroughly by compounding supervisors to correct and prevent future occurrences. Compounding personnel are encouraged to participate in adverse event reporting and product defects programs of the FDA and USP. [USP-NF Chapter 797- *Patient Monitoring and Adverse Events Reporting*]

Personnel Training and Requirements

18. ☑ ☐ A written description of specific training and performance evaluation program for individuals involved in the use of aseptic techniques for the preparation of sterile products shall be developed for each site. This program equips personnel with the appropriate knowledge and trains them in the required skills necessary to perform the assigned tasks. **Each person assigned to the aseptic area in the preparation of sterile products shall successfully complete specialized training in aseptic techniques and aseptic area practices prior to preparing CSPs** (see Personnel Training and Evaluation in Aseptic Manipulation Skills and Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures). [USP-NF Chapter 797 - *Elements of Quality Control*]

19. ☑ ☐ **Personnel who prepare CSPs shall be trained** conscientiously and skillfully **by expert personnel, multi-media instructional sources, and professional publications** in the theoretical principles and practical skills of **garbing procedures, aseptic work practices, achieving and maintaining ISO Class 5 environmental conditions, and cleaning and disinfection procedures.** [USP-NF Chapter 797- *Appendix I-Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures*]

20. ☑ ☐ Compounding personnel shall complete: [USP-NF Chapter 797- *Appendices- Appendix I-Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures*]

☑ didactic training, ☑ pass written competence assessments,

☑ undergo skill assessment using observational audit tools, ☑ and media-fill testing.

21. ☑ ☐ **Compounding personnel shall be visually observed during the process of performing hand hygiene and garbing procedures** (see *Personnel Cleansing* and *Garbing* under *Personnel Training and Evaluation in Aseptic Manipulation Skills* above). **The visual observation shall be documented** on a form such as the Sample Form for Assessing Hand Hygiene and Garbing Related Practices of Compounding Personnel (see Appendix III) and maintained to provide a permanent record and long-term assessment of personnel competency. [USP-NF Chapter

797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

22. ☑ ☐ **Sampling of compounding personnel glove fingertips shall be performed for all CSP risk level compounding** because direct touch contamination is the most likely source of introducing microorganisms into CSPs prepared by humans. Glove fingertip sampling **shall be used to evaluate the competency of personnel in performing hand hygiene and garbing procedures in addition to educating compounding personnel on proper work practices, which include frequent and repeated glove disinfection using sterile 70% IPA during actual compounding of CSPs.** All personnel shall demonstrate competency in proper hand hygiene and garbing procedures and in aseptic work practices (e.g., disinfection of component surfaces, routine disinfection of gloved hands). [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

23. ☑ ☐ **Sterile contact agar plates shall be used to sample the gloved fingertips** of compounding personnel **after garbing** in order to assess garbing competency and **after completing the media-fill preparation** (without applying sterile 70% IPA) in order to assess the adequacy of aseptic work practices prior to being initially allowed to prepare CSPs for human use and for more experienced personnel to maintain their qualifications to prepare CSPs for human use. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

24. ☑ ☐ **All compounding personnel shall successfully complete an initial competency evaluation and gloved fingertip/thumb sampling procedure (zero cfu) no less than three times before initially being allowed to compound CSPs for human use.** Immediately after the compounding employee completes the hand hygiene and garbing procedure (e.g., donning of sterile gloves prior to any disinfection with sterile 70% IPA), the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounding employee onto appropriate agar plates by lightly pressing each fingertip into the agar. The plates will be incubated for the appropriate incubation period and at the appropriate temperature (see Incubation Period). **After completing the initial gowning and gloving competency evaluation, re-evaluation of all compounding personnel for this competency shall occur at least annually for personnel who compound low- and medium-risk level CSPs and semi-annually for personnel who compound high-risk level CSPs** using one or more sample collections during any media-fill test procedure before they are allowed to continue compounding CSPs for human use. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

25. ☑ ☐ **After successful completion of an initial Hand Hygiene and Garbing Competency Evaluation, all compounding personnel shall have their aseptic technique and related practice competency evaluated initially during the Media-Fill Test Procedure and subsequent annual or semi-annual Media-Fill Test Procedures.** Records of these evaluations will be maintained using a form such as the Sample Form for Assessing Aseptic Technique and Related Practices of Compounding Personnel (see Appendix IV) and maintained to provide a permanent record of and long-term assessment of personnel competency. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

26. ☑ ☐ **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 semiannually 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 re-evaluated by expert compounding personnel to ensure correction of all aseptic practice deficiencies. [USP-NF Chapter 797- *Personnel Training and Evaluation in Aseptic Manipulation Skills*]

27. ☑ ☐ **Compounding personnel and other personnel responsible for cleaning shall be visually observed during** the process of performing **cleaning and disinfecting procedures**, during **initial personnel training** on cleaning procedures, during **changes in cleaning staff**, and at the **completion of any media-fill test procedure** (see Cleaning and Disinfecting of Compounding Areas). [USP-NF Chapter 797- Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/ Disinfection-Procedures, Surface Cleaning and Disinfection Sampling and Assessment]

28. ☑ ☐ **In the event that cleaning and disinfecting procedures are also performed by other support personnel** (e.g., institutional environmental services, housekeeping), thorough training of proper hand hygiene, garbing, and cleaning and disinfection procedures shall be done by a qualified aseptic compounding expert. After completion of training, support **personnel shall routinely undergo performance evaluation of proper hand hygiene, garbing, and all applicable cleaning and disinfecting procedures conducted by a qualified aseptic compounding expert.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures*]

29. ☐ ☐ **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: [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]

N/A
- ☐ safe aseptic manipulation practices;
- ☐ negative pressure techniques when utilizing a BSC or CACI;
- ☐ correct use of CSTD devices;
- ☐ containment, cleanup, and disposal procedures for breakages and spills; and
- ☐ treatment of personnel contact and inhalation exposure.

Handwashing and Garbing

30. ☑ ☐ **When individuals are experiencing rashes, sunburn, weeping sores, conjunctivitis, active respiratory infection, as well as when they wear cosmetics, they shed these particles at even higher rates.** Particles shed from compounding personnel pose an increased risk of microbial contamination of critical sites of CSPs. **Therefore, compounding personnel with such conditions as mentioned above shall be excluded from working in ISO Class 5 (see Table 1) and ISO Class 7 (see Table 1) compounding areas until their conditions are remedied.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

31. ☑ ☐ **Before entering the buffer area or segregated compounding area** (see Low-Risk Level CSPs with 12-Hour or Less BUD), **compounding personnel shall remove personal outer garments** (e.g., bandannas, coats, hats, jackets, scarves, sweaters, vests); **all cosmetics, because they shed flakes and particles; and all hand, wrist, and other visible jewelry or piercings** (e.g., earrings, lip or eyebrow piercings) that can interfere with the effectiveness of PPE (e.g., fit of gloves and cuffs of sleeves). **The wearing of artificial nails or extenders is prohibited** while working in the sterile compounding environment. **Natural nails shall be kept neat and trimmed.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

32. ☑ ☐ **Personnel shall don the following PPE in an order that proceeds from those activities considered the dirtiest to those considered the cleanest.** Garbing activities considered the dirtiest include donning of ☑ dedicated shoes or shoe covers, ☑ head and facial hair covers (e.g., beard covers in addition to face masks), and ☑ face masks/eye shields. Eye shields are optional unless working with irritants such as germicidal disinfecting agents or when preparing hazardous drugs. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

33. ☑ ☐ **After donning dedicated shoes or shoe covers, head and facial hair covers, and face masks, a hand cleansing procedure shall be performed by removing debris from underneath fingernails using a nail cleaner under running warm water followed by vigorous hand washing. Hands and forearms shall be washed to the elbows for at least 30 seconds with soap (either nonantimicrobial or antimicrobial) and water while in the ante-area.** The use of antimicrobial scrub brushes is not recommended because they can cause skin irritation and skin damage. Hands and forearms to the elbows will be completely dried using either lintfree disposable towels or an electronic hand dryer. ☑ **After completion of hand washing, a nonshedding gown with sleeves that fit snugly around the wrists and enclosed at the neck is donned.** Gowns designated for buffer area use shall be worn, and **preferably they should be disposable. If reusable gowns are worn, they should be laundered appropriately for buffer area use.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

34. ☑ ☐ **Once inside the buffer area or segregated compounding area** (see Low-Risk Level CSPs with 12-Hour or Less BUD), and **prior to donning sterile powder-free gloves, antiseptic hand cleansing shall be performed using a waterless alcohol-based surgical hand scrub with persistent activity following manufacturers' recommendations. Hands are allowed to dry thoroughly before donning sterile gloves. [USP-NF Chapter 797- Environmental Quality and Control - Personnel Cleansing and Garbing].**

35. ☑ ☐ **Sterile gloves shall be the last item donned before compounding begins.** Gloves become contaminated when they contact nonsterile surfaces during compounding activities. Disinfection of contaminated gloved hands may be accomplished by wiping or rubbing sterile 70% IPA to all contact surface areas of the gloves and letting the gloved hands dry thoroughly. Only use gloves that have been tested for compatibility with alcohol disinfection by the manufacturer. **Routine application of sterile 70% IPA shall occur throughout the compounding process** and whenever nonsterile surfaces (e.g. vials, counter tops, chairs, carts) are touched. **Gloves on hands shall also be routinely inspected for holes, punctures, or tears and replaced immediately if such are detected.** Antiseptic hand cleansing shall be performed as indicated above. Compounding personnel. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

36. ☑ ☐ **When compounding personnel exit the compounding area** during a work shift, the exterior gown may be removed and retained in the compounding area if not visibly soiled, to be re-donned during that same work shift only. However, **shoe covers, hair and facial hair covers, face masks/eye shields, and gloves shall be replaced with new ones before re-entering the compounding area, and proper hand hygiene shall be performed.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

37. ☑ ☐ **During high-risk compounding activities that precede terminal sterilization, such as weighing and mixing of nonsterile ingredients, compounding personnel shall be garbed and gloved the same as when performing compounding in an ISO Class 5** (see Table 1) environment. Properly garbed and gloved **compounding personnel who are exposed to air quality that is either known or suspected to be worse than ISO Class 7 (see Table 1) shall re-garb PPE along with washing their hands properly, performing antiseptic hand cleansing with a waterless alcohol-based surgical hand scrub, and donning sterile gloves upon reentering the ISO Class 7 (see Table 1) buffer area. When CAIs and CACIs are the source of the ISO Class 5 (see Table 1) environment, the garbing and gloving requirements for compounding personnel should be as described above, unless the isolator manufacturer can provide written documentation based on validated environmental testing that any component(s) of PPE or personnel cleansing are not required.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

38. ☑ ☐ **Cleaning and disinfecting shall occur before compounding is performed.** Items shall be removed from all areas to be cleaned, and surfaces shall be cleaned by removing loose material and residue from spills; for example, water soluble solid residues are removed with sterile water (for injection or irrigation) and lowshedding wipes. This shall be followed by wiping with a residue-free disinfecting agent such as sterile 70% IPA, which is allowed to dry before compounding begins. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

39. ☑ ☐ <u>Cleaning Requirements</u>

Cleaning and disinfecting surfaces in the **LAFWs, BSCs, CAIs, and CACIs** are the most critical practices before the preparation of CSPs. Consequently, such **surfaces shall be cleaned and disinfected frequently, including at the beginning of each work shift, before each batch preparation is started, every 30 minutes during continuous compounding periods of individual CSPs, when there are spills, and when surface contamination is known or suspected from procedural breaches.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

40. ☑ ☐ **Work surfaces in the ISO Class 7 (see Table 1) buffer areas and ISO Class 8 (see Table 1) ante-areas as well as segregated compounding areas shall be cleaned and disinfected at least daily,** and dust and debris shall be removed when necessary from storage sites for compounding ingredients and supplies using a method that does not degrade the ISO Class 7 or 8 (see Table 1) air quality (see Disinfectants and Antiseptics <1072>). [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

41. ☑ ☐ **Floors in the buffer or clean area, ante-area, and segregated compounding area are cleaned by mopping with a cleaning and disinfecting agent once daily at a time when no aseptic operations are in progress.** Mopping shall be performed by trained personnel using approved agents and procedures described in the

written SOPs. It is incumbent on compounding personnel to ensure that such cleaning is performed properly. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

42. ☑ ☐ In the buffer or clean area, ante-area, and segregated compounding area, walls, ceilings, and shelving shall be cleaned and disinfected monthly. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

43. ☑ ☐ **Cleaning and disinfecting agents** are to be used with careful consideration of compatibilities, effectiveness, and inappropriate or toxic residues (see Appendix II). Their **schedules of use and methods of application shall be in accordance with written SOPs and followed by custodial or compounding personnel.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

44. ☑ ☐ All **cleaning materials, such as wipers, sponges, and mops, shall be nonshedding**, preferably composed of synthetic micro fibers, and **dedicated to use in the buffer or clean area, ante-area, and segregated compounding areas and shall not be removed from these areas except for disposal.** Floor mops may be used in both the buffer or clean area and ante-area, but only in that order. Ideally, all cleaning tools are discarded after one use by collection in suitable plastic bags and removed with minimal agitation. If cleaning materials (e.g., mops) are reused, procedures shall be developed (based on manufacturers' recommendations) that ensure that the effectiveness of the cleaning device is maintained and that repeated use does not add to the bioburden of the area being cleaned. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

45. ☑ ☐ **Supplies and equipment removed from shipping cartons shall be wiped with a suitable disinfecting agent** (e.g., sterile 70% IPA) delivered from a spray bottle or other suitable delivery method. After the disinfectant is sprayed or wiped on a surface to be disinfected, the disinfectant **shall be allowed to dry, during which time the item shall not be used for compounding purposes.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

Facilities and Environmental Monitoring

46. ☑ ☐ Surface sampling is an important component of the maintenance of a suitable microbially controlled environment for compounding CSPs, especially since transfer of microbial contamination from improperly disinfected work surfaces via inadvertent touch contact by compounding personnel can be a potential source of contamination into CSPs. It is useful for evaluating facility and work surface cleaning and disinfecting procedures and employee competency in work practices such as disinfection of component/vial surface cleaning. **Surface sampling shall be performed in all ISO classified areas on a periodic basis.** Sampling can be accomplished using contact plates or swabs, and it **shall be done at the conclusion of compounding. Locations to be sampled shall be defined in a sample plan or on a form.** The size of the plate to be used for each sampled location usually ranges from 24 to 30 cm2. Contact plates are filled with general solid agar growth medium and neutralizing agents above the rim of the plate, and they are used for sampling regular or flat surfaces. Swabs may be used for sampling irregular surfaces, especially for equipment (see Microbiological Control and Monitoring of Aseptic Processing Environments <1116>). [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Surface Cleaning and Disinfection Sampling and Assessment*]

47. ☑ ☐ The value of viable microbial monitoring of gloved fingertips and surfaces of components and the compounding environment are realized when the data are used to identify and correct an unacceptable work practice. **Sampling data shall be collected and reviewed on a routine basis as a means of evaluating the overall control of the compounding environment. If an activity consistently shows elevated levels of microbial growth, competent microbiology personnel shall be consulted.** [USP-NF Chapter 797- *Environmental Quality and Control - Action Levels, Documentation, and Data Evaluation*]

48. ☑ ☐ Food, drinks, and materials exposed in patient care and treatment areas shall not enter ante-areas, buffer areas, or segregated compounding areas where components and ingredients of CSPs are present. [USP-NF Chapter 797- Environmental Quality and Control- Additional Personnel Requirements]

49. ☑ ☐ **Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide for the orderly placement of equipment and materials to prevent mixups** among ingredients, containers, labels, in-process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Pharmaceutical Compounding—Sterile Preparations <797>, Environmental Quality and Control). [USP-NF Chapter 795- Compounding Facilities]

50. ☐ ☑ The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area shall be smooth, impervious, free from cracks and crevices, and nonshedding, thereby promoting cleanability, and minimizing spaces in which microorganisms and other contaminants may accumulate. The surfaces shall be resistant to damage by disinfectant agents. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls]*

See notes

51. ☑ ☐ Junctures of ceilings to walls shall be coved or caulked to avoid cracks and crevices where dirt can accumulate. If ceilings consist of inlaid panels, the panels shall be impregnated with a polymer to render them impervious and hydrophobic, and they shall be caulked around each perimeter to seal them to the support frame. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

52. ☑ ☐ Any other penetrations through the ceiling or walls shall be sealed. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

53. ☑ ☐ The buffer area shall not contain sources of water (sinks) or floor drains. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

54. ☑ ☐ Work surfaces shall be constructed of smooth, impervious materials, such as stainless steel or molded plastic, so that they are easily cleaned and disinfected. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

55. ☑ ☐ Storage shelving, counters, and cabinets shall be smooth, impervious, free from cracks and crevices, nonshedding, cleanable, and disinfectable; their number, design, and manner of installation shall promote effective cleaning and disinfection. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

56. ☑ ☐ There shall be some demarcation designation that separates the ante-area from the buffer area. [USP-NF Chapter 797-Environmental Quality and Control- Additional Personnel Requirements]

57. ☐ ☑ **To ensure that product potency is retained through the manufacturer's labeled expiration date, compounding personnel shall monitor the drug storage areas within the compounding facility.** Controlled temperature areas in compounding facilities include controlled room temperature, 20° to 25° with mean kinetic temperature 25°; controlled cold temperature, 2° to 8° with mean kinetic temperature 8°; cold temperature, 2° to 8°; freezing temperature, –25° and –10° (see General Notices and Requirements) if needed to achieve freezing, and the media-specific temperature range for microbial culture media. A **controlled temperature area shall be monitored at least once daily and the results documented on a temperature log. 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 aberrations.** Suitable temperature recording devices may include a calibrated continuous recording device or a National Institute of Standards and Technology (NIST) calibrated thermometer that has adequate accuracy and sensitivity for the intended purpose, and it shall be properly calibrated at suitable intervals. **If the compounding facility uses a continuous temperature recording device, compounding personnel shall verify at least once daily that the recording device itself is functioning properly.** [USP-NF Chapter 797- *Storage and Beyond Use Dating- Monitoring Controlled Storage Areas*]

See Notes

58. ☑ ☐ **Certification that each ISO classified area, for example, ISO Class 5, 7, and 8 (see Table 1), is within established guidelines shall be performed no less than every 6 months and whenever the LAFW, BSC, CAI, or CACI is relocated or the physical structure of the buffer area or ante-area has been altered.** Testing shall be performed by qualified operators using current, state-of-the-art electronic equipment with results of the following: [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Total Particle Counts*]

☑ ISO Class 5: not more than 3520 particles 0.5 mm and larger size per cubic meter of air for any LAFW, BSC, CAI, and CACI;
☑ ISO Class 7: not more than 352,000 particles of 0.5 mm size and larger per cubic meter of air for any buffer area;
☑ ISO Class 8: not more than 3,520,000 particles or 0.5 mm size and larger per cubic meter of air for any ante-area.

59. ☑ ☐ **All certification records shall be maintained and reviewed by supervising personnel or other designated employees** to ensure that the controlled environments comply with the proper air cleanliness, room pressures, and ACPHs. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Total Particle Counts*]

60. ☑ ☐ **A pressure gauge or velocity meter shall be installed to monitor the pressure** differential or airflow between the buffer area and the ante-area and between the ante-area and the general environment outside the compounding area. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

61. ☑ ☐ **The results shall be reviewed and documented on a log at least every work shift** (minimum frequency shall be at least daily) or by a continuous recording device. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

62. ☑ ☐ **The pressure between the ISO Class 7 (see Table 1) and the general pharmacy area shall not be less than 5 Pa (0.02 inch water column). In facilities where low- and medium-risk level CSPs are prepared, differential airflow shall maintain a minimum velocity of 0.2 meters per second (40 feet per minute) between buffer area and ante-area.** [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

63. ☑ ☐ **The buffer area shall maintain at least ISO Class 7 (see Table 1) conditions for 0.5-mm and larger particles under dynamic operating conditions.** The room shall be segregated from surrounding, unclassified spaces to reduce the risk of contaminants being blown, dragged, or otherwise introduced into the filtered unidirectional airflow environment, and this segregation shall be continuously monitored. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

64. ☑ ☐ For rooms providing a physical separation through the use of walls, doors, and pass-throughs, a minimum differential positive pressure of 0.02- to 0.05- inch water column is required. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

65. ☑ ☐ For buffer areas not physically separated from the ante-areas, the principle of displacement airflow shall be employed. This concept utilizes a low pressure differential, high airflow principle. Using displacement airflow typically requires an air velocity of 40 ft per minute or more from the buffer area across the line of demarcation into the ante-area. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

66. ☑ ☐ **An ISO Class 7 (see Table 1) buffer area and ante-area supplied with HEPA-filtered air shall receive an ACPH of not less than 30.** The PEC is a good augmentation to generating air changes in the air supply of an area but cannot be the sole source of HEPA-filtered air. If the area has an ISO Class 5 (see Table 1) recirculating device, a minimum of 15 ACPHs through the area supply HEPA filters is adequate, providing the combined ACPH is not less than 30. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

67. ☑ ☐ **HEPA-filtered supply air shall be introduced at the ceiling, and returns should be mounted low on the wall,** creating a general top-down dilution of area air with HEPA-filtered make-up air. Ceiling-mounted returns are not recommended. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

68. ☑ ☐ **Activities and tasks carried out within the buffer area shall be limited to only those necessary when working within a controlled environment.** Only the **furniture, equipment, supplies, and other material required for the compounding activities to be performed shall be brought into the area, and they shall be nonpermeable, nonshedding, cleanable, and resistant to disinfectants.** Whenever such items are **brought into the area, they shall first be cleaned and disinfected.** Whenever possible, **equipment and other items used in the buffer area shall not be taken out of the area except for calibration, servicing, or other activities associated with the proper maintenance of the item.** [USP-NF Chapter 797- Environmental Quality and Control- Facility Design and Environmental Controls]

69. ☑ ☐ Secondary engineering controls such as buffer areas and ante-areas generally serve as a core for the location of the PEC. **Buffer areas are designed to maintain at least ISO Class 7 (see Table 1) conditions for 0.5-mm particles under dynamic conditions and ISO Class 8 (see Table 1) conditions for 0.5-mm and larger particles under dynamic conditions for the ante-areas.** [USP-NF Chapter 797 *Environmental Quality and Control, Facility Design and Environmental Controls*]

70. ☑ ☐ **PECs (LAFWs, BSCs, CAIs, and CACIs) and secondary engineering controls (buffer and ante-areas)** are essential components of the overall contamination control strategy for aseptic compounding. As such, it is imperative that they perform as designed and that the resulting levels of contamination be within acceptable limits. **Certification procedures such as those outlined in Certification Guide for Sterile Compounding Facilities (CAG-003-2006) shall be performed by a qualified individual no less than every 6 months and whenever the device or room is relocated or altered or major service to the facility is performed.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Nonviable Particle Testing Program*]

71. ☑ ☐ PECs typically include, but are not limited to, LAFWs, BSCs, CAIs, and CACIs, which provide an ISO Class 5 (see Table 1) environment for the exposure of critical sites. **PECs shall maintain ISO Class 5 (see Table 1) or better conditions for 0.5-mm particles (dynamic operating conditions) while compounding CSPs.** [USP-NF Chapter 797 -*Environmental Quality and Control, Facility Design and Environmental Controls*]

72. ☑ ☐ **The PEC shall be placed within a buffer area in such a manner as to avoid conditions that could adversely affect their operation.** For example, strong air currents from opened doors, personnel traffic, or air streams from the HVAC systems can disrupt the unidirectional airflow in open-faced workbenches. [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]

73. ☑ ☐ **PECs (LAFWs, BSCs, CAIs, and CACIs) shall be located within a restricted access ISO Class 7 (see Table 1) buffer area (see Figure 1),** with the following CAI/CACI exceptions below: [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]
☐ Only authorized personnel and materials required for compounding and cleaning shall be permitted in the buffer area.
☑ Presterilization procedures for high-risk level CSPs, such as weighing and mixing, shall be completed in no worse than an ISO Class 8 (see Table 1) environment.
☐ PECs shall be located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns.

74. ☑ ☐ **CAIs and CACIs shall be placed in an ISO Class 7 (see Table 1) buffer area <u>unless they meet all of the following conditions</u>:** [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]
☑ The isolator shall provide isolation from the room and maintain ISO Class 5 (see Table 1) during dynamic operating conditions, including transferring ingredients, components, and devices into and out of the isolator and during preparation of CSPs.
☑ Particle counts sampled approximately 6 to 12 inches upstream of the critical exposure site shall maintain ISO Class 5 (see Table 1) levels during compounding operations.
☑ Not more than 3520 particles (0.5 mm and larger) per m3 shall be counted during material transfer, with the particle counter probe located as near to the transfer door as possible without obstructing the transfer.

75. ☑ ☐ **If the PEC is a CAI or CACI that does not meet the requirements above or is a LAFW or BSC that cannot be located within an ISO Class 7 (see Table 1) buffer area,** then only low-risk level nonhazardous and radiopharmaceutical CSPs pursuant to a physician order for a specific patient may be prepared, and administration of the CSP shall commence within 12 hours of preparation or as recommended in the manufacturer's package insert, whichever is less. [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]

76. ☑ ☐ When isolators are used for sterile compounding, the recovery time to achieve ISO Class 5 (see Table 1) air quality shall be documented and internal procedures developed to ensure that adequate recovery time is allowed after material transfer before and during compounding operations. [USP-NF Chapter 797 - Environmental Quality and Control, Facility Design and Environmental Controls]

77. ☑ ☐ Airborne contamination control is achieved in the PEC through the use of HEPA filters. **The airflow in the PEC shall be unidirectional (laminar flow),** and because of the particle collection efficiency of the filter, the "first air" at the face of the filter is, for the purposes of aseptic compounding, **free from airborne particulate contamination. HEPA-filtered air shall be supplied in critical areas (ISO Class 5, see Table 1) at a velocity sufficient to sweep particles away from the compounding area and maintain unidirectional airflow during operations.** Proper design and control prevents turbulence and stagnant air in the critical area. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Controls*]

78. ☑ ☐ **In situ air pattern analysis via smoke studies shall be conducted** at the critical area to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Controls*]

79. ☑ ☐ **Environmental sampling shall occur as part a comprehensive quality management program** and shall occur minimally under any of the following conditions: [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing*]

- ☑ as part of the commissioning and certification of new facilities and equipment;
- ☑ following any servicing of facilities and equipment;
- ☑ as part of the re-certification of facilities and equipment (i.e., every 6 months);
- ☑ in response to identified problems with end products or staff technique; or
- ☑ in response to issues with CSPs, observed compounding personnel work practices, or patient-related infections (where the CSP is being considered as a potential source of the infection).

80. ☑ ☐ Sampling Plan—**An appropriate environmental sampling plan shall be developed for airborne viable particles based on a risk assessment of compounding activities performed. Selected sampling sites shall include locations within each ISO Class 5 (see Table 1) environment and in the ISO Class 7 and 8 (see Table 1) areas and in the segregated compounding areas at greatest risk of contamination** (e.g., work areas near the ISO Class 5 [see Table 1] environment, counters near doors, pass-through boxes). **The plan shall include sample location, method of collection, frequency of sampling, volume of air sampled, and time of day as related to activity in the compounding area and action levels.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program, Sampling Plan*]

81. ☑ ☐ Growth Medium—**A general microbiological growth medium such as Soybean–Casein Digest Medium shall be used to support the growth of bacteria. Malt extract agar or some other media that supports the growth of fungi shall be used in highrisk level compounding environments.** Media used for surface sampling must be supplemented with additives to neutralize the effects of disinfecting agents (e.g., TSA with lecithin and polysorbate 80). [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program, Sampling Plan*]

82. ☑ ☐ Viable Air Sampling—**Evaluation of airborne microorganisms using volumetric collection methods in the controlled air environments** (LAFWs, CAIs, clean room or buffer areas, and ante-areas) **shall be performed by properly trained individuals for all compounding risk levels. Impaction shall be the preferred method of volumetric air sampling.** Use of settling plates for qualitative air sampling may not be able to determine adequately the quality of air in the controlled environment. [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

83. ☑ ☐ **For low-, medium-, and high-risk level compounding, air sampling shall be performed at locations that are prone to contamination during compounding activities and during other activities such as staging, labeling, gowning, and cleaning.** Locations shall include zones of air backwash turbulence within LAFW and other areas where air backwash turbulence may enter the compounding area (doorways, in and around ISO Class 5 [see Table 1] PEC and environments). [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

84. ☑ ☐ **For low-risk level CSPs with 12-hour or less BUD prepared in a PEC** (LAFWs, BSCs, CAIs) **that maintains an**

ISO Class 5 (see Table 1), **air sampling shall be performed at locations inside the ISO Class 5** (see Table 1) **environment and other areas that are in close proximity to the ISO Class 5** (see Table 1) **environment during the certification of the PEC.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

85. ☑ ☐ Air Sampling Devices—There are a number of manufacturers of electronic air sampling equipment. It is important that personnel refer to the manufacturer's recommended procedures when using the equipment to perform volumetric air sampling procedures. The instructions in the manufacturer's user's manual for verification and use of electric air samplers that actively collect volumes of air for evaluation must be followed. **A sufficient volume of air (400 to 1000 liters) shall be tested at each location in order to maximize sensitivity. The volumetric air sampling devices need to be serviced and calibrated as recommended by the manufacturer.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

86. ☑ ☐ Air Sampling Frequency and Process—**Air sampling shall be performed at least semiannually (i.e., every 6 months) as part of the re-certification of facilities and equipment.** If compounding occurs in multiple locations within an institution (e.g., main pharmacy, satellites), environmental sampling is required for each individual compounding area. A sufficient volume of air shall be sampled and the manufacturer's guidelines for use of the electronic air sampling equipment followed. Any facility construction or equipment servicing may require that air sampling be performed during these events. [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

87. ☑ ☐ Action Levels, Documentation, and Data Evaluation—The value of viable microbial sampling of the air in the compounding environment is realized when the data are used to identify and correct an unacceptable situation. **Sampling data shall be collected and reviewed on a periodic basis as a means of evaluating the overall control of the compounding environment. If an activity consistently shows elevated levels of microbial growth, competent microbiology personnel shall be consulted.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

88. ☑ ☐ **Any cfu count that exceeds its respective action level (see Table 2) should prompt a re-evaluation of the adequacy of personnel work practices, cleaning procedures, operational procedures, and air filtration efficiency within the aseptic compounding location. An investigation into the source of the contamination shall be conducted.** Sources could include HVAC systems, damaged HEPA filters, and changes in personnel garbing or work practices. **The source of the problem shall be eliminated, the affected area cleaned, and resampling performed.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

89. ☑ ☐ The intermediate precision of the **ACD** can be determined on the basis of the day-to-day variations in performance of the accuracy measures. Thus, **compounding personnel shall keep a daily record of the above-described accuracy assessments and review the results over time. This review shall occur at least at weekly intervals to avoid potentially clinically significant cumulative errors over time.** [USP-NF Chapter 797 - *Elements of Quality Control- Verification of Automated Compounding Devices (ACDs) for Parenteral Nutrition Compounding- Precision*]

90. ☑ ☐ **Compounding personnel shall ensure proper storage and security of CSPs prepared by or dispensed from the compounding facility until either their BUDs are reached or they are administered to patients.** In fulfilling this general responsibility, the compounding facility is responsible for the proper packaging, handling, transport, and storage of CSPs prepared by or dispensed from it, including the appropriate education, training, and supervision of compounding personnel assigned to these functions. The compounding facility should assist in the education and training of noncompounding personnel responsible for carrying out any aspect of these functions. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs*]

91. ☑ ☐ CSPs, as well as all other drug products, shall be stored in the patient-care area in such a way as to secure them from unauthorized personnel, visitors, and patients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Use and Storage*]

Documentation

All facilities that dispense prescriptions must comply with the record keeping requirements of their State Boards of Pharmacy. When a facility compounds a preparation according to the manufacturer's labeling instructions, then further documentation is not required. All other compounded preparations require further documentation as described in this section. [UAC R 156-17b-614a (3)(d)]

92. ☑ ☐ A master formulation record shall be approved by a pharmacist or DMP for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master formulation record shall be used as the compounding record from which each batch is prepared and on which all documentation for that batch occurs. The master worksheet sheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a(3)(e)(i-xiii)]

☑ official or assigned name
☑ strength
☑ dosage form of the preparation
☑ calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients dosage form of the preparation
☑ description of ingredients and their quantities
☑ compatibility and stability information, including references when available
☑ equipment needed to prepare the preparation
☑ container used in dispensing
☑ packaging and storage requirements
☑ description of final preparation
☑ quality control procedures and expected results;
☑ mixing instructions, which shall include: ☑order of mixing ☑ mixing temperatures or other environmental controls ☑ duration of mixing ☑ other factors pertinent to the replication of the preparation as compounded
☑ sample labeling information, which shall contain, in addition to legally required information: ☑ generic name and quantity or concentration of each active ingredient ☑ assigned beyond use date ☑ storage conditions ☑ prescription or control number, whichever is applicable

93. ☑ ☐ A compounding record for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a(3)(f) (i-xix)]

☑ official or assigned name;
☑ strength and dosage of the preparation;
☑ Master Formulation Record reference for the preparation;
☑ names and quantities of all components
☑ sources, lot numbers, and expiration dates of components;
☑ total quantity compounded;
☑ name of the person who prepared the preparation
☑ name of the compounder who approved the preparation
☑ name of the person who performed the quality control procedures
☑ date of preparation
☑ assigned control, if for anticipation of use or prescription number, if patient specific, whichever is applicable
☑ duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: ☑ active ingredients ☐ beyond use date ☑ storage conditions and ☑ lot number;
☑ proof of the duplicate labeling information, which proof shall: ☑ be kept at the pharmacy ☑ be immediately retrievable ☑ include an audit trail for any altered form; and ☑ be reproduced in: the original format that was dispensed, an electronic format, or a scanned electronic version
☑ description of final preparation
☑ results of quality control procedures (e.g. weight range of filled capsules, pH of aqueous liquids); and
☑ documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver.

94. ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and MSDS files shall be kept for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

95. ☑ ☐ The facility maintains documentation regarding an ongoing quality control program that monitors and evaluates personnel performance, equipment and facility's compliance with following the USP-NF Chapters 795 and 797 standards. [UAC R156-17b-614a(3)(h)]

96. ☑ ☐ Results from the equipment calibration, annual maintenance reports, and routine maintenance are kept on file for the lifetime of the equipment. [USP-NF Chapter 797- *Elements of Quality Control- Equipment*]

Compounding Procedures

97. ☑ ☐ **Opened or needle-punctured single-dose containers,** such as bags, bottles, syringes, and vials of sterile products and CSPs **shall be used within 1 hour if opened in worse than ISO Class 5** (see Table 1) air quality (see Immediate-Use CSPs), **and any remaining contents must be discarded.** [USP-NF Chapter 797- *Single-Dose and Multiple-Dose Containers]*

98. ☑ ☐ ☑**Single-dose vials exposed to ISO Class 5** (see Table 1) **or cleaner air may be used up to 6 hours after initial needle puncture.** ☑**Opened single-dose ampuls shall not be stored for any time period.** ☑**Multiple-dose containers** (e.g., vials) **are formulated for removal of portions on multiple occasions because they usually contain antimicrobial preservatives.** The ☑**BUD after initially entering or opening (e.g., needle-punctured) multiple-dose containers is 28 days** (see Antimicrobial Effectiveness Testing <51>) unless otherwise specified by the manufacturer. [USP-NF Chapter 797- *Single-Dose and Multiple-Dose Containers]*

99. ☑ ☐ Wiping with small sterile 70% IPA swabs that are commercially available in individual foil-sealed packages (or a comparable method) is preferred for disinfecting entry points on bags and vials, allowing the IPA to dry before piercing stoppers with sterile needles and breaking necks of ampuls. **The surface of the sterile 70% IPA swabs used for disinfecting entry points of sterile packages and devices shall not contact any other object before contacting the surface of the entry point. Sterile 70% IPA wetted gauze pads or other particle-generating material shall not be used to disinfect the sterile entry points of packages and devices.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

100. ☑ ☐ Pharmacy Bulk Package (see Containers for Injections under Injections <1>)—A container of a sterile preparation for parenteral use that contains many single doses. The contents are intended for use in a pharmacy admixture program and are restricted to the preparation of admixtures for infusion or, through a sterile transfer device, for the filling of empty sterile syringes. **The closure shall be penetrated only one time after constitution with a suitable sterile transfer device or dispensing set, which allows measured dispensing of the contents.** The pharmacy bulk package is to be used only in a suitable work area such as a laminar flow hood (or an equivalent clean air compounding area). **Where a container is offered as a pharmacy bulk package, the label shall (a) state prominently "Pharmacy Bulk Package—Not for Direct Infusion," (b) contain or refer to information on proper techniques to help ensure safe use of the product, and (c) bear a statement limiting the time frame in which the container may be used once it has been entered, provided it is held under the labeled storage conditions.** [USP-NF Chapter 797- *Definitions*]

101. ☑ ☐ **The licensed healthcare professionals who supervise compounding shall be responsible for determining that the selected sterilization method** (see Methods of Sterilization under Sterilization and Sterility Assurance of Compendial Articles <1211>) both sterilizes and maintains the strength, purity, quality, and packaging integrity of CSPs. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility, Sterilization Methods*]

102. ☑ ☐ Critical sites are locations that include any component or fluid pathway surfaces (e.g., vial septa, injection ports, beakers) or openings (e.g., opened ampuls, needle hubs) exposed and at risk of direct contact with air (e.g., ambient room or HEPA filtered), moisture (e.g., oral and mucosal secretions), or touch contamination. Protection of critical sites by precluding physical contact and airborne contamination shall be given the highest priority in sterile compounding practice. [USP-NF Chapter 797 - Exposure of Critical Sites]

103. ☑ ☐ **All high-risk level CSPs that are prepared in groups of more than 25 identical individual single-dose packages** (e.g., ampuls, bags, syringes, vials) **or in multiple-dose vials (MDVs) for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall meet the sterility test** (see Sterility Tests <71>) **before they are dispensed or administered.** [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests- Sterility Testing*]

104. ☑ ☐ **All high-risk level CSPs, except those for inhalation and ophthalmic administration, that are prepared in groups of more than 25 identical individual single-dose packages (e.g., ampuls, bags, syringes, vials) or in MDVs for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall be tested to ensure that they do not contain excessive bacterial endotoxins** (see Bacterial Endotoxins Test <85> and Pyrogen Test <151>). In the absence of a bacterial endotoxins limit in the official monograph or other CSP formula source, the CSP shall not exceed the amount of USP Endotoxin Units (per hour per kilogram of body weight or square meters of body surface area) specified in Bacterial Endotoxins Test <85> referenced above for the appropriate route of administration. [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests- Bacterial Endotoxin (Pyrogen) Testing*]

105. ☐ ☑ **Does the facility participate in the following** (check all applicable):
☐ Hazardous Drugs ☐ Radiopharmaceuticals ☐ Allergen Extracts as CSPs

Hazardous Drugs

106. ☐ ☐ **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 at least 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.** [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]

107. ☐ ☐ **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: [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]
- ☐ safe aseptic manipulation practices;
- ☐ negative pressure techniques when utilizing a BSC or CACI;
- ☐ correct use of CSTD devices;
- ☐ containment, cleanup, and disposal procedures for breakages and spills; and
- ☐ treatment of personnel contact and inhalation exposure.

108. ☐ ☐ Hazardous drugs shall be prepared for administration only under conditions that protect the healthcare workers and other personnel in the preparation and storage areas. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

109. ☐ ☐ Hazardous drugs shall be stored separately from other inventory in a manner to prevent contamination and personnel exposure. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*].

110. ☐ ☐ Hazardous drugs shall be handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparation for administration, and disposal. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

111. ☐ ☐ Hazardous drugs shall be prepared in an ISO Class 5 (see Table 1) environment with protective engineering controls in place and following aseptic practices specified for the appropriate contamination risk levels defined in this chapter. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

112. ☐ ☐ Access shall be limited to areas where drugs are stored and prepared to protect persons not involved in drug preparation. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

113. ☐ ☐ **All hazardous drugs shall be prepared in a BSC or a CACI that meets or exceeds the standards for CACI in this chapter. The ISO Class 5** (see Table 1) **BSC or CACI shall be placed in an ISO Class 7** (see Table 1) **area that is physically separated** (i.e., a different area from other preparation areas) **and optimally has not less than 0.01-inch water column negative pressure to adjacent positive pressure ISO Class 7** (see Table 1) **or better ante-areas, thus providing inward airflow to contain any airborne drug. A pressure indicator shall be installed that can be readily monitored for correct room pressurization.** [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

114. ☐ ☐ If a CACI that meets the requirements of this chapter is used outside of a buffer area, the compounding area shall maintain a minimum negative pressure of 0.01-inch water column and have a minimum of 12 ACPHs. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

115. ☐ ☐ **When closed-system vial-transfer devices** (CSTDs) (i.e., vial-transfer systems that allow no venting or exposure of hazardous substance to the environment) **are used, they shall be used within the ISO Class 5 (see Table 1) environment of a BSC or CACI.** The use of a CSTD is preferred because of their inherent closed system process. In facilities that prepare a low volume of hazardous drugs, the use of two tiers of containment (e.g., CSTD within a BSC or CACI that is located in a non-negative pressure room) is acceptable. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

116. ☐ ☐ **Appropriate personnel protective equipment (PPE) shall be worn when compounding in a BSC or CACI and when using CSTD devices.** PPE should include gowns, face masks, eye protection, hair covers, shoe covers or dedicated shoes, double gloving with sterile chemo-type gloves, and compliance with manufacturers' recommendations when using a CACI. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

117. ☐ ☐ Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

118. ☐ ☐ 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 at least 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. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

119. ☐ ☐ **Disposal of all hazardous drug wastes shall comply with all applicable federal and state regulations.** All **personnel** who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs **shall be trained** in appropriate procedures to protect themselves and prevent contamination. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

Radiopharmaceuticals

120. ☐ ☐ For the purposes of this chapter, **radiopharmaceuticals compounded from sterile components in closed sterile containers and with a volume of 100 mL or less for a single-dose injection or not more than 30 mL taken from a multiple-dose container (see Injections <1>) shall be designated as, and conform to, the standards for Low-Risk Level CSPs.** These radiopharmaceuticals **shall he compounded using appropriately shielded vials and syringes in a properly functioning and certified ISO Class 5 (see Table 1) PEC located in an ISO Class 8 (see Table 1) or cleaner air environment to permit compliance with special handling, shielding, and negative air flow requirements.** [USP-NF Chapter 797- *Radiopharmaceuticals as CSPs*]

121. ☐ ☐ **Radiopharmaceuticals prepared as Low-Risk Level CSPs with 12-Hour or Less BUD shall be prepared in a segregated compounding area.** A line of demarcation defining the segregated compounding area shall be established. Materials and garb exposed in a patient care and treatment area shall not cross a line of demarcation into the segregated compounding area. [USP-NF Chapter 797- *Radiopharmaceuticals as CSPs*]

Allergen Extracts as CSPs

122. ☐ ☐ Allergen extracts as CSPs are single-dose and multiple-dose intradermal or subcutaneous injections that are prepared by specially trained physicians and personnel under their direct supervision. **Allergen extracts as CSPs are not subject to the personnel, environmental, and storage requirements for all CSP Microbial Contamination Risk Levels in this chapter only when all of the following criteria are met:** [USP-NF Chapter 797- Allergen Extracts as CSPs]

☐ The compounding process involves simple transfer via sterile needles and syringes of commercial sterile allergen products and appropriate sterile added substances (e.g., glycerin, phenol in sodium chloride injection).
☐ All allergen extracts as CSPs shall contain appropriate substances in effective concentrations to prevent the growth of microorganisms. Nonpreserved allergen extracts shall comply with the appropriate CSP risk level requirements in the chapter.
☐ Before beginning compounding activities, personnel perform a thorough hand-cleansing procedure by removing debris from under fingernails using a nail cleaner under running warm water followed by vigorous hand and arm washing to the elbows for at least 30 seconds with either nonantimicrobial or antimicrobial soap and water.
☐ Compounding personnel don hair covers, facial hair covers, gowns, and face masks.
☐ Compounding personnel perform antiseptic hand cleansing with an alcohol-based surgical hand scrub with persistent activity.
☐ Compounding personnel don powder-free sterile gloves that are compatible with sterile 70% isopropyl alcohol (IPA) before beginning compounding manipulations.
☐ Compounding personnel disinfect their gloves intermittently with sterile 70% IPA when preparing multiple allergen extracts as CSPs.
☐ Ampul necks and vial stoppers on packages of manufactured sterile ingredients are disinfected by careful wiping with sterile 70% IPA swabs to ensure that the critical sites are wet for at least 10 seconds and allowed to dry before they are used to compound allergen extracts as CSPs.
☐ The aseptic compounding manipulations minimize direct contact contamination (e.g., from glove fingertips, blood, nasal and oral secretions, shed skin and cosmetics, other nonsterile materials) of critical sites (e.g., needles, opened ampuls, vial stoppers).
☐ The label of each multiple-dose vial (MDV) of allergen extracts as CSPs lists the name of one specific patient and a BUD and storage temperature range that is assigned based on manufacturers' recommendations or peer-reviewed publications.
☐ Single-dose allergen extracts as CSPs shall not be stored for subsequent additional use.

Sterilization

123. ☑ ☐ Does the facility participate in the following (check all applicable):
☑ Filter Sterilization in an ISO class 5 ☐ Steam Sterilization ☐ Dry Heat Sterilization

124. ☑ ☐ **(Filter Sterilization in an ISO class 5)**
Commercially available sterile filters shall be approved for human-use applications in sterilizing pharmaceutical fluids. **Sterile filters used to sterilize CSPs shall be pyrogen free and have a nominal pore size of 0.2 or 0.22 mm.** They shall be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas (Pseudomonas) diminuta on each square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be sterilized (see High-Risk Conditions in High-Risk Level CSPs). [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

125. ☑ ☐ **The compounding supervisor shall ensure,** directly or from appropriate documentation, that **the filters** are chemically and physically stable at the pressure and temperature conditions to be used, that they have enough capacity to filter the required volumes, and that they will achieve sterility and maintain prefiltration pharmaceutical quality, including strength of ingredients of the specific CSP. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

126. ☑ ☐ The filter dimensions and liquid material to be sterile-filtered shall permit the sterilization process to be completed rapidly, without the replacement of the filter during the process. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

127. ☑ ☐ Filter units used to sterilize CSPs shall also be subjected to manufacturers' recommended integrity test, such as the bubble point test. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

128. ☑ ☐ Compounding personnel shall ascertain that selected filters will achieve sterilization of the particular CSPs being sterilized. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

129. ☐ ☐ **(Steam Sterilization)**
The process of thermal sterilization employing saturated steam under pressure, or autoclaving, is the preferred method to terminally sterilize aqueous preparations that have been verified to maintain their full chemical and physical stability under the conditions employed (see Steam Sterilization under Sterilization and Sterility Assurance of Compendial Articles <1211>).**To achieve sterility, all materials are to be exposed to steam at 121° under a pressure of about 1 atmosphere or 15 psi for the duration verified by testing to achieve sterility of the items, which is usually 20 to 60 minutes for CSPs.** An allowance shall be made for the time required for the material to reach 121° before the sterilization exposure duration is timed. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

130. ☐ ☐ Not directly exposing items to pressurized steam may result in survival of microbial organisms and spores. Before their sterilization, plastic, glass, and metal devices are tightly wrapped in low-particle-shedding paper or fabrics or sealed in envelopes that prevent poststerilization microbial penetration. **Immediately before filling ampuls and vials that will be steam sterilized, solutions are passed through a filter having a nominal pore size not larger than 1.2 mm for removal of particulate matter. Sealed containers shall be able to generate steam internally; thus, stoppered and crimped empty vials shall contain a small amount of moisture to generate steam.** [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

131. ☐ ☐ The description of steam sterilization conditions and duration for specific CSPs shall be included in written documentation in the compounding facility. The effectiveness of steam sterilization shall be verified using appropriate BIs of Bacillus stearothermophilus (see Biological Indicators <1035>) and other confirmation methods such as temperature-sensing devices (see Sterilization and Sterility Assurance of Compendial Articles <1211> and Sterility Tests <71>). [USP-NF Chapter 797- *Verification of Compounding Accuracy ond Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

132. ☐ ☐ **(Dry Heat Sterilization)**
Dry heat sterilization is usually done as a batch process in an oven designed for sterilization. **Heated filtered air shall be evenly distributed throughout the chamber by a blower device.** [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

133. ☐ ☐ **Dry heat shall be used only for those materials that cannot be sterilized by steam,** when either the moisture would damage the material or the material is impermeable. [USP-NF Chapters 797- *Verification of Compounding Accurocy and Sterility-, Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heot*]

134. ☐ ☐ During sterilization, sufficient space shall be left between materials to allow for good circulation of the hot air. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

135. ☐ ☐ The description of dry heat sterilization conditions and duration for specific CSPs shall be included in written documentation in the compounding facility. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

136. ☐ ☐ The effectiveness of dry heat sterilization shall be verified using appropriate BIs of Bacillus subtilis (see Biological Indicators <1035>) and other confirmation methods such as temperature- sensing devices (see Sterilization and Sterility Assurance of Compendial Articles <1211> and Sterility Tests <71>). [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

Finished Preparation Release Checks and Tests

137. ☑ ☐ **All CSPs that are intended to be solutions shall be visually examined for the presence of particulate matter and not administered or dispensed when such matter is observed.** The prescription orders, written compounding procedure, preparation records, and expended materials used to make CSPs at all contamination risk levels are inspected for accuracy of correct identities and amounts of ingredients, aseptic mixing and sterilization, packaging, labeling, and expected physical appearance before they are administered or dispensed. [USP- NF Chapter 797- Finished Preparation Release Checks and Tests- Inspection of Solution Dosage Forms and Review of Compounding Procedures

138. ☑ ☐ **The accuracy of identities, concentrations, amounts, and purities of ingredients in CSPs shall be confirmed by reviewing labels on packages, observing and documenting correct measurements with approved and correctly standardized devices, and reviewing information in labeling and certificates of analysis provided by suppliers.** When the correct identity, purity, strength, and sterility of ingredients and components of CSPs cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampuls, punctured stoppers of vials and bags, containers of ingredients with incomplete labeling), such ingredients and components shall be discarded immediately. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility*]

139. ☑ ☐ The label of each batch prepared of sterile or non-sterile pharmaceuticals shall bear at a minimum: [UAC R156-17b-614a (3)(g)(i-vi)

☑ the unique lot number assigned to the batch;
☑ all active solution and ingredient names, amounts strengths and concentrations, where applicable
☑ quantity
☑ beyond use date and time, when applicable
☑ appropriate ancillary instructions, such as storage instructions or cautionary statements, including cytotoxic warning labels where appropriate; and
☑ device-specific instructions, where appropriate.

140. ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or agent shall bear at a minimum in addition to what is required in Section 58-17b-602 the following: [R156-17b-614a (3)(h)(i)(ii)(iii)

☑ generic name a quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
☑ assigned compounding record or lot number; and
☑ "this is a compounded preparation" or similar language

Packaging and Storage

141. ☑ ☐ Compounding facilities that ship CSPs to locations outside their own premises shall select modes of transport that are expected to deliver properly packed CSPs in undamaged, sterile, and stable condition to recipients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Transit of CSPs*]

142. ☑ ☐ Compounding personnel should ascertain that temperatures of CSPs during transit by the selected mode will not exceed the warmest temperature specified on the storage temperature range on CSP labels. It is recommended that compounding personnel communicate directly with the couriers to learn shipping durations and exposure conditions that CSPs may encounter. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Transit of CSPs*]

143. ☑ ☐ Compounding facilities that ship CSPs to patients and other recipients outside their own premises shall ascertain or provide, whichever is appropriate, the following assurances: [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSP- Storage in Locations Outside Compounding Facilities*]

☑ Labels and accessory labeling for CSPs include clearly readable BUDs, storage instructions, and disposal instructions for out-of-date units.
☑ Each patient or other recipient is able to store the CSPs properly, including the use of a properly functioning refrigerator and freezer if CSPs are labeled for such storage.

144. ☑ ☐ **Inspections shall confirm compliance with appropriate storage conditions, separation of drugs and food, proper use of MDVs, and the avoidance of using single-dose products as MDVs.** CSPs, as well as all other drug products, shall be stored in the patient-care area in such a way as to secure them from unauthorized personnel, visitors, and patients. [USP- NF Chapter 797- *Finished Preparation Release Checks and Tests- Monitoring Controlled Storage Areas*]

145. ☑ ☐ Personnel who prepare, dispense, and administer CSPs shall store them strictly in accordance with the conditions stated on the label of ingredient products and finished CSPs. [USP-NF Chapter 797- Storage and Beyond-use Dating]

Quality Assurance Program

146. ☑ ☐ The assurance of CSPs' quality and packaging integrity is highly dependent on the proper adherence of all personnel to the pertinent SOPs. **Compounding personnel shall design, implement, and maintain a formal education, training, and competency assessment program that encompasses all the functions and tasks addressed in the foregoing sections and all personnel to whom such functions and tasks are assigned.** This program includes the assessment and documentation of procedural breaches, administration mishaps, side effects, allergic reactions, and complications associated with dosage or administration, such as extravasation. This program should be coordinated with the institution's adverse-events and incident reporting programs. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Education and Training*]

147. ☑ ☐ **A provider of CSPs shall have in place a formal QA program intended to provide a mechanism for monitoring, evaluating, correcting, and improving the activities and processes described in this chapter.** Emphasis in the QA program is placed on maintaining and improving the quality of systems and the provision of patient care. In addition, the QA program ensures that any plan aimed at correcting identified problems also includes appropriate follow-up to make certain that effective corrective actions were performed. Characteristics of a QA program include the following: [USP-NF Chapter 797- *Quality Assurance (QA) Program*]

☑ Formalization in writing;
☑ Consideration of all aspects of the preparations and dispensing of products as described in this chapter, including environmental testing and verification results;
☑ Description of specific monitoring and evaluation activities;
☑ Specification of how results are to be reported and evaluated;
☑ Identification of appropriate follow-up mechanisms when action limits or thresholds are exceeded; and
☑ Delineation of the individuals responsible for each aspect of the QA program.

148. ☑ ☐ A written quality assurance procedure includes the following in-process checks that are applied, as appropriate, to specific CSPs: [USP-NF Chapter 797- *Responsibilities of Compounding Personnel*],

☑ accuracy and precision of measuring and weighing;
☑ the requirement for sterility;
☑ methods of sterilization and purification;
☑ safe limits and ranges for strength of ingredients, bacterial endotoxins, and particulate matter;
☑ pH;
☑ labeling accuracy and completeness;
☑ BUD assignment;
☑ and packaging and storage requirements.

149. ☑ ☐ Compounding facilities shall clinically monitor patients treated with CSPs according to the regulations and guidelines of their respective state healthcare practitioner licensure boards or of accepted standards of practice. **Compounding facilities shall provide patients and other recipients of CSPs with a way to address their questions and report any concerns that they may have with CSPs and their administration devices.** [USP-NF Chapter 797- *Patient Monitoring and Adverse Events Reporting*]

COMMENTS
(Use an additional sheet if necessary.)

Assisted by Caleb Cowley Tech.

Sterile compounding only Monday and Wednesday.

Isaak Gibbons (Tech), September Koerner (tech), and Mark Lindhardt (RPh) are the only ones to be sterile compounding.

Currently, the facility is compounding tirzepatide/glycine (two strengths) and semaglutide/levocarnitine (one strength)

A review of facility Sterile compounding products was conducted. One expired product was found.

COAs for tirzepatide and semaglutide were reviewed and present.

A review of the facility SOPs was conducted and found compliant. I'd recommend both removing unnecessary SOPs such as dry heat sterilization and creating a table of contents for each book, so that it is easier to find certain SOPs.

A review of Training documents was conducted. Both Isaak and Mark had completed their training, yet had some boxes that were missed on the documents.

No temperature log for both the ante room or buffer room have been logged. Caleb agreed to immediately remedy this.

Handwashing before entering the anteroom is done in the bathroom, just outside of the compounding area.

The floor in the buffer room has two crossing grout lines filled with silicone sealant. Caleb explained that the floor is smooth. I recommend placing a linoleum floor over the current floor and up on the coving, so that the floor is one smooth surface.

Surface sampling and hood certification was conducted by Heninger Enterprises. The facility was found compliant.

A review of both master formulary records and compounding records was conducted and compliant. I recommend that the facility write the 0.2 micron filter lot and expiration date on the compounding records.

A review of 5 semaglutide prescriptions was conducted. It was found that 2 of the 5 did not have a physician signature. Informed Stephanie that a signature is required for all prescriptions, and to make sure that they have this in the future.

Facility does not compound hazardous medications.

Facility utilizes terminal filtration for sterilization.

Facility has a compliant QA/QC protocol.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 5/28/25

Signature of Division Investigator: _____ Date of Signature: 5/28/25

Revised 8/2022

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Cache Valley Pharmacare LLC

EFFECTIVE
01/15/2025

EXPIRATION
09/30/2027

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

14198127-1703 Pharmacy - Class A
14198127-8913 Dispensing Controlled Substance License
Compounding Non-Sterile
Compounding Hazardous

DBA:
CACHE VALLEY PHARMACY

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.

CACHE VALLEY PHARMACARE LLC
2245 N 400 E STE 105
NORTH LOGAN UT 84341

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: 01/15/2025
EXPIRATION DATE: 09/30/2027
ISSUED TO: Cache Valley Pharmacare LLC
2245 N 400 E Ste 105
North Logan UT 84341

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
14198127-1703 Pharmacy - Class A
14198127-8913 Dispensing Controlled Substance License
Compounding Non-Sterile
Compounding Hazardous
DBA:
CACHE VALLEY PHARMACY

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 07/17/2025

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Cache Valley Pharmacare LLC

Classification of License Issued: Pharmacy - Class A

Specialties: Compounding Non-Sterile, Compounding Hazardous

License Number: 14198127-1703

Obtained By: Application

Current Status: Active

Original Date of Licensure: 01/15/2025

Expiration Date: 09/30/2027

Agency and Disciplinary Action: NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107**

Docket and Citation Number(s):

E-Prescriber:

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	08-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-16-2025

CACHE VALLEY PHARMACARE LLC
DBA CHACHE VALLEY PHARMACY
2245 N 400 E
STE 105
NORTH LOGAN, UT 84341

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
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WASHINGTON D.C. 20537

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[redacted]	08-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-16-2025

CACHE VALLEY PHARMACARE LLC
DBA CHACHE VALLEY PHARMACY
2245 N 400 E
STE 105
NORTH LOGAN, UT 84341

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Form DEA-223 (9/2016)

4DD

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

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 #: _____
	☐ 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: EPSRX

Physical Address: 13619 Inwood Road, Suite 380

City: Farmers Branch State: Texas Zip: 75244-4642

Mailing Address (if different from physical address): 13619 Inwood Road, Suite 380

City: Farmers Branch State: Texas Zip: 75244-4642

Telephone: (214) 812-9958 Toll Free # (NAC 639.708, NRS 639.23286): (844) 800-5377

Fax: (214) 782-9155 Contact Email: rseefried@evolutionaryrx.com

Website: www.evolutionaryrx.com

Nevada Business License # (if applicable) N/A-Not Applicable

Supervising/Managing Pharmacist Name (NRS 639.220): Pamela Joan Beadle

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24797

Section 2: List the name(s) of at least one NEVADA 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: Pamela Joan Beadle	NV Pharmacist Registration #: 24797
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-Not Applicable	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-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:

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: Texas

Parent Company (if any): GAM Capital, LLC

Corporation/Organization Name: Evolutionary Pharmacy Solutions, LLC

Mailing Address: 13619 Inwood Road, Suite 380

City: Farmers Branch State: TX Zip: 75244-4642

Telephone: (214)812-9958 Email: rseefried@evolutionaryrx.com

Contact Person Name: Robert R. Seefried

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-Not Applicable

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-Not Applicable

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 Evolutionary Pharmacy Solutions, 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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Kamyar Ghazvini

Print Name of Authorized Person

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

10/28/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kamyar Ghazvini 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 Evolutionary Pharmacy Solutions, 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 28TH day of OCTOBER, 2025

Notary Public

OFFICIAL SEAL
JAY N ZELMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 1/26/2025

OFFICIAL SEAL
JAY NATHAN ZELMAN
Notary Public, State of Illinois
Commission No. 1002367
My Commission Expires January 09, 2029

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

Kamyar Ghazvini

Print Name 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)

10/28/2025

Date

Board Use Only	Date Received: 11/5/25	Amount: $500cc

Evolutionary Pharmacy Solutions, LLC dba EPSRX* - Owners and Officers

Name and Title	Business Address and Telephone	Home Address and Telephone	Ownership %
GAM Capital, LLC Parent / Sole Member	326 Peterson Road Libertyville, IL 60048-1008 (224) 294-1199	[redacted]	100% (Direct)
Kamyar Ghazvini[1] President	326 Peterson Road Libertyville, IL 60048-1008 (224) 294-1199		40.52% (indirect)
Charlene Signorino CEO	13619 Inwood Road, Suite 380 Farmers Branch, TX 75244 (214) 812-9958		0.65% (Indirect)

*Entity Member Managed. No Managers

[1]Licenses Held

State	License Number	Expiration
Florida	PS29347	9/30/2025
Idaho	PR59967	8/31/2025
Illinois	051040315	3/31/2026
Iowa	51223	12/31/2025
Michigan	5302033072	8/15/2025
New York	043111	7/31/2027
Tennessee	11485	11/30/2026
Texas	59673	8/31/2026

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 Formation for Evolutionary Pharmacy Solutions, LLC (file number 802747088), a Domestic Limited Liability Company (LLC), was filed in this office on June 13, 2017.

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 June 12, 2025.

Jane Nelson
Secretary of State

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 EPSRX

Pharmacy/Wholesaler License # (if applicable) N/A-Not Applicable

Physical Address 13619 Inwood Road, Suite 380

City Farmers Branch State TX Zip 75244-4642

Mailing Address (if different from physical address) 13619 Inwood Road, Suite 380

City Farmers Branch State TX Zip 75244-4642

Telephone (214)812-9958 Website www.evolutionaryrx.com

Licensing Company Email rseefried@evolutionaryrx.com

Section 2: Personal Information

First Robert Middle R. Last Seefried

Alias(es, nicknames, name changes, etc.) N/A-Not Applicable

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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	RS

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

School Name		From - To (MM/YY – MM/YY)	
Ellendale High School		1976-1980	
Address	**City**	**State**	**Zip**
321 N. 1st Street	Ellendale	ND	58436
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
North Dakota State University		1980-1985	
Address	**City**	**State**	**Zip**
1401 Administration Avenue	Fargo	ND	58102
Diploma/Degree obtained, if any			
BS Pharmacy			

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

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

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)	[redacted]			
2004-2025				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 (NAC639.5005) or wholesalers (NAC639.5935) 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)
EPSRX			
Business Address	**City**	**State**	**Zip**
13619 Inwood Road, Suite 380	Farmers Branch	TX	75244
Phone	**Title**		**Number of Employed Hours**
(214) 812-9958	Pharmacist In Charge		0ver 14,000 Hours
Description of Duties			
Typing, filling, record keeping, distribution and dispensing of Rx drugs and Pharmacist in Charge duties.			

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

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

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

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

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
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
04/07/1999	11/08/2021	Texas	Dallas	Dallas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
M9932505		State of Texas		
Reason/Charge				
Class B misdemeanor				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Robert R. Seefried			N/A-Not Applicable	
Name of Business/Industry/Entity				
N/A-Not Applicable				

Provide explanation below:

On April 4, 1999, Mr. Robert Seefried, Pharmacist-in-Charge, was arrested and charged with a Class B misdemeanor.

On October 20, 1999, Mr. Seefried entered a plea of nolo contendere, ordered to pay a fine and was placed on probation.

Mr. Seefried paid the ordered fine and successfully completed probation as required.

Please be advised, Mr. Seefried's Texas pharmacy licenses remained in good standing and was not impacted by the above action(s).

Original Signature (electronic, copies or stamps not accepted)

11/4/25
Date

DALLAS COUNTY
COUNTY CLERK
JOHN F. WARREN

Date: September 14, 2021 **Case #: M9932505**

To Whom It May Concern:

Thank you for your recent request for copies from the Dallas County Clerk Records Department.

Please be advised that Class A and B criminal case jackets prior to 2002 have been destroyed in accordance with Local Government code 202.003. We apologize for any inconvenience this may cause.

As the goal of the Dallas County Clerk is to provide superior customer service, we have included this letter along with the minute book page(s) of the case disposition .

If additional information or clarification is required, please feel free to contact our office at the number listed below.

Thanks,

Sedrick D. King
Dallas County Clerk
Records Information Officer
Phone: 214-653-6008

D E F E R R E D A D J U D I C A T I O N M I N U T E S (P R O B A T I O N)

COUNTY CRIMINAL COURT NO. 7 OF DALLAS COUNTY, TEXAS TERM OCTOBER A.D. 1999

THE STATE OF TEXAS : NO. MB9932505 ENTERED OCTOBER 20, 1999

VS. PROBATION ORDER VOL. 46 PAGE 365 OFFENSE CLASS B

SEEFRIED, ROBERT RAY : FINE PAYABLE PROBATION EXPIRES 10/20/00

ON THIS THE 20TH DAY OF OCTOBER, A.D. 1999 THE DEFENDANT HAVING BEEN CHARGED IN THE ABOVE ENTITLED AND NUMBERED CAUSE FOR THE MISDEMEANOR OFFENSE OF KNOWINGLY AND INTENTIONALLY WITH INTENT TO AROUSE OR GRATIFY THE SEXUAL DESIRE OF ANY PERSON, HE EXPOSES HIS ANUS OR ANY PART OF THE GENITALS AND IS RECKLESS ABOUT WHETHER ANOTHER IS PRESENT WHO WILL BE OFFENDED OR ALARMED BY THE ACT, AND COMMITTED THE OFFENSE ON 04/07/99

AND THIS CAUSE BEING THIS DAY CALLED FOR TRIAL, THE STATE APPEARED BY HER DISTRICT ATTORNEY AND THE DEFENDANT APPEARED IN PERSON AND BY COUNSEL, AND BOTH PARTIES ANNOUNCED READY FOR TRIAL. THE SAID DEFENDANT ELECTED TO PROCEED UNDER ARTICLE 42.13 SEC. 3D(A) OF THE CODE OF CRIMINAL PROCEDURE AND IN OPEN COURT, NO JURY HAVING BEEN DEMANDED, THE DEFENDANT WAIVED ARRAIGNMENT AND FORMAL READING OF THE INFORMATION AND PLEADED NOLO CONTENDERE TO SAID CHARGE.

AND AFTER CONSIDERING SAID PLEA AND ARGUMENTS OF COUNSELS, THE COURT IS OF THE OPINION THAT SAID MATTERS SUBSTANTIATE THE DEFENDANT'S GUILT IN THIS CAUSE, AND FURTHER FINDS THAT THE BEST INTERESTS OF SOCIETY AND OF THE DEFENDANT WOULD BE SERVED BY DEFERRING PROCEEDINGS WITHOUT ENTERING AN ADJUDICATION OF GUILT AND BY PLACING THE DEFENDANT ON PROBATION IN THIS CAUSE.

IT IS THEREFORE CONSIDERED, ORDERED AND ADJUDGED, THAT IN ACCORDANCE WITH ARTICLE 42.13 SEC. 3D(A) OF THE CODE OF CRIMINAL PROCEDURE, NO JUDGMENT SHALL BE ENTERED IN THIS CAUSE AND THAT THE DEFENDANT IS HEREBY PLACED ON PROBATION IN THIS CAUSE FOR A PERIOD OF 1 YEARS FROM THIS DATE ON THE FOLLOWING TERMS AND CONDITIONS, TO-WIT: (1) COMMIT NO OFFENSE AGAINST THE LAWS OF THIS OR ANY OTHER STATE OR OF THE UNITED STATES; (2) AVOID INJURIOUS OR VICIOUS HABITS; (3) AVOID PERSONS OR PLACES OF DISREPUTABLE OR HARMFUL CHARACTER; (4) WORK FAITHFULLY AT SUITABLE EMPLOYMENT AS FAR AS POSSIBLE; (5) REMAIN WITHIN A SPECIFIED PLACE, TO-WIT: DALLAS COUNTY, TEXAS, AND NOT MOVE THEREFROM WITHOUT LEAVE OF THE COURT; (6) NOTIFY THE COURT OF ANY CHANGE OF ADDRESS; (7) SUPPORT HIS DEPENDANTS; (8) PAY A FINE IN THE AMOUNT OF $ 400.00 THAT THE COURT HEREBY ASSESSES, AND ALL COSTS OF COURT BY THE ____ DAY OF _____, 19__. 24HRS CS/CRIMEST/COLL

(X) YOU ARE DIRECTED TO REPORT IMMEDIATELY TO ADULT PROBATION DEPARTMENT AND THEN NOT LESS THAN ONCE EACH THIRTY DAYS AS INSTRUCTED BY ADULT PROBATION DEPARTMENT.

(X) PAY A PROBATION FEE OF $ 40.00 PER MONTH TO ADULT PROBATION DEPARTMENT ON OR BEFORE THE FIRST DAY OF EACH MONTH HEREAFTER DURING PROBATION.

( ) YOU ARE DIRECTED TO PARTICIPATE IN ONE OR MORE OF THE FOLLOWING PROGRAMS:

- ( ) ADULT BASIC EDUCATION AND ACQUIRE GED ON/BEFORE _____, 19__.
- ( ) ALCOHOL AND/OR DRUG ABUSE TREATMENT/EDUCATIONAL PROGRAMS.
- ( ) MENTAL HEALTH EVALUATION/TREATMENT PROGRAMS.
- ( ) EMPLOYMENT ASSISTANCE PROGRAMS.
- ( ) ATTEND AND SUCCESSFULLY COMPLETE A COURT APPROVED DWI EDUCATIONAL PROGRAM ON/BEFORE _____, 19__

THE CLERK OF THIS COURT WILL FURNISH THE DEFENDANT A CERTIFIED COPY OF THIS ORDER, TAKING HIS RECEIPT THEREFOR AS A WRITTEN STATEMENT OF THE PERIOD AND TERMS OF HIS PROBATION.

ORDER DISMISSING DEFERRED PROCEEDINGS

VOL. 53 PAGE 541

THE STATE OF TEXAS — IN THE COUNTY CRIMINAL COURT

VS. — DALLAS COUNTY, TEXAS

EACH DEFENDANT NAMED BELOW — ENTERED : NOVEMBER 8, A.D. 2001

ON THIS DAY, THE COURT HAVING REVIEWED ALL PROCEEDINGS IN THE FOLLOWING CAUSES, IN EACH OF WHICH THE DEFENDANT THEREIN WAS HERETOFORE PLACED ON PROBATION UNDER THE MISDEMEANOR ACT OF THIS STATE, AND

IT APPEARING TO THE COURT THAT EACH SAID DEFENDANT HAS PAID ALL FINES AND COSTS ASSESSED AGAINST HIM AND OTHERWISE COMPLIED WITH THE TERMS AND CONDITIONS OF HIS SAID PROBATION; AND IT FURTHER APPEARING THAT THE PERIOD OF PROBATION HAS EXPIRED IN EACH CAUSE AND THAT THE DEFENDANT THEREIN IS ENTITLED TO DISCHARGE FROM THE SAME.

IT IS THEREFORE CONSIDERED, ORDERED AND ADJUDGED, THAT THE FINDING THAT THE EVIDENCE SUBSTANTIATED THE DEFENDANT"S GUILT HERETOFORE ENTERED IN EACH OF THE FOLLOWING CAUSES BE, AND THE SAME IS HEREBY SET ASIDE, THAT THE COMPLAINT AND INFORMATION IN EACH OF SAID CAUSES BE, AND THE SAME ARE HEREBY DISMISSED AND EACH SAID CAUSE STRICKEN FROM THE DOCKET OF THIS COURT, AND THAT EACH DEFENDANT THEREIN BE, AND HE IS HEREBY DISCHARGED FROM PROBATION AS OF THE DAY AND YEAR SET AFTER HIS NAME:

NUMBER	DEFENDANT	OFFENSE	DATE DISCHARGED
MB95-03660-H	HANSFORD, TINA	THEFT CK 20	NOVEMBER 8, A.D. 2001
MB97-17783-H	LARA, FERNANDO	DWLS/INV	NOVEMBER 8, A.D. 2001
MB98-33020-H	GUNTER, SABRINA DIANE	THEFT 50	NOVEMBER 8, A.D. 2001
MA99-15413-H	MOSSMABRY, SYNTHIA RA	THEFT 500	NOVEMBER 8, A.D. 2001
MB99-18714-H	ALLEN, ANTHONY ARMON	CRIM MISC 50	NOVEMBER 8, A.D. 2001
MB99-31772-H	ALEXANDER, CHRISTOPHE	CRIM MISC 50	NOVEMBER 8, A.D. 2001
MB99-32450-H	LANEY, JUSTIN DALLAS	DWLS/INV	NOVEMBER 8, A.D. 2001
MB99-32505-H	SEEFRIED, ROBERT RAY	IND EXP	NOVEMBER 8, A.D. 2001
MA99-48996-H	TURNER, JARED	EVADE ARREST/DET MV	NOVEMBER 8, A.D. 2001
MB00-16495-H	STAGGS, TABATHA JEAN	THEFT 50	NOVEMBER 8, A.D. 2001
MB00-16832-H	EVANS, RHONDA GAIL	DWLS/SR	NOVEMBER 8, A.D. 2001
MB00-17527-H	SMITH, RONALD LORRENO	POSS MJ	NOVEMBER 8, A.D. 2001

JUDGE, COUNTY CRIMINAL COURT
DALLAS COUNTY, TEXAS

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

This is in response to Question # 1 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/02/1991	10/05/1993	Texas	Dallas	Dallas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
M9132374		State of Texas		
Reason/Charge				
Driving while intoxicated (DWI).				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Robert R. Seefried			N/A-Not Applicable	
Name of Business/Industry/Entity				
N/A-Not Applicable				

Provide explanation below:

On October 2, 1991, Mr. Robert Seefried, Pharmacist-in-Charge, was arrested for driving while intoxicated (DWI).

On November 5, 1991, Mr. Seefried entered a plea of nolo contendere.
Mr. Seefried was placed on probation and required to successfully complete a DWI educational program.

Mr. Seefried successfully completed both the educational program and probation as required.

Please be advised, Mr. Seefried's Texas pharmacy licenses remained in good standing and was not impacted by the above action(s).

Original Signature (electronic, copies or stamps not accepted)

11/4/25
Date

DALLAS COUNTY
COUNTY CLERK
JOHN F. WARREN

Date: September 14, 2021 **Case #: M9132374**

To Whom It May Concern:

Thank you for your recent request for copies from the Dallas County Clerk Records Department.

Please be advised that Class A and B criminal case jackets prior to 2002 have been destroyed in accordance with Local Government code 202.003. We apologize for any inconvenience this may cause.

As the goal of the Dallas County Clerk is to provide superior customer service, we have included this letter along with the minute book page(s) of the case disposition .

If additional information or clarification is required, please feel free to contact our office at the number listed below.

Thanks,

Sedrick D. King
Dallas County Clerk
Records Information Officer
Phone: 214-653-6008

Frank Crowley Courts Building , 133 N. Riverfront Blvd., LB 43., Dallas, TX 75207 - (214) 653-5763 Office - (214) 653-5778 Fax

MINUTES OF THE COUNTY CRIMINAL COURT 3 OF DALLAS COUNTY, TEXAS

(PROBATION)

JULY TERM, A.D. 1991 VOL 15 PAGE 138

THE STATE OF TEXAS : NO. MB9132374 : ENTERED: NOVEMBER 5 1991 OFFENSE CLASS B

VS. : PROBATION ORDER

SEEFRIED, ROBERT RAY : FINE PAYABLE 11/05/91 PROBATION EXPIRES 11/05/93

ON THIS DAY, THIS CAUSE BEING CALLED FOR TRIAL, CAME THE CRIMINAL DISTRICT ATTORNEY FOR THE STATE OF TEXAS, AND CAME THE DEFENDANT AND HIS COUNSEL IN PERSON; AND THE DEFENDANT, HAVING BEEN DULY ARRAIGNED, PLEADED NOLO CONTENDERE TO THE INFORMATION HEREIN, WAIVED TRIAL BY JURY, AND SUBMITTED THIS CAUSE TO THE COURT. AND INFORMATION BEING READ, THE COURT RECEIVED THE DEFENDANT'S SAID PLEA THERETO, AND HAVING HEARD THE EVIDENCE SUBMITTED THEREON, ADJUDGED THE DEFENDANT GUILTY AS CHARGED IN THE INFORMATION OF KNOWINGLY AND INTENTIONALLY DROVE AND OPERATED A MOTOR VEHICLE IN A PUBLIC PLACE WHILE INTOXICATED AS CHARGED IN INFORMATION HEREIN, AND COMMITTED THE OFFENSE ON 10/02/91

AND ASSESSED HIS PUNISHMENT AT A FINE OF $ 250.00 AND 60 DAYS CONFINEMENT IN THE DALLAS COUNTY JAIL, TOGETHER WITH ALL COSTS IN THIS BEHALF INCURRED. BAC. REF. SUPERVISED.

IT APPEARING TO THE COURT, HOWEVER, THAT BEFORE HIS TRIAL HEREIN DEFENDANT APPLIED TO THE COURT IN WRITTING FOR PROBATION HEREIN, WHICH APPLICATION INCLUDES EVERY VERIFIED AVERMENT REQUIRED FOR SUCH PURPOSE BY THE MISDEMEANOR PROBATION ACT OF THE STATE; AND IT FURTHER APPEARING TO THE COURT THAT THE ENDS OF JUSTICE AND THE BEST INTERESTS OF SOCIETY AND OF THE DEFENDANT WILL BE SERVED BY GRANTING DEFENDANT PROBATION IN THIS CAUSE,

IT IS THEREFORE CONSIDERED, ORDERED AND ADJUDGED, THAT THE FINDING OF GUILTY HEREIN SHALL NOT BE FINAL, THAT NO JUDGMENT BE RENDERED THEREON, AND THAT DEFENDANT BE, AND HE IS HEREBY PLACED ON PROBATION IN THIS CAUSE FOR A PERIOD OF 24 MONTHS FROM THIS DATE, ON THE FOLLOWING TERMS AND CONDITIONS, TO-WIT: THAT HE IMMEDIATELY PAY ALL COSTS HEREIN INCURRED, AND THAT DURING THE TERM OF SUCH PROBATION HE SHALL;

(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 OR PLACES OF DISREPUTABLE OR HARMFUL CHARACTER; (4) REPORT TO THE PROBATION OFFICER AS DIRECTED; (5) PERMIT THE PROBATION OFFICER TO VISIT HIS HOME OR ELSEWHERE; (6) WORK FAITHFULLY AT SUITABLE EMPLOYMENT AS FAR AS POSSIBLE; (7) REMAIN WITHIN A SPECIFIED PLACE, TO-WIT, DALLAS COUNTY, TEXAS, AND NOT MOVE THEREFROM WITHOUT LEAVE OF THE COURT; NOTIFY THE COURT OF ANY CHANGE OF ADDRESS; (8) PAY THE FINE IMPOSED HEREIN NOT LATER THAN NOVEMBER 5TH 1991 AND SUPPORT HIS DEPENDANTS; AND (10) SUBMIT A COPY OF HIS FINGERPRINTS TO THE SHERIFF.

(X) YOU ARE DIRECTED TO REPORT IMMEDIATELY TO ADULT PROBATION DEPARTMENT AND THEN NOT LESS THAN ONCE EACH THIRTY DAYS AS INSTRUCTED BY ADULT PROBATION DEPARTMENT.

(X) PAY A PROBATION FEE OF $ 25.00 PER MONTH TO ADULT PROBATION DEPARTMENT ON OR BEFORE THE FIRST DAY OF EACH MONTH HEREAFTER DURING PROBATION.

(X) YOU ARE DIRECTED TO PARTICIPATE IN ONE OR MORE OF THE FOLLOWING PROGRAMS:

( ) ADULT BASIC EDUCATION AND ACQUIRE GED ON/BEFORE _____, 19__.

(X) ALCOHOL AND/OR DRUG ABUSE TREATMENT/EDUCATIONAL PROGRAMS.

( ) MENTAL HEALTH EVALUATION/TREATMENT PROGRAMS.

( ) EMPLOYMENT ASSISTANCE PROGRAMS.

(X) ATTEND AND SUCCESSFULLY COMPLETE A COURT APPROVED DWI EDUCATIONAL PROGRAM ON/BEFORE NOVEMBER 5, 1991.

THE CLERK OF THIS COURT WILL FURNISH THE DEFENDANT A CERTIFIED COPY OF THIS ORDER, TAKING HIS RECEIPT THEREFOR, AS A WRITTEN STATEMENT OF THE PERIOD AND TERMS OF HIS PROBATION.

I, Robert R. Seefried, **certify that as the designated representative for**

EPSRX,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RS I am at least 21 years of age;
3. RS 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. RS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RS 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. RS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert R. Seefried

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/4/25

Date

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

Kamyar Ghazvini

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/28/2025

Date

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

State of ILLINOIS, ss. County of LAKE

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

Original Signature

10/28/2025

Date

Subscribed and Sworn to before me this 28TH day of OCTOBER.

Notary Public Signature

OFFICIAL SEAL
JAY NATHAN ZELMAN
Notary Public, State of Illinois
Commission No. 1002367
My Commission Expires January 09, 2029

(Seal)

11/4/25

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *EPSRX*

License Number: *31641*

Address: *13619 INWOOD RD STE 380, FARMERS BRANCH, TX 75244*

Phone: *(214) 812-9958*

Email

Class of License: *A*

License Expiration: *10/31/2025*

DEA #: [redacted]

DEA Expiration: *08/31/2026*

Inspection Information

Type: *Compliance*

Purpose: *Licensee Request*

Date: *04/03/2025*

Arrival Time: *9:30 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Robert Ray Seefried PIC *28778*

Witness

Felicia Carrasco

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *EPSRX*

License Number: *31641*

Class of License: *A*

Inspection Information

Type: *Compliance*

Purpose: *Licensee Request*

Date: *04/03/2025*

Arrival Time: *9:30 AM*

Departure Time: *10:45 AM*

Action Taken: *Inspection*

General Comments:

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

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 5/1/2024 (no controlled substances)

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*
04. Balance inspection	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Not Applicable*

Controlled Substances

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred

26. Controlled substance prescription compliance	*Not Applicable*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Applicable*
35. Controlled substance invoices separated	*Not Applicable*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Not Applicable*
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*
54. Proper prepackaging procedures	*Not Applicable*

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*
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	*Not Applicable*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Not Applicable*
04. Balance inspection (for non-sterile compounding)	*Not Applicable*
05. Equipment Inspection	*Not Applicable*
06. Non-sterile Library	*Not Applicable*
32. Non-sterile compound label (Is label complete?)	*Not Applicable*
38. Area/Environment for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*
60. Documentation of non-sterile required training	*Not Applicable*
70. Required policies & procedures/SOPs	*Not Applicable*
87. Quality Control/Assurance	*Not Applicable*

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).

Robert Seefried

Felicia Carrasco

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

RS I am the Pharmacist-in-Charge (PIC) of *EPSRX*, pharmacy license number *31641*, and I ✓ was/ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *04/03/2025*.

RS I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

RS I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

RS If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

RS I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: 

Date: *04/03/2025*

Printed Name: *Robert Seefried*

License No.(if applicable): *28778*

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy.
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber for opiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website, www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 31641

EPSRX

License Information

License Status Active
License # 31641
Expiration Date 10/31/2027
Date License Issued 10/04/2017

Address

13619 INWOOD RD STE 380
FARMERS BRANCH, TX 75244
County DALLAS
Phone (214) 812-9958

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
SEEFRIED, ROBERT RAY

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 936934 31641 EPSRX 2018-11 11-2023.pdf
- 936934 31641 EPSRX 2022-02 02-2027.pdf
- 936934 31641 EPSRX 2023-12 12-2028.pdf
- 936934 31641 EPSRX 2025-04 04-2030.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes

Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	Yes
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	Yes
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BATES, VANESSA MICHELLE	43551	08/11/2005	11/30/2027	Staff	Active
BEADLE, PAMELA JOAN	29177	04/18/1986	08/31/2027	Staff	Active
SEEFRIED, ROBERT RAY	28778	09/28/1985	06/30/2026	PIC	Active

Page 1 of 1 20 View 1 - 3 of 3

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
STOUT, BRENDAN	317120	02/03/2021	10/31/2027	Staff	Active

Page 1 of 0 20 View 1 - 1 of 1

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
EVOLUTIONARY PHARMACY SOLUTIONS LLC	OWNER	,			
SIGNORINO, CHARLENE	OFFICER	,			
GHAZVINI, KAMYAR	OFFICER	,			

Page 1 of 1 20 View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	08-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-06-2023

EPSRX
EVOLUTIONARY PHARMACY SOLUTIONS LLC
13619 INWOOD RD STE 380
DALLAS, TX 752444642

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
[redacted]	08-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-06-2023

EPSRX
EVOLUTIONARY PHARMACY SOLUTIONS LLC
13619 INWOOD RD STE 380
DALLAS, TX 752444642

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)

4EE

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 (6/11/2024)

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 #: FF3698771
	☐ 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 #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: FarmaKeio AR

Physical Address: 1270 Don's Lane

City: Conway State: AR Zip: 72032

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

City: _____ State: _____ Zip: _____

Telephone: 888-501-0233 Toll Free # (NAC 639.708, NRS 639.23286): 888-501-0233

Fax: 479-226-8811 Contact Email: Licensing.AR@FarmaKeio.com

Website: Pending

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Nathan Grifford PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24692

Section 2: List the name(s) of at least one NEVADA 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: Nathan Grifford PharmD	NV Pharmacist Registration #: 24692
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: Justin Graves RPh.	Credentials: TX License #38797	%: 5
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: FarmaKeio AR LLC

Mailing Address: 920 S. Kimball Ave Ste 100

City: Southlake State: TX Zip: 76092

Telephone: 469-387-5661 Email: Justin.Graves@FarmaKeio.com

Contact Person Name: Justin Graves

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 Executive VP / Member (title) for FarmaKeio AR (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Justin Graves RPh

Print Name of Authorized Person

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

6-30-25

Date

FARMAKEIO AR
CUSTOM COMPOUNDING

Memo

To: State Board of Pharmacy
From: Justin Graves RPh. Executive Vice President
Re: Information on California initial licensure denial for FarmaKeio Outsourcing

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On May 17, 2022, the California State Board of Pharmacy, as required for **initial** licensure, conducted a 3-day onsite inspection of our FDA registered 503B facility FarmaKeio Outsourcing, located in Southlake, TX. This facility currently holds active licensure in 48 states, including the District of Columbia. A summary of details of this inspection included content "In-Support of" facility and compounding compliance within the Quality Management System, Facilities, Equipment, Control of Component, Packaging and Labeling Controls, Holding and Distribution, Laboratory Controls, and Records & Reports. In addition to this supporting documentation, the Inspection Report makes notation of observations the inspectors determined needed improvement prior to extending an active licensure for our facility. These observations were assessed and addressed, with changes implemented and integrated into our overall operation, including updates to our Quality Management System. Ultimately, California, even with our corrections, chose not to extend us an active NR Outsourcing Licensure at this time. As recently as last year, FarmaKeio Outsourcing reapplied for licensure as a Non-Resident FDA registered outsourcing facility in California and currently await our date of inspection, most likely occurring within the next several months. In light of the initial denial of licensure, we began an initiative to build a more robust Quality Management System and hired a highly experienced leader from the multinational pharmaceutical industry whose impact has positively improved all aspects of our operational, quality, and compliance as our full time Quality Director. We continue to strive for excellence within the space of 503B pharmaceutical compounding. Please do not hesitate to reach out regarding any further questions or concerns. Thank you.

Justin Graves RPh.
Executive Vice President
FarmaKeio Pharmacy Network

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

Justin Graves RPh.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

6.30.25

Date

Board Use Only	Date Received: 7/11/25	Amount: $500 CK 1002

FARMAKEIO AR LLC
Member Information

Managing Member
Dan DeNeui - CEO
Evexias Holding Co LLC
[redacted]
56.5% Ownership

Managing Member
Michael Cole - CFO
Sutherland Solutions LLC
[redacted]
23.5% Ownership

Member
Cody Boatman - Member
[redacted]
5% Ownership

Member
Robert Harris - Member
Harris Portal Solutions LLC
[redacted]
5% Ownership

Member
Dustin DeNeui - Member
Nilus LLC
[redacted]
5% Ownership

Member
Justin Graves RPh. - VP
[redacted]
5% Ownership

Business address and phone number for all members above:
Corporate Address
920 S. Kimball Ave.
Suite 100
Southlake, TX 76092
817-203-8216
Fax 833-887-4969

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 Farmakeio AR

Pharmacy/Wholesaler License # (if applicable) AR20991

Physical Address 1270 Dons Lane

City Conway State AR Zip 72032

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 501-504-7112 Website N/A

Licensing Company Email nathan.grifford@farmakeio.com

Section 2: Personal Information

First Nathan Middle Lyle Last Grifford

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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 Arkansas for Medical Sciences		08/07-05/11	
Address: 4301 W Markham Street	City: Little Rock	State: AR	Zip: 72205
Diploma/Degree obtained, if any: Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Central Arkansas		08/98-12/03	
Address: 201 Donaghey Ave	City: Conway	State: AR	Zip: 72035
Diploma/Degree obtained, if any: Bachelors in Biology			

School Name		From - To (MM/YY – MM/YY)	
Benton High School		08/95-05/98	
Address: 211 North Border St	City: Benton	State: AR	Zip: 72015
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			

Section 6: List all residences you have had for the last 10 years beginning with 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-Current	[redacted]			
09/12-10/17				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Farmakeio AR			10/23-Current
Business Address	**City**	**State**	**Zip**
1270 Dons Lane	Conway	AR	72032
Phone	**Title**	**Number of Employed Hours**	
501-504-7112	Pharmacist in Charge	960	

Description of Duties
Oversight of materials and supplies being received and approved for use in compounded medications. Oversight of all compounding activities within the non-sterile lab. Counseling of patients and final approval of all medications dispensed.

Business Name			From - To (MM/YY – MM/YY)
CARTI Cancer Center (Central Arkansas Radiation Therapy Institute)			10/21-10/23
Business Address	**City**	**State**	**Zip**
2605 College Ave	Conway	AR	72034
Phone	**Title**	**Number of Employed Hours**	
855-552-2784	Pharmacist in Charge	3840	

Description of Duties
Oversight of all chemo medications compounded/dispensed in a classified cleanroom for the infusion suite. Oversight of millions of dollars worth of specialty pharmacy inventory. Counsel patients on potential chemo reactions.

Business Name			From - To (MM/YY – MM/YY)
SCA Pharma			09/15-10/21
Business Address	**City**	**State**	**Zip**
8821 Knoedl Ct	Little Rock	AR	72205
Phone	**Title**	**Number of Employed Hours**	
877-550-5059	Lead Pharmacist	11520	

Description of Duties
Supervised cleanroom technicians in the compounding of Category 2 and 3 products in an ISO 7 Cleanroom Suite. Reviewed batch records for completion. Performed investigations of deviations. Managed 7 pharmacists and 19 techs.

Business Name			From - To (MM/YY – MM/YY)
WestRock Compounding Pharmacy			04/15-09/15
Business Address	**City**	**State**	**Zip**
11711 Hermitage Rd	Little Rock	AR	72211
Phone	**Title**	**Number of Employed Hours**	
N/A	Pharmacist in Charge	800	

Description of Duties
Oversight of all medications compounded and dispensed from the pharmacy. Oversight of chemical inventory. Assisted in the sale of the pharmacy to another pharmacy chain.

Business Name			From - To (MM/YY – MM/YY)
US Compounding Pharmacy			05/11-03/15
Business Address	**City**	**State**	**Zip**
1270 Dons Lane	Conway	AR	72032
Phone	**Title**	**Number of Employed Hours**	
501-504-7112	Director of the Non-Sterile Department	7360	

Description of Duties
Oversight of all medications compounded and dispensed from the pharmacy. Oversight of inventory, training of personnel, and investigations linked to complaints. Supervised three pharmacists and 12 technicians.

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.

Nathan Grifford

Print Name (First, Last)

Nathan Grifford

Original Signature (electronic, copies or stamps not accepted)

16MAY2024

Date

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

State of Arkansas, ss. County of Faulkner

I, Pamela Darby, 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.

Nathan Grifford

Original Signature

16MAY2024

Date

Subscribed and Sworn to before me this 16 day of May.

Pamela Darby

Notary Public Signature

PAMELA DARBY
Notary Public-Arkansas
Faulkner County
My Commission Expires 05-10-2032
Commission # 12719077

(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 FarmaKeio AR

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

Physical Address 1270 Don's Lane

City Conway State AR Zip 72032

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 888-501-0233 Website Pending

Licensing Company Email Licensing.AR@FarmaKeio.com

Section 2: Personal Information

First Daniel Middle Dustin Last DeNeul

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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)	
Clemson University		1990-91	
Address	**City**	**State**	**Zip**
~~29634 Clemson South Carolina~~ 105 Sikes Hall	Clemson	SC	29634
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Bob Jones University		1988-1990	
Address	**City**	**State**	**Zip**
1700 Wade Hampton Blvd	Greenville	SC	29614
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Silver State H.S.		1984-1988	
Address	**City**	**State**	**Zip**
875 South Sheridan Blvd	Denver	CO	80226
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
2012 - Present	[redacted]			
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
EVEXIAS Health Solutions - Farmakoi Pharmacy Network			2015 - Present
Business Address	**City**	**State**	**Zip**
920 S. Kimball Ave Suite 100	Southlake	TX	76034
Phone	**Title**		
214-906-3498	CEO		

Description of Duties

CEO - All directives, goals and strategy implementation of the organization

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

Description of Duties

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

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Dan DeNeui
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/07/2025
Date

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

State of Texas, ss. County of Tarrant

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

Original Signature

08/07/2025
Date

Subscribed and Sworn to before me this 7 day of August 2025

Veronica Lee Carter
Notary Public Signature

VERONICA LEE CARTER
Notary ID #529976
My Commission Expires
July 14, 2028

(Seal)

Nevada State Board of Pharmacy
Person History Application
Section 8: Arrests, Detentions, Litigations, Arbitrations

Daniel DeNeui

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.)

Yes.

On December 13, 2024, Dan DeNeui, CEO of FarmaKeio was cited by the Las Vegas Metropolitan Police Department with a Class C Misdemeanor for an interaction with the founder of the Coalition for Responsible Compounding ("CFRC"). CFRC has been sending letters to state boards of pharmacy claiming that FarmaKeio is engaged in the improper marketing, sale, and/or distribution of certain compounded drug products. That claim, of course, is false. But, in addition, the letters omit a material fact: that CFRC is a front for FarmaKeio's competition. CFRC was founded by a major competitor of FarmaKeio. These letters sent to state boards of pharmacy appear to be an anticompetitive campaign to disparage and defame FarmaKeio—a competitor of the CFRC's founder—in the eyes of regulatory bodies across the country.

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?

No.

3. Have you ever had a civil or criminal record expunged or sealed by a court order?

Dan DeNeui, CEO of FarmaKeio was charged with felony assault of law enforcement officers and other counts related to January 6, 2021. On January 20, 2025, President Trump directed the Attorney General to pursue dismissal with prejudice to the government of all pending indictments against individuals for their conduct related to the events at or near the United States Capitol on January 6, 2021.

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.)

A. Dan DeNeui was a defendant in BIOTE MEDICAL, LLC v. Kent JACOBSEN, et al. 406 F.Supp.3d 575 United States District Court, E.D. Texas, Sherman Division. Signed 08/21/2019.

Background: Hormone replacement therapy provider brought action alleging that, inter alia, competitors engaged in false and misleading advertising in violation of the Lanham Act. Provider sought preliminary injunctive relief.

Holding: The District Court, Amos L. Mazzant, J., held that provider failed to show a substantial threat that it would suffer irreparable harm if preliminary injunction was not granted.

Motion denied.

B. Dan DeNeui was a defendant in West v. Farmakeio Superior Compound Pharmacy et al. Case No. 3:24-cv-00279. Filed July 8, 2025

RECOMMENDATION

*8 Based on the foregoing, it is respectfully RECOMMENDED that:

(1) The motion for summary judgment filed by Defendants Dan DeNeui, Dustin DeNeui, and Justin Graves (Docket Entry No. 23) be GRANTED and that they be granted summary judgment in their favor and be DISMISSED WITH PREJUDICE.

(2) Defendant North American Custom Laboratories, LLC d/b/a FarmaKeio Compounding be DISMISSED WITHOUT PREJUDICE pursuant to Fed. R. Civ. P. 4(m) for lack of service of process.

C. See also, response to question 6 below for licensing Board matters.

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?

A. FarmaKeio Outsourcing, a company owned in part by Dan DeNeui, is a Plaintiff in Farmakeio Outsourcing, LLC v. United States Food and Drug Administration et al. Case No. 4:24-cv-01040. Filed October 25, 2024.

Complaint alleging FDA violations of the Administrative Procedures Act.

B. North American Custom Laboratories LLC, a company owned in part by Dan DeNeui, is a Plaintiff in Outsourcing Facilities Association v. United States Food and Drug Administration United States District Court, N.D. Texas, Fort Worth Division. May 13, 2025 Slip Copy 2025 WL 1397537.

Complaint alleging FDA violations of the Administrative Procedures Act.

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Administration United States District Court, N.D. Texas, Fort Worth Division. March 05, 2025 Slip Copy 2025 WL 746028.

Complaint alleging FDA violations of the Administrative Procedures Act.

D. Evexias Medical Centers, a company owned in part by Dan DeNeui, is a Plaintiff in Evexias Medical Centers, PLLC et al v. United States Food and Drug Administration et al. Case Number:4:24-cv-00293. Court:Texas Northern.

Complaint alleging FDA violations of the Administrative Procedures Act.

E. Evexias Health Solutions, a company owned in part by Dan DeNeui, is a Plaintiff in Evexias Health Solutions LLC v. Evexia Family Medicine Clinic LLC. 3:23CV02678.

Complaint alleging, inter alia, trademark infringement.

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Complaint alleging defamation against CFRC as described in response to question 1 above.

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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)?

A. California Letter of Admonishment issued to FarmaKeio Outsourcing.

B. California Board of Pharmacy accusation against North American Custom Laboratories dba Farmakeio including Dan DeNeui and Michael Cole.

Alleging (1) attempting to subvert an investigation, (2) unprofessional conduct for shipping pellets into California, (3) Adulterated preparations for use of non compliant bulk drug substances, and (4) use of non compliant bulk drug substances.

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D. Various Boards of pharmacy opened inquiries, we believe, based on allegations made by CFRC as described in response to question 1 above. While a mere inquiry from a state

Board for certain records may not rise to the level requested in this question, in the interest of ensuring transparent reporting in response to "appearances before licensing agencies for any reason," we include the inquiries below. The inquiries have thus far been dismissed or are pending. We believe the below to be a complete list of inquiries sent to either North American Custom Compounding (FarmaKeio), FarmaKeio AR, or FarmaKeio Outsourcing:

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California Board of Pharmacy
Illinois Board of Pharmacy
Iowa Board of Pharmacy
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Kentucky Board of Pharmacy
Main Board of Pharmacy
Missouri Board of Pharmacy
Nevada Board of Pharmacy
Oregon Board of Pharmacy
Tennessee Board of Pharmacy
Washington Board of Pharmacy
Wisconsin Board of Pharmacy
Arizona Board of Pharmacy
Maryland Board of Pharmacy
Connecticut Board of Pharmacy
Louisiana Board of Pharmacy

We note that primary source verification for each of the Board's licenses issued to North American Custom Compounding (FarmaKeio) and FarmaKeio Outsourcing will show as clear except for Ohio and California as described herein.

E. Massachusetts Board of Pharmacy opened a complaint against FarmaKeio Outsourcing on December 10, 2024 alleging failure to notify the Board of the Ohio discipline within the required timeline. FarmaKeio Outsourcing notified the Board on day 30 following the Ohio settlement. The matter has not yet been closed.

7. Have you ever been denied a **personal** license, permit, certificate or registration for a privileged, occupational or professional activity?

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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**.

A. FarmaKeio Outsourcing, despite being properly licensed in at least 45 other jurisdictions, has been twice denied an Outsourcing Facility permit by the California Board of Pharmacy based on purported unsatisfactory inspections. FarmaKeio

Outsourcing's most recent Texas (resident state) inspection was provided with the application.

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).

No.

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?

No.

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 FARMAKEIO AR

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

Physical Address 1270 DON'S LANE

City CONWAY State AR Zip 72032

Mailing Address (if different from physical address) 920 S KIMBALL AVE, SUITE 100

City SOUTHLAKE State TX Zip 76092

Telephone 888-501-0233 Website FARMAKEIO.COM

Licensing Company Email LICENSING.AR@FARMAKEIO.COM

Section 2: Personal Information

First MICHAEL Middle SUTHERLAND Last COLE

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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 TEXAS AT AUSTIN		06/76-12/77	
Address	**City**	**State**	**Zip**
110 INNER CAMPUS DR	AUSTIN	TX	78703
Diploma/Degree obtained, if any			
MASTERS IN BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF TEXAS AT AUSTIN		09/72-05/76	
Address	**City**	**State**	**Zip**
110 INNER CAMPUS DR	AUSTIN	TX	78703
Diploma/Degree obtained, if any			
BACHELORS IN BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
ROBERT E LEE HIGH SCHOOL		09/69-05/72	
Address	**City**	**State**	**Zip**
2825 LANG ST	HOUSTON	TX	77057
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
08/96 TO PRESENT	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
EVEXIAS LIFE SCIENCES			03/17-PRESENT
Business Address	**City**	**State**	**Zip**
920 S KIMBALL AVE, SUITE 100	SOUTHLAKE	TX	76092
Phone	**Title**		
817-296-4560	CFO		
Description of Duties			
FINANCIAL RESPONSIBILITY FOR THE COMPANY			

Business Name			From - To (MM/YY – MM/YY)
PREMIER MARKETING TEAM			01/03-03/17
Business Address	**City**	**State**	**Zip**
1025 SOUTHVIEW TRAIL	SOUTHLAKE	TX	76092
Phone	**Title**		
817-296-4560	PRESIDENT		
Description of Duties			
FINANCIAL PLANNING AND INSURANCE			

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.	✔	
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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.

MICHAEL COLE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/14/2025

Date

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

State of Texas, ss. County of Tarrant

I, Veronica Carter, 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.

Veronica Carter

Original Signature

8/14/25

Date

Subscribed and Sworn to before me this 14 day of August

Veronica Lee Carter

Notary Public Signature

VERONICA LEE CARTER
Notary ID #529976
My Commission Expires
July 16, 2028

(Seal)

Nevada State Board of Pharmacy
Person History Application
Section 8: Arrests, Detentions, Litigations, Arbitrations

Michael Cole

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.)

No.

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?

No.

3. Have you ever had a civil or criminal record expunged or sealed by a court order?

No.

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A. Michael Cole was a defendant in BIOTE MEDICAL, LLC v. Kent JACOBSEN, et al. 406 F.Supp.3d 575 United States District Court, E.D. Texas, Sherman Division. Signed 08/21/2019.

Background: Hormone replacement therapy provider brought action alleging that, inter alia, competitors engaged in false and misleading advertising in violation of the Lanham Act. Provider sought preliminary injunctive relief.

Holding: The District Court, Amos L. Mazzant, J., held that provider failed to show a substantial threat that it would suffer irreparable harm if preliminary injunction was not granted.

Motion denied.

B. See also, response to question 6 below for licensing Board matters.

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Kentucky Board of Pharmacy
Main Board of Pharmacy
Missouri Board of Pharmacy

Nevada Board of Pharmacy
Oregon Board of Pharmacy
Tennessee Board of Pharmacy
Washington Board of Pharmacy
Wisconsin Board of Pharmacy
Arizona Board of Pharmacy
Maryland Board of Pharmacy
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No.

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?

Compounding of radiopharmaceuticals is not required to meet the standards of this chapter as they are subject to the requirements of USP-825.

Administration is out of the scope of USP-797.

Compounding of CSPs for direct and immediate administration to a patient is not subject to the requirements for Category 1, Category 2, or Category 3 CSPs when all of the conditions listed in USP-797 are met.

Compounding does not include mixing, reconstituting, or other such acts that are performed in accordance with directions contained in approved labeling provided by the product's manufacturer.

Docking and activation of proprietary bag and vial systems in accordance with the manufacturer's labeling for immediate administration to an individual patient is not considered compounding and may be performed outside an ISO 5 environment.

Docking of the proprietary bag and vial systems for future activation and administration is considered compounding and must be performed in accordance with USP-797.

Beyond Use Dates for proprietary bag and vial systems must not be longer than those specified in the manufacturer's labeling.

Pharmacy Information	
Date Completed:	01AUG2025
Pharmacy Name:	FARMAKEIO AR
Pharmacy License #:	PENDING
Pharmacy Address:	1270 DONS LANE, CONWAY, AR 72032
Pharmacy Telephone #:	888-501-0233
Pharmacy Fax #:	501-499-6712
Pharmacy Email:	licensing.ar@farmakeio.com
Managing Pharmacist Name:	Nathan Grifford
Managing Pharmacist start date:	09OCT2023
Name of Designated person(s):	Nathan Grifford

List of compounding personnel approved to compound sterile products
(Make copies of this page if additional space is needed)

#	Name (First, Last)	License Number	Position	Category Qualified to Compound
1	Ashley Gober	PT01759	Technician	High Risk Cat 3
2	Jason Ryan	PT00505	Technician	High Risk Cat 3
3	Victoria Thornton	PT10325	Technician	High Risk Cat 3
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General Information				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 1.5	Pharmacy compounds Category 1 compounded sterile products?			✔
USP 797 Section 1.5	Pharmacy compounds Category 2 compounded sterile products?			✔
USP 797 Section 1.5	Pharmacy compounds Category 3 compounded sterile products?	✔		

Personnel Training and Evaluation Documentation				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 2	Documentation is on file for each person who compounds sterile products or personnel who have direct oversight of compounding personnel that the person is competent and proficient to correctly perform all tasks related to sterile compounding and has received initial and ongoing training to establish and maintain their competency?	✔		
The following records for personnel are completed on an initial and every 12 month basis: General requirements				
USP 797 Section 2.1	Hand hygiene?	✔		
	Garbing?	✔		
	Cleaning and disinfection?	✔		
	Calculations, measuring, and mixing?	✔		
	Aseptic technique?	✔		
	Achieving and/or maintaining sterility and apyrogenecity?	✔		
	Use of equipment?	✔		
	Documentation of the compounding process?	✔		
	Principles of HEPA filtered unidirectional airflow within the ISO-5 environment?	✔		
	Proper use of primary engineering controls?	✔		
	Principles of movement of materials and personnel within the compounding area?	✔		
The following records for personnel are completed on an initial basis and then at an interval listed below: Garbing and GFT testing				
USP 797 Section 2.2	Successfully complete initial garbing competency evaluation of no fewer than 3 separate times? (successful completion for initial test is defined as zero cfu's for both hands)	✔		
USP 797 Section 2.2	Successfully complete ongoing garbing at least once every 6 months for personnel compounding Category 1 and Category 2 CSPs, and at least once every 3 months for personnel compounding Category 3 CSPs? (every 12 months for personnel who have direct oversight of compounding personnel) (successful completion for ongoing test is defined as <= 3cfu's for both hands)	✔		
USP 797 Section 2.3	If conducting gloved fingertip and thumb sampling in a CAI or CACI the samples are taken from the sterile gloves placed over the gloves attached to the unit?			✔
USP 797 Section 2.2	Documentation of failure and re-testing is maintained?	✔		
The following records for personnel are completed on an initial basis and then at an interval listed below: Media fill testing				
USP 797 Section 2.3	Successfully complete an initial aseptic manipulation evaluation which consists of a visual observation, media fill testing, gloved fingertip sampling listed in Section 2.2, and surface sampling of the direct compounding area?	✔		
	Successfully complete an ongoing aseptic manipulation evaluation which consists of a visual observation, media fill testing, gloved fingertip sampling listed in Section 2.2, and surface sampling of the direct compounding area. Completed every 6 months for personnel compounding Category 1 and Category 2 CSPs and every 3 months for personnel compounding Category 3 CSPs. Completed every 12 months for personnel who have direct oversight of compounding personnel?	✔		
	The media-fill test simulates the most difficult and challenging aseptic compounding procedures encountered by the compounding person?	✔		
USP 797 Section 2.3	Documentation of failure and re-testing is maintained?	✔		

Personal Hygiene and Garbing				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 3	Individuals that may have a higher risk of contaminating the CSP and the environment report these conditions to the designated person?	✔		
Personnel Preparation				
USP 797 Section 3.1	There is no food or drinks in the anteroom, buffer room, or segregated compounding areas?	✔		
USP 797 Section 3.1	Before entering a compounding area all personnel remove outer garments, remove all cosmetics, remove any exposed jewelry, don't wear headphones or earbuds, don't bring electronic devices that are not necessary for compounding into the area, keep nails clean and neatly trimmed, don't wear nail products, and wipe eyeglasses if worn?	✔		
USP 797 Section 3.1	The designated person documents any accommodations made for personnel?	✔		
Hand Hygiene				
USP 797 Section 3.2	Personnel wash hands and forearms up to the elbows with soap and water before initiating compounding activities?	✔		
USP 797 Section 3.2	Brushes are not used for hand hygiene?	✔		
USP 797 Section 3.2	Hand dryers are not used for hand hygiene?	✔		
USP 797 Section 3.2	A closed system of soap is readily available?	✔		
USP 797 Section 3.2	Debris is removed from underneath fingernails using a disposable nail cleaner?	✔		
USP 797 Section 3.2	Hands and forearms are washed for at least 30 seconds?	✔		
USP 797 Section 3.2	Hands and forearms are dried with low-lint disposable towels?	✔		
USP 797 Section 3.2	Hands are sanitized with an alcohol-based hand rub prior to donning sterile gloves?	✔		
USP 797 Section 3.2	Sterile gloves are donned in a classified room or SCA?	✔		
Garbing Requirements				
USP 797 Section 3.3	The order of garbing is documented in the facility's SOP's?	✔		
USP 797 Section 3.3	If hand hygiene is completed outside of a classified area, alcohol-based hand rub is used prior to donning garb?			✔
USP 797 Section 3.3	Skin is not exposed inside the ISO Class 5 PEC?	✔		
USP 797 Section 3.3	The following minimum requirements for preparing Category 1 and Category 2 CSPs are met by the organization? Low-lint garment with sleeves that fits snugly around the wrists and is enclosed at the neck, low-lint covers for shoes, low-lint cover for head that covers the hair and ears, low-lint face mask, sterile powder-free gloves.	✔		
USP 797 Section 3.3	When compounding within a CAI or CACI sterile gloves are worn over gloves attached to the RABS sleeve?	✔		
USP 797 Section 3.3	The only garb that is reused are gowns and only if compounding Category 1 and Category 2 CSPs? The gown may be reused within the same shift by the same person if the gown is maintained in a classified area or adjacent to, or within, the SCA in a manner that prevents contamination.	✔		
USP 797 Section 3.3	When compounding Category 3 CSPs the following additional garbing requirements are met in the buffer room? No exposed skin in the buffer room, all low-lint outer garb must be sterile, including the use of sterile sleeves when a CAI or CACI is used.	✔		

Facilities and Engineering Controls				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 4 – 4.1.2	The anteroom providing access to positive pressure buffer room meets at least ISO 8 classification?	✔		
USP 797 Section 4 – 4.1.2	The anteroom providing access to negative pressure buffer room meets at least ISO 7 classification?			✔
USP 797 Section 4 – 4.1.2	Buffer room meets at least ISO 7 classification?	✔		
USP 797 Section 4 – 4.1.2	Category 1, Category 2, and Category 3 CSPs are prepared in an ISO Class 5 or better PEC?	✔		
USP 797 Section 4 – 4.1.2	Pharmacy only compounds Category 1 CSPs and the PEC is placed in an unclassified area?			✔
Facility Design and Environmental Controls				
USP 797 Section 4.2	The temperature and humidity are monitored and documented at least once daily or through continuous monitoring systems?	✔		
USP 797 Section 4.2	Free standing humidifiers/dehumidifiers and air conditioners are not used within the classified areas or within the perimeter of the SCA?	✔		
Types of SECs and Design				
USP 797 Section 4.2.1	Access to the SEC is restricted to authorized personnel and required materials?	✔		
USP 797 Section 4.2.1	The following are required for Cleanroom suites:			
USP 797 Section 4.2.1	Air supplied to the cleanroom suite is introduced through HEPA filters that are located in the ceiling of the buffer and anterooms?	✔		
USP 797 Section 4.2.1	Air returns in the cleanroom suite are low on the wall?	✔		
USP 797 Section 4.2.1	The classified rooms are equipped with a pressure differential monitoring system?	✔		
USP 797 Section 4.2.1	If a pass-through is used both doors are never opened at the same time?	✔		
USP 797 Section 4.2.1	Tacky mats are not placed within ISO-classified areas?	✔		
USP 797 Section 4.2.1	The following are required for Segregated Compounding Areas:			
USP 797 Section 4.2.1	Only Category 1 CSPs are compounded in an SCA?			✔
USP 797 Section 4.2.1	The SCA is located away from unsealed windows, doors that connect to the outdoors, and traffic flow?			✔
USP 797 Section 4.2.1	The SCA is not located in a restroom, warehouse, or food preparation area?			✔
The CSP Compounding Environment				
USP 797 Section 4.2.2	The PEC is certified to meet ISO Class 5 or better conditions during dynamic operating conditions?	✔		
USP 797 Section 4.2.2	Unidirectional airflow is maintained in the PEC?	✔		
USP 797 Section 4.2.2	HEPA-filtered air is supplied by the PEC at a velocity sufficient to sweep away particles from critical sites and maintain unidirectional airflow during operations?	✔		
Types of PECs and Placement				
USP 797 Section 4.2.3	Placement of the PEC allows for cleaning around the PEC?	✔		
USP 797 Section 4.2.3	PEC is placed in an ISO Class 7 positive pressure buffer room with an ISO Class 8 positive pressure anteroom for non-hazardous compounding of Category 2 and Category 3 CSPs?	✔		
USP 797 Section 4.2.3	A dynamic airflow smoke pattern test is performed in the PEC initially and at least every 6 months thereafter?	✔		
USP 797 Section 4.2.3	Laminar Airflow Workbench (LAFW):			
USP 797 Section 4.2.3	LAFW is not used in the preparation of antineoplastics and/or API HDs?	✔		
USP 797 Section 4.2.3	LAFW provides either horizontal or vertical unidirectional HEPA-filtered airflow?	✔		
USP 797 Section 4.2.3	Integrated vertical laminar flow zone (IVLFZ):			
USP 797 Section 4.2.3	IVLFZ is a designated ISO Class 5 area serving as the PEC within an ISO Class 7 or cleaner buffer room? The unidirectional HEPA-filtered zone is separated from the ISO Class 7 area with a physical barrier?			✔

USP 797 Section 4.2.3	Both static and dynamic smoke studies are documented?			✔
USP 797 Section 4.2.3	Class 2 biological safety cabinet (BSC):			
USP 797 Section 4.2.3	The exhaust air from the BSC is externally vented for preparation of antineoplastic and/or API HDs?			✔
USP 797 Section 4.2.3	Restricted Access Barrier System (RABS): Examples include CAI and CACI			
USP 797 Section 4.2.3	The recovery time after opening the transfer chamber to achieve ISO Class 5 air quality is documented?			✔
Air Exchange Requirements				
USP 797 Section 4.2.4	ISO Class 7 room requirements:			
USP 797 Section 4.2.4	A minimum of 30 total HEPA filtered ACPH is supplied to ISO Class 7 rooms?	✔		
USP 797 Section 4.2.4	At least 15 ACPH of the total air exchange in a room comes from the HVAC through HEPA filters located in the ceiling?	✔		
USP 797 Section 4.2.4	The HEPA-filtered air from the PEC, when added to the HVAC-supplied HEPA-filtered air, increases the total HEPA-filtered ACPH to at least 30 ACPH?	✔		
USP 797 Section 4.2.4	If the PEC is used to meet the minimum total ACPH requirement then the PEC is not turned off except for maintenance?			✔
USP 797 Section 4.2.4	The ACPH from HVAC, ACPH contributed from the PEC, and the total ACPH is documented on the certification report?	✔		
USP 797 Section 4.2.4	ISO Class 8 room requirements:			
USP 797 Section 4.2.4	A minimum of 20 total HEPA filtered ACPH is supplied to ISO Class 8 rooms?	✔		
USP 797 Section 4.2.4	At least 15 ACPH of the total air exchange in a room comes from the HVAC through HEPA filters located in the ceiling?	✔		
USP 797 Section 4.2.4	The total ACPH is documented on the certification report?	✔		
Establishing and Maintaining Pressure Differentials				
USP 797 Section 4.2.5	Continuous differential positive pressure monitoring is performed?	✔		
USP 797 Section 4.2.5	In the clean-room suite a minimum differential positive pressure of 0.020-inch water column is maintained between each classified area?	✔		
USP 797 Section 4.2.5	FYI – No pressure differential is required between the SCA and the surrounding area			
USP 797 Section 4.2.5	The quantitative results from the pressure monitoring device are reviewed and documented at least daily on the days when compounding occurs?	✔		
Facilities preparing Category 2 or Category 3 CSPs from non-sterile starting components must meet the following requirements				
USP 797 Section 4.2.6	Pre-sterilization procedures such as weighing and mixing are completed in an ISO Class 8 or better environment?	✔		
USP 797 Section 4.2.6	CVE, BSC, or CACI used for pre-sterilization is certified at least every 6 months?	✔		
USP 797 Section 4.2.6	Personnel are following the hygiene and garbing requirements during the pre-sterilization procedures?	✔		
Creating Areas to Achieve Easily Cleanable Conditions				
USP 797 Section 4.3.1	Cleanroom Suite requirements:			
USP 797 Section 4.3.1	Surfaces are smooth, impervious, free from cracks and crevices, and non-shedding?	✔		
USP 797 Section 4.3.1	Junctions are sealed?	✔		
USP 797 Section 4.3.1	If ceilings contain inlaid panels, the panels are caulked around each panel to seal them to the support frame?	✔		
USP 797 Section 4.3.1	Walls are constructed of or covered with durable material?	✔		
USP 797 Section 4.3.1	Panels are joined together and sealed to each other and the support structure?	✔		
USP 797 Section 4.3.1	Floors include coving to the sidewall or the junction between the floor and the wall are caulked?	✔		
USP 797 Section 4.3.1	The exterior lens surface of ceiling light fixtures are smooth, mounted flush, and sealed?	✔		
USP 797 Section 4.3.1	All other penetrations through the ceiling or walls are sealed?	✔		

USP 797 Section 4.3.1	SCA requirements:			
USP 797 Section 4.3.1	All surfaces are clean, uncluttered, and dedicated to compounding?	✔		
Water Sources				
USP 797 Section 4.4	Surfaces of sink are cleaned and disinfected each day of use and a sporicidal agent is applied at least monthly?	✔		
USP 797 Section 4.4	If the sink is located outside of the anteroom then it is located in a clean space?	✔		
USP 797 Section 4.4	The buffer room doesn't contain any plumbed water sources?	✔		
USP 797 Section 4.4	The anteroom doesn't contain any floor drains?	✔		
USP 797 Section 4.4	If utilizing a SCA design, the sink is placed at least 1 meter away from the PEC?	✔		
Placement and Movement of Materials				
USP 797 Section 4.5	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in the classified areas or SCA?	✔		
USP 797 Section 4.5	There are no shipping cartons or other corrugated or uncoated cardboard allowed in the classified areas or SCA?	✔		
USP 797 Section 4.5	Carts used to transport into classified areas are constructed from nonporous materials with cleanable casters and wheels?	✔		
USP 797 Section 4.5	In the clean-room suite the carts are not moved from the dirty side to the clean side of the anteroom unless the entire cart, including the casters, are cleaned and disinfected?	✔		
USP 797 Section 4.5	Proper placement of equipment in a PEC is initially verified by a dynamic airflow smoke pattern test to demonstrate minimal disruption in airflow?	✔		
USP 797 Section 4.5	The dynamic airflow smoke pattern test is repeated if equipment is placed in a different location?	✔		
USP 797 Section 4.5	Any items removed from the classified areas or SCA are disinfected before they are returned to the classified areas or the SCA?	✔		
USP 797 Section 4.5	Materials necessary for performing compounding activities that have been exposed in patient care and treatment areas are not allowed to enter anterooms, buffer rooms, or SCA unless they have been thoroughly cleaned and disinfected?	✔		

Certification and Recertification				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 5	Independent certification of the classified areas including the PEC are performed initially and recertification is performed at least every 6 months?	✔		
USP 797 Section 5	Certification includes airflow testing, HEPA filter integrity testing, total particle count testing, dynamic airflow smoke pattern testing, number of personnel present in each PEC and SEC during total particle count tests and dynamic airflow smoke pattern tests documented?	✔		
USP 797 Section 5	Classified areas are recertified if there are changes to the area such as redesign, construction, replacement, or relocation of any PEC, or alteration in the configuration of the room that could affect airflow or air quality?	✔		
USP 797 Section 5	All certification and recertification reports are reviewed by the designated person?	✔		
USP 797 Section 5	A corrective action plan is implemented and documented in response to any out-of-range result?	✔		
USP 797 Section 5	Data collected in response to corrective actions are reviewed to confirm that the actions taken have been effective?	✔		
Total Airborne Particle Sampling				
USP 797 Section 5.1	Total airborne particle count testing is conducted in all classified areas during dynamic operating conditions at least every 6 months?	✔		
USP 797 Section 5.1	Total airborne particle sampling sites are selected in all classified areas?	✔		

USP 797 Section 5.1	If levels measured during the total air sampling program exceed the criteria for the ISO classification of the areas sampled, a cause is investigated and corrective action taken and documented?	✔		

Microbiological Air and Surface Monitoring				
Citation	**Question**	**Yes**	**No**	**NA**
UPS 797 Section 6	A written procedure for microbiological air and surface monitoring has been developed and implemented?	✔		
UPS 797 Section 6	All microbiological air and surface monitoring procedures, the test results, and the corrective actions are documented?	✔		
UPS 797 Section 6	Data collected in response to corrective actions have been reviewed to confirm that the actions taken have been effective?	✔		
General Monitoring Requirements				
USP 797 Section 6.1	The microbiological air and surface monitoring program includes both viable impact volumetric particulate sampling and surface sampling?	✔		
USP 797 Section 6.1	Regular review of the sampling data is performed to detect trends and the results of the review are documented?	✔		
USP 797 Section 6.1	Microbiological air and surface monitoring is performed initially and then monitored according to the minimum frequencies outlined in USP 797?	✔		
USP 797 Section 6.1	Microbiological air and surface monitoring is conducted in all classified areas during dynamic operating conditions?	✔		
USP 797 Section 6.1	Sampling is performed in the following circumstance: In conjunction with the certification of new facilities or equipment, after any servicing of facilities or equipment, in response to identified problems, in response to identified trends, or in response to changes that could impact the sterile compounding environment?	✔		
USP 797 Section 6.1	Surface sampling is performed at the end of a compounding activity or shift, but before the area has been cleaned and disinfected?	✔		
USP 797 Section 6.1	All active air sampling devices are serviced and calibrated as recommended by the manufacturer?	✔		
Monitoring Air Quality For Viable Airborne Particles				
USP 797 Section 6.2	A monitoring program for viable airborne particles has been developed and implemented to assess microbiological air quality in all classified areas?	✔		
USP 797 Section 6.2.1	Volumetric active air sampling is conducted in all classified areas using an impaction device during dynamic conditions?	✔		
USP 797 Section 6.2.1	This test is performed at least every 6 months for locations compounding Category 1 and Category 2 CSPs?	✔		
USP 797 Section 6.2.1	This test is completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs?	✔		
USP 797 Section 6.2.1	Air sampling sites are selected in all classified areas.	✔		
USP 797 Section 6.2.2	A general microbiological growth media that supports the growth of bacteria and fungi is used?	✔		
USP 797 Section 6.2.2	Samples are incubated in an incubator at the temperatures listed in USP 797?	✔		
USP 797 Section 6.2.2	The incubator temperature is monitored during incubation, either manually or by a continuous recording device, and the results are reviewed and documented?	✔		
USP 797 Section 6.2.2	The incubator is placed in a location outside the sterile compounding area?	✔		
USP 797 Section 6.2.3	If levels exceed the action levels described in USP 797 the cause is investigated and corrective action taken?	✔		
USP 797 Section 6.2.3	If levels exceed the action levels described in USP 797 then at attempt is made to identify any microorganisms recovered to the genus level?	✔		
USP 797 Section 6.2.3	If levels exceed the action levels the corrective action plan is documented and includes resampling of failed areas to confirm corrective action was successful?	✔		

Monitoring Surfaces for Viable Particles				
USP 797 Section 6.3.1	Surface sampling is performed at the end of a compounding activity or shift but before the area has been cleaned and disinfected?	✔		
USP 797 Section 6.3.1	If compounding Category 1 and Category 2 CSPs the surface sampling of all classified areas and pass-through chambers connecting to classified areas are conducted at least monthly?			✔
USP 797 Section 6.3.1	If compounding Category 3 CSPs, a surface sampling is performed of all classified areas and pass-through chambers connecting to classified areas is completed prior to assigning a BUD longer than the limits established in USP 797 and at least weekly on a regular scheduled basis regardless of the frequency of compounding Category 3 CSPs?	✔		
USP 797 Section 6.3.1	Surface sampling is conducted within the PEC used to prepare Category 3 CSPs at the end of each batch before cleaning and disinfection occurs?	✔		
USP 797 Section 6.3.2	Surface sampling media devices contain microbiological growth media for sampling flat surfaces are utilized?	✔		
USP 797 Section 6.3.2	After sampling the sampled area is cleaned and disinfected?	✔		
USP 797 Section 6.3.2	Samples are incubated in an incubator at the temperatures listed in USP 797?	✔		
USP 797 Section 6.3.2	If levels exceed the action levels described in USP 797 the cause is investigated and corrective action taken?	✔		
USP 797 Section 6.3.2	If levels exceed the action levels the corrective action plan is documented and includes resampling of failed areas to confirm corrective action was successful?	✔		

Cleaning, Disinfection, and Applying Sporicidal Disinfectants and Sterile 70% IPA				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 7	Surfaces are cleaned prior to being disinfected unless an EPA registered one-step disinfectant cleaner is used to accomplish both the cleaning and disinfecting?	✔		
USP 797 Section 7	Sporicidal agents are used monthly for entities compounding Category 1 and/or Category 2 CSPs?	✔		
USP 797 Section 7	Sporicidal agents are used weekly for entities compounding Category 3 CSPs?	✔		
USP 797 Section 7	In a PEC, sterile 70% IPA is applied after cleaning and disinfecting, or after the application of a one-step disinfectant cleaner or sporicidal disinfectant, to remove any residue?	✔		
USP 797 Section 7	Sterile 70% IPA is applied immediately before initiating compounding?	✔		
USP 797 Section 7	During compounding sterile 70% IPA is applied to the horizontal work surface of the PEC at least every 30 minutes?	✔		
USP 797 Section 7	Cleaning is performed in the direction of clean to dirty areas?	✔		
USP 797 Section 7	The pharmacy has SOP's related to their cleaning procedures?	✔		
USP 797 Section 7.1.1	All products used are allowed to dwell for the minimum contact time specified by the manufacturer?	✔		
USP 797 Section 7.1.1	Cleaning, disinfecting, and sporicidal agents used within the PEC are sterile?	✔		
USP 797 Section 7.1.1	If diluting cleaning products the water used is sterile?			✔
USP 797 Section 7.1.2	All cleaning and disinfecting supplies are low lint?	✔		
USP 797 Section 7.1.2	Cleaning and disinfecting supplies used in the PEC are sterile?	✔		
USP 797 Section 7.1.2	Disposable supplies are discarded after each cleaning activity?	✔		
USP 797 Section 7.1.2	Reusable cleaning tools are dedicated for use in the classified areas or SCA and are not removed from these areas except for disposal?	✔		

Introducing Items Into the SEC and PEC				
Citation	**Question**	**Yes**	**No**	**NA**
Introducing Items Into the SEC				
USP 797 Section 8.1	Before any item is introduced into the clean side of the anteroom, placed into pass-through, or brought into the SCA, it is wiped with a sporicidal disinfectant, EPA registered disinfectant, or sterile 70% IPS using low lint wipers by personnel wearing gloves?	✔		
Introducing Items Into the PEC				
USP 797 Section 8.2	Just before any item is introduced into the PEC it is wiped with sterile 70% IPA and allowed to dry before use?	✔		
Use of Sterile 70% IPA on Critical Sites within the PEC				
USP 797 Section 8.3	Critical sites are wiped with sterile 70% IPA in the PEC and allowed to dry before personnel enter or puncture stoppers and septums or break the necks of ampules?	✔		

Equipment, Supplies, and Components				
Citation	**Question**	**Yes**	**No**	**NA**
Equipment				
USP 797 Section 9.1	Equipment brought into the classified areas are wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA using low lint wipers?	✔		
USP 797 Section 9.1	Before using automated compounding devices or other similar equipment, the compounding personnel conduct an accuracy assessment before the first use and again each day the equipment is used?	✔		
USP 797 Section 9.1	The daily record of the accuracy measurements are maintained?	✔		
Supplies				
USP 797 Section 9.2	Supplies in direct contact with the CSP are sterile and depyrogenated?	✔		
Component Selection				
USP 797 Section 9.3.1	APIs comply with the criteria in the USP-NF monograph, if one exists, have a COA, and are obtained from an FDA-registered facility?	✔		
Component Receipt				
USP 797 Section 9.3.2	The date of receipt by the compounding facility is clearly marked on each API or added substance package that lacks a vendor expiration date?	✔		
	Packages of components that lack a vendor's expiration date are assigned a conservative expiration date, not to exceed 1 year after receipt by the compounding facility?	✔		
Component Evaluation Before Use				
USP 797 Section 9.3.3	Compounding personnel ascertain before use that components for CSPs are of the correct identity, appropriate quality, within expiry date, and have been stored under appropriate conditions?	✔		
USP 797 Section 9.3.4	All components are handled and stored in a manner that prevents contamination, mix-up's, and deterioration?	✔		
USP 797 Section 9.3.4	Personnel monitor temperature in the area where components are stored at least once daily on days that the facility is open and the readings are documented or readily available from a continuous monitoring device?	✔		

Sterilization and Depyrogenation				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 10	Pharmacy follows all required guidelines listed in USP 797 for depyrogenation?	✔		
USP 797 Section 10	Pharmacy follows all required guidelines listed in USP 797 for sterilization by filtration?	✔		

USP 797 Section 10	Pharmacy follows all required guidelines listed in USP 797 for sterilization by steam heat?	✔		
USP 797 Section 10	Pharmacy follows all required guidelines listed in USP 797 for sterilization by dry heat?	✔		

Master Formulations and Compounding Records				
Citation	**Question**	**Yes**	**No**	**NA**
Creating Master Formulation Records				
USP 797 Section 11.1	A master formulation record is created for CSPs prepared for more than 1 patient and for CSPs prepared from nonsterile ingredients?	✔		
USP 797 Section 11.1	The master formulation record is a detailed record of procedures that describes how the CSP is to be prepared?	✔		
USP 797 Section 11.1	Any changes or alterations to the MFR are approved and documented according to the facility's SOPs?	✔		
USP 797 Section 11.1	The pharmacy is following all of the requirements for MFR's outlined in USP 797?	✔		
Creating Compounding Records				
USP 797 Section 11.2	A compounding record is created for all CSPs for Category 1, Category 2, and Category 3. A CR is also created for immediate use CSPS's prepared for more than one patient?	✔		
USP 797 Section 11.2	The compounding record is stored electronically?	✔		
USP 797 Section 11.2	The pharmacy is following all of the requirements for CR's outlined in USP 797?	✔		

Release Inspection and Testing				
Citation	**Question**	**Yes**	**No**	**NA**
Visual Inspection				
USP 797 Section 12.1	At the completion of compounding, before release and dispensing, the CSP is visually inspected to determine whether the physical appearance of the CSP is as expected?	✔		
USP 797 Section 12.1	The CSP is visually inspected to confirm that the CSP and its labeling match the prescription or medication order?	✔		
USP 797 Section 12.1	The CSP is visually inspected for container-closure integrity?	✔		
Sterility Testing				
USP 797 Section 12.2	FYI – Sterility testing is not required for Category 1 CSPs			
USP 797 Section 12.2	If a Category 2 CSP is assigned a BUD that requires sterility testing and all Category 3 CSPs, the testing is performed according to USP 71 or a validated alternative method?	✔		
USP 797 Section 12.2	The pharmacy is following all of the requirements for sterility testing outlined is USP 797?	✔		
Bacterial Endotoxin Testing				
USP 797 Section 12.3	FYI – Category 1 injectable CSPs do not require testing for bacterial endotoxin			
USP 797 Section 12.3	Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility and Category 3 injectable CSPs compounded from one or more nonsterile component(s) are tested to ensure that they do not contain excessive bacterial endotoxins?	✔		

Labeling				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 13	The pharmacy is following all of the labeling requirements as outlined is USP 797?	✔		
USP 797 Section 13	If the CSP is sent outside the facility in which it was compounded the label includes the contact information of the compounding facility?	✔		

Establishing Beyond-Use Dates				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 14.1	Each CSP states the date, or the hour and date, beyond which the preparation must not be used and must be discarded?	✔		
USP 797 Section 14.2.4	Once a CSP is thawed from a frozen state, the CSP is not refrozen?	✔		
USP 797 Section 14.3	The BUD does not exceed the shortest remaining expiration date of any of the commercially available starting components?	✔		
USP 797 Sections 14.3	Pharmacy is following USP 797 BUD guidelines for Category 1 CSPs?	✔		
USP 797 Sections 14.3	Pharmacy is following USP 797 BUD guidelines for Category 2 CSPs?	✔		
USP 797 Sections 14.3	Pharmacy is performing sterility testing on Category 2 CSPs in order to extend BUDs?	✔		
USP 797 Sections 14.3	Pharmacy is performing terminal sterilization on Category 2 CSPs?	✔		
USP 797 Sections 14.3	Pharmacy is following USP 797 BUD guidelines for Category 3 CSPs?	✔		
USP 797 Sections 14.3	Pharmacy is performing terminal sterilization on Category 3 CSPs?	✔		
USP 797 Sections 14.4.1	Category 3 CSPs are not assigned a BUD longer than the limits established by USP 797?	✔		
USP 797 Sections 14.4.3	The BUD assigned to a Category 3 CSP is supported by stability data obtained using a stability-indicating analytical method?	✔		
USP 797 Sections 14.4.3	The Category 3 CSP is prepared according to the exact formulation from which the stability data is derived?	✔		
USP 797 Sections 14.4.3	The Category 3 CSP is packaged and stored in a container closure of the same materials of composition as that used in the study?	✔		
USP 797 Sections 14.4.3	If the Category 3 CSP is an injection or if it is an ophthalmic solution a particulate matter test is conducted once per formulation with acceptable results?	✔		

Multiple Dose CSPs				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 14.5	Multiple dose CSPs are prepared as a Category 2 or Category 3 CSP?	✔		
USP 797 Section 14.5	An aqueous multiple dose CSP has passed antimicrobial effectiveness testing in accordance with USP Chapter 51?	✔		
USP 797 Section 14.5	After a multiple dose container is initially entered or punctured, the multiple dose container is not used for longer than the assigned BUD or 28 days, whichever is shorter?	✔		

Use of Conventionally Manufactured Products as Components				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 15.1	If a single dose vial is entered or punctured only in an ISO Class 5 or cleaner air, it is only used up to 12 hours after initial entry or puncture as long as the storage requirements during that 12 hour period are maintained?			✔

USP 797 Section 15.1	Opened single dose ampules are not stored for any time period?			✔

Use of CSPs as Components				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 16	The component CSP is assigned a BUD consistent with USP 797 and is stored under conditions for its assigned BUD when not in use?	✔		
USP 797 Section 16	The final CSP is assigned a BUD consistent with USP 797?	✔		
USP 797 Section 16.1	Multiple dose CSPs are stored under the conditions upon which its BUD is based?	✔		
USP 797 Section 16.2	When a compounded single dose CSP or CSP stock solution is used as a component to compound additional CSPs, the original single dose CSP or CSP stock solution is entered or punctured in ISO Class 5 or cleaner air and is stored under the conditions upon which its BUD is based?	✔		
USP 797 Section 16.2	The component CSP is used for sterile compounding for up to 12 hours or its assigned BUD, whichever is shorter?	✔		

SOPs				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 17	SOPs have been developed for CSPs and a designated person has ensured that they are appropriate and implemented?	✔		
USP 797 Section 17	SOPS are reviewed initially and at least every 12 months by the designated person?	✔		

Quality Assurance and Quality Control				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 18	The designated person has ensured that the facility has a formal, written QA and QC program?	✔		
USP 797 Section 18	The overall QA and QC program is reviewed at least once every 12 months by the designated person?	✔		
USP 797 Section 18.1	The designated person has created a documented recall process?	✔		
USP 797 Section 18.2	The facility has developed and implemented SOPs for handling complaints?	✔		
USP 797 Section 18.2	The designated person reviews all complaints?	✔		
USP 797 Section 18.2	A readily retrievable written or electronic record of each complaint is kept by the facility?	✔		
USP 797 Section 18.2	A record is kept including the findings of any investigation and any follow-up?	✔		
USP 797 Section 18.3	Adverse events potentially associated with the quality of CSPs are reported in accordance with the facility's SOPs?	✔		

CSP Handling, Storage, Packaging, Shipping, and Transport				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 19.1	A controlled temperature area is established and monitored to ensure that the temperature remains within the appropriate range for the CSP?	✔		
USP 797 Section 19.2	If the CSP is sensitive to light, light-resistant packaging material is used?	✔		

Documentation				
Citation	**Question**	**Yes**	**No**	**NA**
USP 797 Section 20	The compounding facility maintains written or electronic documentation to demonstrate compliance with the requirements of USP 797?	✔		

Notes
USP 797 Section 2.3: facility does not have an CAI or CACI.
~~USP 797 Section 3.3: hand hygiene performed in classified space.~~
~~USP 797 Section 4 – 4.1.2: positive pressure buffer room only.~~
USP 797 Section 4 – 4.1.2: facility compounds catergory 3 only
USP 797 Section 4.2.4: PEC not used to meet minimum ACPH
USP 797 Section 6.3.1: Category 3 only
~~USP 797 Section 7.1.1: facility uses RTU sterile products~~
~~USP 797 Section 15.1: conventional manufactured products (vials or ampules) not used as sterile components~~

Your location will be inspected by an agent of the Nevada Board of Pharmacy. **All unsatisfactory conditions must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business. Please attach a copy of any documentation and corrective action you have taken to this inspection form for future review on inspection.**

Date:	01AUG2025
Pharmacist Printed Name:	Nathan Grifford
Pharmacist Signature:	Nathan Grifford

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

New Business Initial Site Inspection Form

Type of Business

Pharmacy [✓] Wholesale Distributor/Outsourcer [ ] DME/Medical Gas [ ] Hospital [ ]

Facility Name: Farmakeio AR License #: AR20991

Street Address: 1270 Don's Lane City/State/Zip: Conway, AR 72032

Phone Number: 501-504-7112 Fax Number: _____ Email Address: _____

Pharmacist In Charge: Justin Graves (PD14356) Intended Date of Opening: TBD Within 90 days of Inspection?

Wholesaler(s): Medisca, Fagron Reverse Distributor: NA Sharps Pharmacy Software System: Life File

Planned Hours of Operation

Monday: 0900-1700 Tuesday: 0900-1700 Wednesday: 0900-1700 Thursday: 0900-1700 Friday: 0900-1700 Saturday: _____ Sunday: _____

Closed for Lunch: _____

Planned Operations to Include

Sterile Compounding: [ ] Non-Sterile Compounding: [✓] Central Fill: [ ] Off-Site Order Entry: [ ] Mail Order: [ ]

LTCF: [ ] Emergency Kits: [ ] Internet: [ ] Telemedicine: [ ] Other: _____

Seeking Licensure in Other State(s)? _____ If so, Which State(s)? _____

Regulatory Discussion Topics: (this is not an exhaustive list & intended as guidance only)

Familiar with Location of ASBP Laws, Rules, & Regulations:	✓	DEA Regulations (e.g., DEA Pharmacist's Manual):	✓
Hot/Cold Running Water Separate from Restroom:	✓	Records Maintenance:	✓
Temperature Controlled Environment:	✓	Memorandum of Understanding (e.g., Multi-Dose Packaging):	NA
Adequate Security:	✓ Ark Protection Service	Notification of Changes in Employment:	✓
Restricted Access from Adjoining Facilities:	NA	Initial Controlled Substance Inventory:	✓
Technician Policies & Procedures for Approved Tasks:	NA	Biennial Controlled Substance Inventory:	✓
Diversion Prevention & Detection Tools:	✓	Daily Signature Log/Daily Report:	✓
Document Training for Compounding Personnel:	TBD	Posting Notice Regarding Emergency Pharmacy Services:	✓
Automation/Robotics:	NA	Combat Methamphetamine Epidemic Act (CMEA) Certificate:	✓
Take Back Medications from Patient:	NA	FDA Statement Regarding Adverse Events & Telephone Number:	✓
Policies & Procedures for Medication Recalls & Quarantine:	✓	Licenses/Permits Displayed:	✓
Cold Storage Requirements & Monitoring:	✓	Reporting Losses to Appropriate Agencies (DEA Form 106):	✓
Pharmacist-in-Charge Time Requirements:	✓	Delivering/Shipping Out-of-State:	NA

APPROVED [✓] DENIED [ ]

Comments: _____

Business Representative: _____ Title: _____

Reviewed By: Lauri Rutter, PharmD Date: 12/22/23

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

New Business Initial Site Inspection Form

Type of Business

Pharmacy ☑ Wholesale Distributor/Outsourcer ☐ DME/Medical Gas ☐ Hospital ☐

Facility Name: Farmakaeio AR License #: AR20991

Street Address: 1270 Don's Lane City/State/Zip: Conway, AR 72032

Phone Number: 501-504-7112 Fax Number: 501-499-6712 Email Address: nathan.grifford@farmakeio.com

Pharmacist in Charge: Nathan Lyle Grifford (PD11675) Intended Date of Opening: NA Within 90 days of Inspection?

Wholesaler(s): NA Reverse Distributor: NA Pharmacy Software System: NA

Planned Hours of Operation

Monday: 0900-1700 Tuesday: 0900-1700 Wednesday: 0900-1700 Thursday: 0900-1700 Friday: 0900-1700 Saturday: _____ Sunday: _____

Closed for Lunch: _____

Planned Operations to Include

Sterile Compounding: ☑ Non-Sterile Compounding: ☑ Central Fill: ☐ Off-Site Order Entry: ☐ Mail Order: ☐

LTCF: ☐ Emergency Kits: ☐ Internet: ☐ Telemedicine: ☐ Other: _____

Seeking Licensure in Other State(s)? _____ If so, Which State(s)? _____

Regulatory Discussion Topics: (this is not an exhaustive list & intended as guidance only)

Familiar with Location of ASBP Laws, Rules, & Regulations:	✓	DEA Regulations (e.g., DEA Pharmacist's Manual):	✓
Hot/Cold Running Water Separate from Restroom:	✓	Records Maintenance:	✓
Temperature Controlled Environment:	✓	Memorandum of Understanding (e.g., Multi-Dose Packaging):	NA
Adequate Security:	✓	Notification of Changes in Employment:	✓
Restricted Access from Adjoining Facilities:	NA	Initial Controlled Substance Inventory:	✓
Technician Policies & Procedures for Approved Tasks:	✓	Biennial Controlled Substance Inventory:	✓
Diversion Prevention & Detection Tools:	✓	Daily Signature Log/Daily Report:	✓
Document Training for Compounding Personnel:	✓	Posting Notice Regarding Emergency Pharmacy Services:	✓
Automation/Robotics:	NA	Combat Methamphetamine Epidemic Act (CMEA) Certificate:	✓
Take Back Medications from Patient:	NA	FDA Statement Regarding Adverse Events & Telephone Number:	✓
Policies & Procedures for Medication Recalls & Quarantine:	✓	Licenses/Permits Displayed:	✓
Cold Storage Requirements & Monitoring:	✓	Reporting Losses to Appropriate Agencies (DEA Form 106):	✓
Pharmacist-in-Charge Time Requirements:	✓	Delivering/Shipping Out-of-State:	

TBD for dynamic inspection

APPROVED ✓ DENIED ☐

Comments: sterile facility

Business Representative: Nathan Grifford Title: Pharmacist in Charge

Reviewed By: Kevin Ruther Date: 6/9/25

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600, Little Rock, Arkansas 72201

2024 - 2025 RETAIL PHARMACY LICENSE

FARMAKEIO AR

located at:

1270 Don'S Lane, Conway, AR 72032

License #: AR20991 **Expires: 12/31/2025**

Original License Date: 12/22/2023

This is to certify that the Pharmacy named above is licensed under the provisions of the Arkansas Pharmacy Practice Act, other Arkansas statutes, and Arkansas Pharmacy Regulations.

Pharmacist in Charge: Nathan Lyle Grifford, PD11675

This permit is not transferable and must be prominently displayed.

License #: AR20991 **Facility ID: 109715**

Arkansas State Board of Pharmacy

Mailing Address: FARMAKEIO AR
1270 Dons Lane
Conway, AR 72032

Reason Mailed:

Name Change Only

The address above is the mailing address where all correspondence from the board will be sent, including renewal information. All changes to contact information can be made online at www.pharmacyboard.arkansas.gov under "License Maintenance." Use the license number and facility ID above to log in. In-state pharmacies can also update employees online.

Arkansas.gov

ARKANSAS STATE BOARD OF PHARMACY



Click on licensee name for license details.

Search Again?

Name:	FARMAKEIO AR
License Type:	Retail Pharmacy License
License Number:	AR20991
Issue Date:	12/22/2023
Expiration Date:	12/31/2025
Current Status:	Active
Current Standing:	Good Standing
Disciplinary Action:	No
Address:	1270 Don'S Lane Conway, AR 72032
Phone:	(501)504-7112
Fax:	(501)499-6712

Print Licensee Report

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201
Phone: 501-682-0190 | Fax: 501-682-0195
Contact Us | Google Map

Accessibility | Privacy | Security | Acceptable Use

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	09-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-29-2023

FARMAKEIO AR
1270 DONS LN
CONWAY, AR 720324753

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
[redacted]	09-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-29-2023

FARMAKEIO AR
1270 DONS LN
CONWAY, AR 720324753

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Form DEA-223 (9/2016)

FRANCHISE TAX ACCOUNT STATUS

This record as of June 30, 2025 at 13:03:31

FARMAKEIO AR LLC

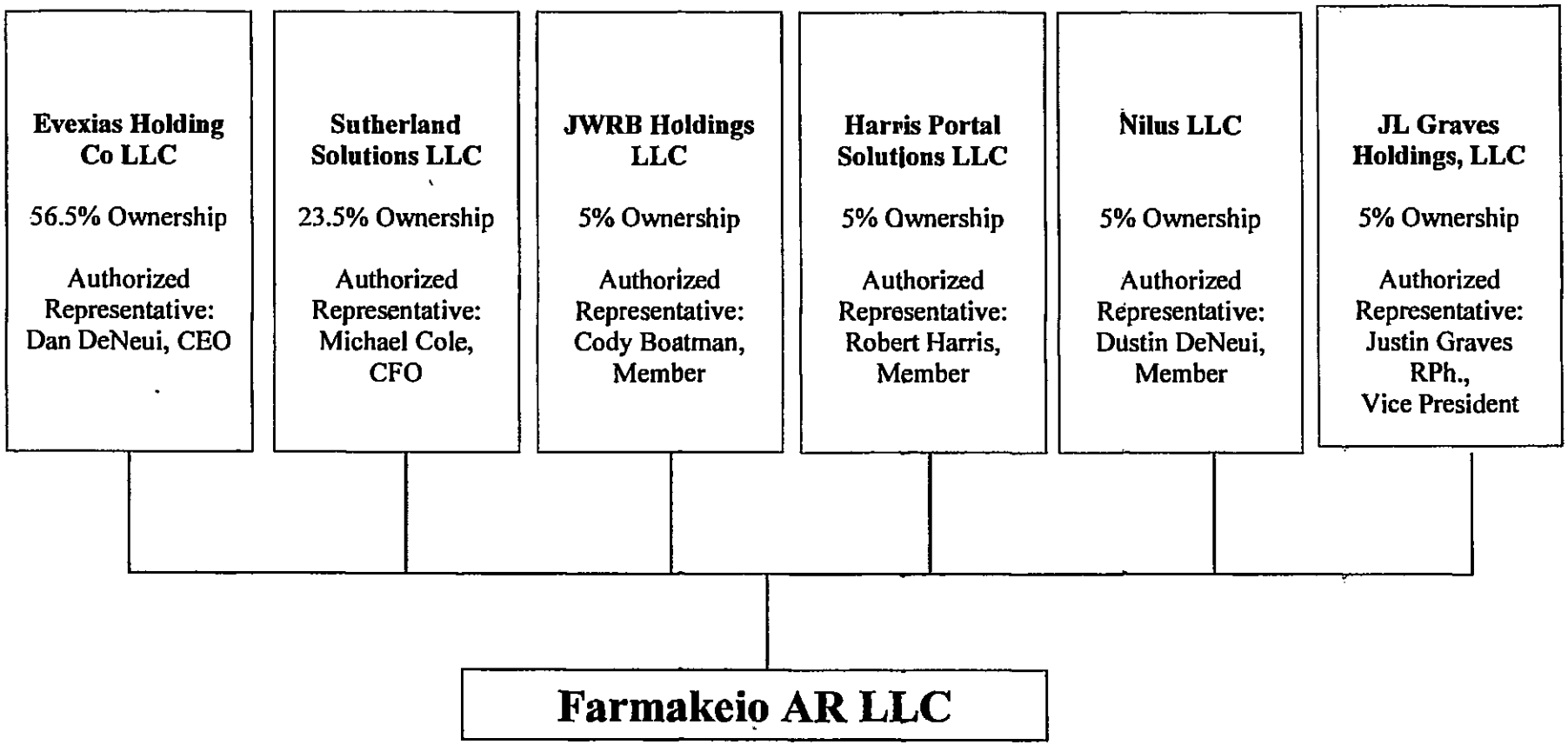
Texas Taxpayer Number:	32090423909
Mailing Address:	920 S KIMBALL AVE STE 100 SOUTHLAKE, TX 76092 - 9019
Right to Transact Business in Texas:	ACTIVE
State of Formation:	TX
SOS Registration Status (SOS status updated each business day):	ACTIVE
Effective SOS Registration Date:	06/20/2023
Texas SOS File Number:	0805109806
Registered Agent Name:	CAPITOL CORPORATE SERVICES, INC.
Registered Office Street Address:	1501 S MOPAC EXPY, STE 220 AUSTIN, TX 78746

Public Information Report for Year 2024

Title	Name and Address
CEO	**DANIEL D DENEUI** 4505 BOWMAN DRIVE COLLEYVILLE, TX 76034
CFO	**MICHAEL S COLE** 1025 SOUTHVIEW TRAIL SOUTHLAKE, TX 76092

Farmakeio AR LLC – Ownership

CONFIDENTIAL-FOIA EXEMPT



FARMAKEIO AR

CUSTOM COMPOUNDING

Nature of the Business

Farmakeio AR is a licensed retail compounding pharmacy located in Conway, AR which currently focuses on traditional patient specific non-sterile and sterile compounded medication. Prescriptions will cover both human and animal with multiple dosage forms including, but not limited to, capsules, creams, ointments, suspensions, pastes, troches, rapidly dissolving tablets, powders, injectables, etc. A significant portion of the compounded human medication will consist of those products involved in hormone replacement therapies. All portions of the entire prescription process will be completed at this site. FarmaKeio AR does utilize a combination of on-site and remote customer service representatives to cater to patients and practitioners during extended business hours. This facility is approximately 16,000 sq ft and capable of supporting a significant pharmacy compounding operation.

As a closed door pharmacy, each prescription dispensed includes detailed information on how to reach the pharmacy for any questions about the prescription, including information about the custom compounded product itself. A Thank You card is provided with each prescription that is dispensed. This card contains all contact information along with QR codes for accessing additional product information.

Arkansas State Board of Pharmacy

2024-2025 Pharmacist License

Nathan Lyle Grifford

This is to certify that the Pharmacist named hereon is licensed under the Provisions of the Arkansas Pharmacy Practice Act and Arkansas Pharmacy Rules and Regulations.

License Number: **PD11675**

Original License Date: June 29, 2011

Expiration Date: **December 31, 2025**

This permit is not transferable and must be prominently displayed.

FARMAKEIO

PHARMACY NETWORK

MORE INFOMRATION ABOUT
YOUR COMPOUNDED
MEDICATION

SUBCUTANEOUS SELF-
INJECTION INSTRUCTIONS

FKO
PHARMACY
NETWORK

V1.0

Thank you for trusting FarmaKeio. Our team of experts are dedicated to a partnership with your practitioner to deliver custom medications derived from the highest quality ingredients and developed to support optimal wellness. If you have any questions, you can visit our website at FarmaKeio.com or reach out to our team at contact@farmakeio.com.

If you are experiencing any adverse reactions to the compounds you receive, please report them by using the QR code, calling (833) 356-3569 or email EventReport@FarmaKeio.com.

Written information about this prescription has been provided to you. Please read thi information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at (501) 504-7112 or (888) 501-0233. Complaints concerning the practice c pharmacy may be filed with the Arkansas State Board of Pharmacy at 322 South Mai Street, Suite 600, Little Rock, AR 72201, asbp@arkansas.gov, (501) 682-0190.

Se le ha proporcionado informacion escrita sobre esta receta. Por favor lea esta informacion antes de tomar el medicamento. Si tiene preguntas sobre esta receta, u farmaceutico esta disponible durante el horario normal de trabajo para responder estas preguntas al (501) 504-7112 o (888) 501-0233. Quejas sobre la practica de farmacia pueden ser sometidas con la Junta de Farmacia del Estado de Arkansas al 322 South Main Street, Suite 600, Little Rock, AR 72201, asbp@arkansas.gov (501) 682-0190.

FARMAKEIO AR
CUSTOM COMPOUNDING

Memo

To: Nevada State Board of Pharmacy
From: Justin Graves RPh. Executive Vice President
Re: Expansion of the FarmaKeio Pharmacy Network

We are pleased to announce the expansion of the FarmaKeio Pharmacy Network. This network includes the licensed facilities below.

- FarmaKeio pharmacy located in Richardson, TX. (**Nevada License # PH 03942**)
- FarmaKeio Outsourcing located in Southlake, TX (**Nevada License # OU 00019**)

FarmaKeio AR is our newest 503A pharmacy located in Conway, AR. This facility will dispense only patient specific custom compounded prescriptions under the strict guidelines and structure of a comprehensive Quality Management System. This QMS has been implemented to ensure the highest standards of quality and excellence within the custom compounding space of all 503A facilities within the FarmaKeio Pharmacy Network. We will drive excellence among all compounding processes and systems across the entire organization, including accountability among team members and department leaders. Our goal is excellence, and we are excited about licensing this new facility in the great State of Nevada.

Justin Graves RPh.
Executive VP
FarmaKeio Pharmacy Network

NABP ACCREDITED
COMPOUNDING PHARMACY

Farmakeio AR

located at

1270 Dons Ln, Conway, AR 72032

This business has met all the compounding pharmacy 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 compounding pharmacy section on the NABP website, located at: www.nabp.pharmacy/programs/compounding.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/04/2024 - 12/03/2027
Period of Accreditation

NEVADA STATE BOARD OF PHARMACY

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

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Farmakeio AR Pharmacy

Address: 1270 Dons Lane

City: Conway State: AR Zip: 72032

I hereby authorize the Arkansas Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Nathan Taylor

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
AR20991	Active/Good standing	12/22/23	12/31/25

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☑ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☑ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☑ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☑ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☑ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
Nancy Sweet	Admin. Analyst	AR	3/25/24	

ARKANSAS STATE BOARD OF PHARMACY * 1891 *

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

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: FARMAKEIO AR

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 1270 DONS LANE

City: CONWAY State: AR Zip: 72032

Mailing Address (if different from physical address): SAME

City: SAME State: SAME Zip: SAME

Telephone: 5015047112 Toll Free # (NAC 639.708, NRS 639.23286): 8885010233

Fax: 5014996712 Contact Email: CONTACT@FARMAKEIO.COM

Website: WWW.FARMAKEIO.COM

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nathan Grifford

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24692

Name of Designated Person(s) as defined by revised USP-797 guidelines: Nathan Grifford

Email of Designated Person(s): nathan.grifford@farmakeio.com

Telephone of Designated Person(s): 501-340-0085

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)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? September 2025

6. What is the frequency of the recertification for the ISO classified areas? 6 months

7. Were there any follow-up items required from the most recent certification report? ■ Yes ☐ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Weekly for Category 3

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Pyridoxine HCl/Tirzepatide (25mg/18mg)/mL
Pyridoxine HCl/Semaglutide (25mg/2.5mg)/mL
Glycine/Sermorelin Acetate (5mg/1mg)/mL
Sermorelin Acetate 1mg/mL
NAD+ 200mg/mL

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical

Address: 11111 S Wilcrest Dr S1000

City: Houston State: TX Zip: 77099

Telephone: 800-745-8916

13. What is your procedure for visual inspection of compounded sterile products?

Inspect the appearance of the finished compounded preparations color, turbidity, etc. Inspect the formula worksheet for calculations, quality measurements, temperature, and humidity when applicable. Inspect the final dispensing container for leaks or cracks. The inspection is performed on a back lit table with a black and white sectional background.

14. How often do you perform glove fingertip and medial fill testing?

Every 3 months for compounding technicians and yearly for supervising pharmacists.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Initial: SOP/USP chapter review, ASHP online certifications per USP chapter, glove fingertip and media fill testing with assessment, hands on training.

Ongoing: Didactic training, lunch and learns, competency assessments annually, along with media fills at 3 month intervals.

16. 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:

1) Cleaning/Disinfection Agents Used: Cleaner (Germicidal): Sterile TB1 3300 (1 minute dwell), Disinfectant: Sterile 70% Isopropyl Alcohol (IPA), Sporicidal Agent: Sterile Peridox RTU (3-minute dwell). All cleaning performed top to bottom, clean to dirty, using sterile, lint-free wipes, and fully documented.
2) Primary Engineering Controls (PECs):
a) Cleaned and disinfected with Sterile 70% IPA before each shift, before each batch, and between APIs/batches. After daily compounding: cleaned with Sterile TB1 3300 followed by Sterile 70% IPA.
b) Weekly: Cleaned with Sterile Peridox RTU followed by Sterile 70% IPA.
c) Monthly: Full clean (all internal surfaces) using Sterile Peridox RTU followed by Sterile 70% IPA.
3)Secondary Engineering Controls (Buffer and Ante Rooms):
a) Daily: Floors, counters, work surfaces cleaned with Sterile TB1 3300, then disinfected with Sterile 70% IPA.
b) Weekly: Floors, counters, all surfaces and shelving cleaned with Sterile Peridox RTU followed by Sterile 70% IPA.
c) Monthly: Floors, counters, all surfaces, walls, ceilings, and storage bins cleaned with Sterile Peridox RTU, followed by Sterile 70% IPA.

17. Who performs the sterile compounding process at your facility?

Pharmacists and Pharmacy Technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?

Nathan Grifford

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Sterile products requiring refrigeration are shipped in an insulated box with gel packs. Shipping studies have been performed.

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? N/A		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device: N/A		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? N/A

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

N/A

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Pyridoxine HCl/Tirzepatide (25mg/18mg)/mL
Pyridoxine HCl/Semaglutide (25mg/2.5mg)/mL
Glycine/Sermorelin Acetate (5mg/1mg)/mL
Sermorelin Acetate 1mg/mL
NAD+ 200mg/mL

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Every 3 months for compounding personnel and annually for supervising pharmacists.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

Monthly

5. What is the frequency for completing surface sampling? Weekly plus surface sampling of ISO 5 per batch.	
6. What is the frequency for using sporicidal agents? Weekly	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes No

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.

Nathan Grifford

Name of Person who Completed the Form

Pharmacist in Charge

Title

Nathan L Grifford

Signature (copies or stamps not accepted)

29OCT2025

Date

Board Use Only	Date Received: 10/30/25 Date Approved: _____ Approved By: _____

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 (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ■ Out-of-Nevada	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ■ Other:	☐ Retail/Community ☐ Dangerous drugs ■ Controlled substances DEA #: BG8443599 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ■ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Professional Pharmacy Services dba: Good Day Pharmacy

Physical Address: 4775 Larimer Parkway, Suit 100

City: Johnstown State: CO Zip: 80534

Mailing Address (if different from physical address): 3780 E. 15th Street, Suite 102

City: Loveland State: CO Zip: 80538

Telephone: 970-461-9101 Toll Free # (NAC 639.708, NRS 639.23286): 868.810.9101

Fax: 970-461-9089 Contact Email: hrobinson@gooddaypharmacy.com

Website: www.gooddaypharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Bryan Bower

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): pending

Section 2: List the name(s) of at least one NEVADA 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: Bryan Bower	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: David Lamb	Credentials: Pharmacists	%: 33.50
Name: Nancy Lamb	Credentials: Pharmacists	%: 33.50
Name: Vickilee Einhellig	Credentials: Pharmacists	%: 20.00
Name: Joseph Poling	Credentials: Pharm. D	%: 8.00
Name: Whitney Osborn	Credentials: Pharm. D	%: 5.00

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: Colorado

Parent Company (if any): _____

Corporation/Organization Name: Professional Pharmacy Services

Mailing Address: 3780 E. 15th Street, Suite 102

City: Loveland State: CO Zip: 80538

Telephone: 970-461-1975 Email: veinhellig@gooddaypharmacy.com

Contact Person Name: Vickilee Einhellig

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 COO/President (title) for Professional Pharmacy Services, dba Good Day 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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Joseph Poling Owner

Print Name of Authorized Person

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

9/11/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Joseph Poling 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 COO/President (title) for Professional Pharmacy Services, dba Good Day Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

NICOLE BARKER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20174039573
MY COMMISSION EXPIRES SEPTEMBER 27TH, 2029

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16 day of September, 2025

Notary Public

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

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)

9/11/25

Date

Board Use Only	Date Received: _____	Amount: 500.00/V#89794

September 5, 2025

Neveda Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Whom It May Concern,

I, Joseph Poling, am writing to inform your department of the stipulation that is on my record from the Colorado State Board of Pharmacy. In October of 2015, I was the Pharmacists in Charge (PIC) of Good Day Pharmacy (NCPDP # 0608779). The pharmacy received an order for a suspension for a child. The original order was written for tablets to be compounded but the pharmacy altered the prescription to use a powder form without consulting with the doctor and without documenting the change. We were not able to provide studies for beyond use dating in the compounding record nor could a formulation record for the compounded prescription be presented to the board of pharmacy. I was not the pharmacist that verified the prescription, but because I was the PIC at the time it ultimately was put on me as well.

The Colorado Board of Pharmacy placed my license on probation for a period of 2 years. During the time my license was on probation I was ordered to complete 10 hours of continuing education related to compounding. I successfully completed all the requirements that the Colorado Board of Pharmacy set forth in July of 2018. Should your department need further explanation please feel free to reach out to me at jpoling@gooddaypharmacy.com .

Sincerely,

Joseph Poling President/COO Good Day Pharmacy
jpoling@gooddaypharmacy.com

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-1482

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE PHARMACY IN THE STATE OF COLORADO OF JOSEPH DAVID POLING, R.Ph., LICENSE NO. PHA. 19580,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Joseph Poling, R.Ph. ("Respondent") to resolve all matters pertaining to Board Case Number 2016-1482, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent, his license to practice pharmacy, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent was originally licensed to practice as a pharmacist in the State of Colorado on or about August 7, 2012, being issued license number PHA 19580, and has been so licensed at all times relevant to this disciplinary action.

3. Joseph Poling, as the manager of a prescription drug outlet is responsible for the operation of the outlet in compliance with all state and federal laws, regulations, and rules.

4. Respondent admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts:

   a. On or about October 22, 2015, Respondent was the pharmacy manager at Good Day Pharmacy, PDO 82-12.

   b. A practitioner's prescription order for a clonidine suspension called for the use of tablets to compound the preparation ("prescription").

c. The prescription was altered to substitute clonidine powder for the clonidine tablets without consulting the prescribing practitioner, and without documenting the change from what was written on the prescription.

d. Respondent was unable to provide stability studies from the pharmacy for the beyond use dating on the compounding record for the prescription.

e. Respondent was unable to provide a uniform, readily retrievable formulation record for the compounded prescription. Specifically, the formulation record did not detail the calculations needed to determine and verify quantities or concentrations of components and dose of the active pharmaceutical ingredients ("API").

f. The label on the compounded medication did not include the correct assigned beyond use date. It included a 30-day BUD rather than the correct 14-day BUD.

5. Respondent admits that his conduct, as set forth above and as the manager of the prescription drug outlet, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules, and provides grounds for disciplinary action against Respondent's Colorado pharmacist license.

Colorado Revised Statutes

§12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(...)

(c) Has violated:

(I) Any of the provisions of this article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(...)

(k) Has failed to meet generally accepted standards of pharmacy practice.

Pharmacy Board Rules and Regulations

2.01.20 Additional Information. The following shall also appear on the prescription or LTCF chart order when appropriate:

a. Any change in or clarification of an order shall be documented on the order and shall bear the initials of the responsible pharmacist or intern, the date contacted and the name of the individual conveying such change or clarification.

7.00.30 Compliance of Outlet:

a. The manager of a prescription drug outlet is responsible for the operation of the outlet in compliance with all state and federal laws, regulations, and rules.

21.10.80 Storage and Beyond-Use Dating

b. In the absence of stability information that is applicable to the lowest and highest dose or concentration of a specific preparation compounded at the outlet, the following maximum beyond-use dates are to be used for non-sterile compounded preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature unless otherwise indicated.

(...)

(2) For water-containing oral formulations prepared from ingredients in solid form, regardless of whether an ingredient contains water or water by itself is an ingredient, the beyond-use date shall not be greater than 14-days when stored at cold temperatures;

(...)

(5) The beyond-use date limits may be exceeded when there is supporting valid scientific stability information that is directly applicable to the specific preparation. This information shall be retained on-site at the outlet and be available for inspection.

21.10.90 Formulation Record.

a. For each compounded preparation, a uniform, readily retrievable formulation record shall be maintained and available for inspection for two years from the date last utilized, documenting:

(...)

(2) Calculations needed to determine and verify quantities or concentrations of components and doses of APIs

21.11.10 Labeling of Non-Sterile Compounded Preparations.

a. Labeling of non-sterile compounded products dispensed pursuant to a prescription order or LTCF chart order shall include at least the following:

(...)

(3) Assigned BUD

6. The Board finds and concludes, and Respondent agrees, that based upon Respondent's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

7. **Probation.** Respondent's license shall be placed on probation for a period of two (2) years. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order.

The prescribed period of probation shall not run during any period of time where:

a. Respondent is not employed a minimum of sixty (60) hours per month, engaged in the practice of pharmacy in the State of Colorado; and

b. Respondent is not otherwise in full compliance with the terms of this Final Agency Order.

8. Continuing Education. Within one (1) year of the effective date of this Final Agency Order, Respondent shall complete ten (10) hours of continuing education approved by the Accreditation Council for Pharmacy Education related to compounding. Before enrolling in any course, Respondent shall request and obtain Board staff approval for each continuing education course. The Board may reject any course that it does not approve in advance. Respondent cannot apply these continuing education hours toward the continuing education hours required to renew his pharmacy license or to meet any other licensure requirements. Respondent shall provide the Board with documented proof of completion within thirty (30) days of successful completion of the continuing education course(s).

9. **Other Requirements.** Respondent acknowledges and agrees that, as a condition of this Final Agency Order and probation:

a. Respondent is responsible for his own fees and costs associated with this Final Agency Order;

b. Respondent must comply fully with this Final Agency Order; and

c. Respondent must comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

10. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under § 12-42.5-125(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent's license. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Final Agency Order.

11. **Completion of Terms.** Respondent must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent's sole responsibility to establish, through written and other documentation, that Respondent has met all terms of this Final Agency Order. Respondent's probation shall continue until the Board or its designated authority has verified that Respondent has completed all terms of this Final Agency Order. The Board will consider Respondent's request during the ordinary course of business.

12. **Advisements and Waivers.** Respondent enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel. Respondent acknowledges his understanding that he has the following rights:

a. to have formal notice of hearing and charges served upon him;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§ 12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent freely waives these rights and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

13. **Acknowledgments.** Respondent has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel, that Respondent understands its legal consequences and agrees that none of

its terms or conditions is unconscionable. Respondent is not relying on any statements, promises, or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that he is not entering into this Final Agency Order under any duress.

14. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of the Final Agency Order shall be given full force and effect.

15. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Board Order**. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

17. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent at Respondent's address of record with the Board, or (b) service by electronic means on Respondent. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

AGREED TO AND ACCEPTED BY:

RESPONDENT

Joseph Poling, R.Ph.

Dated: 9/17/2018

STATE BOARD OF PHARMACY

Wendy Anderson
Program Director

Dated: 9/19/18

APPROVED AS TO FORM:

FOR RESPONDENT

Peter H. Doherty, #18770
Attorney for Respondent
Lasater & Martin
8822 South Ridgeline Blvd, Ste. 405
Highlands Ranch, CO 80129
Email: peter@lasaterandmartin.com

CYNTHIA H. COFFMAN
Attorney General

Krista Batchelder, #45066
Assistant Attorney General
Business and Licensing Section
Attorney for the State Board of Pharmacy
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 8th Floor
Denver, Colorado 80203
Telephone: (720) 508-6384
FAX: (720) 508-6037
Email: krista.batchelder@coag.gov
*Counsel of Record

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Owners -Professional Pharmacy Services, Inc	Address	% Owned	Role
David Lamb	[redacted]	33.5	Founder
Nancy Lamb		33.5	Consulting RPh
Vicki Einhellig		20	CEO
Joseph Poling		8	COO
Whitney Osborn		5	Partner

List of Pharmacies Professional Pharmacy Services has Ownership In

Good Day Pharmacy Locations		NCPDP #
#1 Dougs	2033 Boise Ave. Loveland, CO 80538-5037	0608779
#2 Spring Creek	2001 S Shields St Bldg D Fort Collins, CO 80526-1827	0613679
#3 Wellington	7702 Fifth St # 101 PO Box 352 Wellington, CO 80549	0620232
#7 Eaton	180 S Elm Eaton, CO 80615-3410	0616005
#8 Longmont	1749 Main St. Unit # D Longmont, CO 80501-3128	0605127
#9 Closed Door	4775 Larimer Pkwy #100 Johnstown, CO 80534-9022	0618465
#10 Sprouts/ Sunflower	2601 S Lemay Ave Ste#44 Fort Collins, CO 80525-2225	0619811
#12 Johnstown	201 Johnstown Center Dr Johnstown, CO 80534-9073	0620725
#14 Greeley	4239 Cemterplace Dr. # 1D Greeley, CO 80631-5114	0604529
#15 Yuma	315 E 8th Ave, Yuma, CO 80759	0606321
Good Day Central	4775 Larimer Pkwy Suite 101 Johnstown, CO 80534-9022	0627286

RxPlus Limited Colorado City LLC		NCPDP
Valley Pharmacy Tax ID 81-1378903	4493 Bent Brothers Blvd Colorado City, CO 81019	0613023

RxPlus Limited Tristate Pharmacy LLC		NCPDP
Abts Pharmacy LLC Tax ID 82-3770321	121 Cedar St. Julesburg, CO 80737	0621309
Bemis Drug LLC Tax ID 82-3781293	129 S. Chestnut St. Kimball, NE 69145	2802874
Rawhide Drug LLC Tax ID 82-3796363	232 Main St. Lusk, WY 82225-9900	5204019
Vandel Drug LLC Tax ID 82-3813984	2041 Main St. Torrington, WY 82240	5200922
Register Cliff Pharmacy Tax ID 84-3590879	437 Whalen St. Guernsey, WY 82214	5203764

RxPlus Limited Palisade Pharmacy LLC		NCPDP
Palisade Pharmacy Tax I D 81-5202331	707 Elberta Ave # B Palisade, CO 81526	0605482

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: Good Day Pharmacy

Pharmacy/Wholesaler License # (if applicable): PDO.0000000513

Physical Address: 4775 Larimer Parkway Suite #100

City: Johnstown State: CO Zip: 80534

Mailing Address (if different from physical address): 3780 E 15th Street Suite 102

City: Loveland State: CO Zip: 80538

Telephone: 970-461-1975 Website: www.gooddaypharmacy.com

Licensing Company Email: jpoling@gooddaypharmacy or hrobinson@gooddaypharmacy.com

Section 2: Personal Information

First: Joseph Middle: David Last: Poling

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

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)
Mountain View High School			08/2002 - 06/2006
Address	**City**	**State**	**Zip**
3500 Mountain Lion Drive	Loveland	CO	80537
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
University of Wyoming			08/2006 - 05/2012
Address	**City**	**State**	**Zip**
1000 E University Ave Dept 3375	Laramie	WY	82071
Diploma/Degree obtained, if any			
PharmD			

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

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

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

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

From - To (MM/YY – MM/YY)	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Good Day Pharmacy			06/2011 - 10/2025	
Business Address		**City**	**State**	**Zip**
3780 E 15th Street Suite 102		Loveland	CO	80538
Phone	**Title**		**Number of Employed Hours**	
970-461-1975	COO/President		25,000+	
Description of Duties				
Staff Pharmacist, Pharmacy Manager, and currently COO/President				

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

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

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

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

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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, Joseph Poling, **certify that as the designated representative for**

Good Day Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JP I am at least 21 years of age;
3. JP 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. JP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JP 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. JP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joseph, Poling
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/15/2025
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 Poling

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/15/2025

Date

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

State of Colorado, ss. County of Larimer

I, Joseph Poling, 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

10/15/2025

Date

Subscribed and Sworn to before me this 15th day of October.

Notary Public Signature

NICOLE BARKER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20174039573
MY COMMISSION EXPIRES SEPTEMBER 27TH, 2029

(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 Good Day Pharmacy
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PDO.0000000513
Physical Address 4775 Larimer Parkway, Suit 100
City Johnstown State CO Zip 80534
Mailing Address (if different from physical address) 3780 E. 15th Street, Suite 102
City Loveland State CO Zip 80538
Telephone 970-461-1975 Website www.gooddaypharmacy.com
Licensing Company Email hrobinson@gooddaypharmacy.com

Section 2: Personal Information

First Nancy Middle _____ Last Lamb
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ● F ☐ X
Mailing Address [redacted]
City [redacted] State [redacted] Zip [redacted]
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?		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)	
University of Colorado		1973-1979	
Address	**City**	**State**	**Zip**
914 Broadway	Boulder	CO	80302
Diploma/Degree obtained, if any: BS Pharm			

School Name		From - To (MM/YY – MM/YY)	
Bay City High School		1969-1973	
Address	**City**	**State**	**Zip**
	Bay City	MI	48708
Diploma/Degree obtained, if any: High School Dipoloma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000-current	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Professional Pharmacy Services	2/1999- current

Business Address	City	State	Zip
3780 E. 15th Street, Suite 102	Loveland	CO	80538

Phone	Title
970-461-1975	

Description of Duties: Owner, pharmacists

Business Name	From - To (MM/YY – MM/YY)
EELL, LLC	

Business Address	City	State	Zip
3780 E. 15th Street, Suite 102	Loveland	CO	80538

Phone	Title
970-461-1975	

Description of Duties: Partner in LLC that holds pharmacy real estate property

Business Name	From - To (MM/YY – MM/YY)
RxPlus Limited Tri-State LLC	2/2018- current

Business Address	City	State	Zip
3780 E. 15th Street, Suite 102	Loveland	CO	80538

Phone	Title
970-461-1975	

Description of Duties: Partner in LLC that owns and operates 5 independent pharmacies

Business Name	From - To (MM/YY – MM/YY)
RxPlus Limited Colorado City, LLC	12/2016-current

Business Address	City	State	Zip
3780 E. 15th Street, Suite 102	Loveland	CO	80538

Phone	Title
970-461-1975	

Description of Duties: Partner in LLC that owns and operates 1 independent pharmacy

Business Name	From - To (MM/YY – MM/YY)
RxPlus Limited Palisade, LLC	2/2018- current

Business Address	City	State	Zip
3780 E. 15th Street, Suite 102	Loveland	CO	80538

Phone	Title
970-461-1975	

Description of Duties: Partner in LLC that owns and operates 1 independent pharmacy

Continue on next page if additional space is needed.

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

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

Nancy Lamb
Print Name (First, Last)

Nancy K Lamb
Original Signature (electronic, copies or stamps not accepted)

~~10/11/2025~~
Date

Nancy Lamb 10-21-2025

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Larimer

I, Nancy Lamb, 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.

Nancy K Lamb
Original Signature

~~10/11/2025~~
Date

Nancy Lamb 10-21-2025

Subscribed and Sworn to before me this 21st day of October.

Notary Public Signature

NICOLE BARKER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20174039573
MY COMMISSION EXPIRES SEPTEMBER 27TH, 2029

(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 Good Day Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PDO.0000000513

Physical Address 4775 Larimer Parkway, Suit 100

City Johnstown State CO Zip 80534

Mailing Address (if different from physical address) 3780 E. 15th Street, Suite 102

City Loveland State CO Zip 80538

Telephone 970-461-1975 Website www.gooddaypharmacy.com

Licensing Company Email hrobinson@gooddaypharmacy.com

Section 2: Personal Information

First David Middle _____ Last Lamb

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ● M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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?		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)	
University of Denver			1979-1982	
Address: 1696 S Colorado Blvd.	City: Denver		State: CO	Zip: 80222
Diploma/Degree obtained, if any: MBA				

School Name			From - To (MM/YY – MM/YY)	
University of Colorado			1973-1979	
Address: 914 Broadway	City: Boulder		State: CO	Zip: 80302
Diploma/Degree obtained, if any: BS Pharm				

School Name			From - To (MM/YY – MM/YY)	
Greeley West High School			1969-1973	
Address: 2401 35th Ave	City: Greeley		State: CO	Zip: 80634
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
2000-current	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Professional Pharmacy Services				From - To (MM/YY – MM/YY): 1986-current
Business Address: 3780 E. 15th Street, Suite 102		City: Loveland	State: CO	Zip: 80538
Phone: 970-461-1975	Title: Founder			
Description of Duties: Owner, pharmacists				

Business Name: EELL, LLC				From - To (MM/YY – MM/YY):
Business Address: 3780 E. 15th Street, Suite 102		City: Loveland	State: CO	Zip: 80538
Phone: 970-461-1975	Title: Partner			
Description of Duties: Partner in LLC that holds pharmacy real estate property				

Business Name: RxPlus Limited Tri-State LLC				From - To (MM/YY – MM/YY): 2/2018- current
Business Address: 3780 E. 15th Street, Suite 102		City: Loveland	State: CO	Zip: 80538
Phone: 970-461-1975	Title: Partner			
Description of Duties: Partner in LLC that owns and operates 5 independent pharmacies				

Business Name: RxPlus Limited Colorado City, LLC				From - To (MM/YY – MM/YY): 12/2016 - current
Business Address: 3780 E. 15th Street, Suite 102		City: Loveland	State: CO	Zip: 80538
Phone: 970-461-1975	Title: Partner			
Description of Duties: Partner of LLC that owns/operates 1 independent pharmacy				

Business Name: RxPlus Limited Palisade, LLC dba Palisade Pharmacy				From - To (MM/YY – MM/YY): 12/2018-current
Business Address: 3780 E. 15th Street, Suite 102		City: Loveland	State: CO	Zip: 80538
Phone: 970-461-1975	Title: Partner			
Description of Duties: Partner in LLC that owns and operates 1 independent pharmacies				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and con in all material respects. I understand that making any false representation in this application is a crime und NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is public record unless otherwise declared confidential by law, and will be considered by the Nevada State Boa Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration a understand that any violation may result in discipline.

David Lamb

Print Name (First, Last)

Origina gna ure e ec ron c, copies or stamps not accepted)

10/21/25
~~10/11/2025~~

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Larimer

I, David Lamb, 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 corre 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 denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/21/25
~~10/11/25~~

Date

Subscribed and sworn before me this 21st day of October.

Notary Public Signature

NICOLE BARKER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20174039573
MY COMMISSION EXPIRES SEPTEMBER 27TH 2029

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 Good Day Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PDO.0000000513

Physical Address 4775 Larimer Parkway, Suit 100

City Johnstown State CO Zip 80534

Mailing Address (if different from physical address) 3780 E. 15th Street, Suite 102

City Loveland State CO Zip 80538

Telephone 970-461-1975 Website www.gooddaypharmacy.com

Licensing Company Email veinhellig@gooddaypharmacy.com or hrobinson@gooddaypharmacy.com

Section 2: Personal Information

First Vickilee Middle _____ Last Einhellig

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ● F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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?		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)	
University of Iowa		8/1982-5/1987	
Address	City	State	Zip
University of Iowa	Iowa City	IA	
Diploma/Degree obtained, if any			
BS Pharm			

School Name		From - To (MM/YY – MM/YY)	
Abraham Lincoln High School		8/1979- 5/1982	
Address	City	State	Zip
	Des Moines	IA	50315
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)	[redacted]			
10/15/2013-Current				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Professional Pharmacy Services, Inc			04/1992-current	
Business Address	**City**		**State**	**Zip**
3780 E 15th St Suite 102	Loveland		CO	80538
Phone	**Title**			
970-461-1975	CEO			
Description of Duties				
Owner, operator, pharmacist, CEO				

Business Name			From - To (MM/YY – MM/YY)	
EELL, LLC				
Business Address	**City**		**State**	**Zip**
3780 E 15th St Suite 102	Loveland		CO	80538
Phone	**Title**			
970-461-1975	Partner			
Description of Duties				
Partner in LLC that holds pharmacy real estate property				

Business Name			From - To (MM/YY – MM/YY)	
RxPlus Limited TriState Pharmacy, LLC			02/2018-current	
Business Address	**City**		**State**	**Zip**
3780 E 15th St Suite 102	Loveland		CO	80538
Phone	**Title**			
970-461-1975	Managing Partner			
Description of Duties				
Managing Partner of LLC that owns and operates 5 independent pharmacies				

Business Name			From - To (MM/YY – MM/YY)	
RxPlus Limited Colorado City, LLC			12/2016- current	
Business Address	**City**		**State**	**Zip**
3780 E. 15th Street Suite 102	Loveland		CO	80538
Phone	**Title**			
970-461-1975	Managing Partner			
[redacted]				
Managing Partner of LLC that owns/operates 1 independent pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
RxPlus Limited Palisade Pharmacy, LLC			12/2018-current	
Business Address	**City**		**State**	**Zip**
3780 E 15th St Suite 102	Loveland		CO	80538
Phone	**Title**			
970-461-1975	Managing Partner			
Description of Duties				
Managing Partner of LLC that owns/operates 1 independent pharmacy.				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vickilee Einhellig
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/11/2025
Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Larimer

I, Vickilee Einhellig, 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

10/20/2025
Date

Subscribed and Sworn to before me this 20th day of October.

Notary Public Signature

NICOLE BARKER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20174039573
MY COMMISSION EXPIRES SEPTEMBER 27TH, 2029

(Seal)

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

THE COLORADO STATE BOARD OF PHARMACY
1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

Date of Inspection: 4/14/25 **Time In/Out:** 9:27 am / _____

PDO Name Good Day Pharmacy LTC **Registration No** 513 **Expiration Date** _____

Address 4775 Larimer Pkwy **City** Johnstown **Zip** 80534

Pharmacist Manager Truett Simmons **Lic No** 23383 **Email** _____

RPH on Duty Same **Lic No** _____ **Email** _____

Physical/Postings	Compliant?
5.01.31b&c: Clean, sanitary, adequate space	YES
5.01.31d,f&g: Hot & cold water, frig & freezer	YES
5.01.50: Pharmacy security	YES
CRS 12-280-119:RPH/tech ratio____ nametags	YES
CRS 12-280-116:Licenses and registrations posted	YES
11.08.00, 7.00.30b: Employee list, tech posting	YES
5.01.31l: Prior inspection _____# deficiencies	YES
3.00.51: Initial interpretation and final evaluation	YES
23.00.60: PDMP notice, 20.00.70; CPP notice	N/A
5.01.31h: Professional reference library	YES
Recordkeeping	
11.03.00: CS Inventory date 1/4/25 Open	YES
11.06.00: CII, CIII-V, RX drug receipts dated	YES
11.06.05: Receipts from registered sources	YES
11.07.20: Casual Sale records	YES
11.07.10: Floor stock distribution	N/A
11.04.20: Daily printouts	YES
3.00.90b: RTS records	NO
25.00.16: SPDO: CS inv., distribution, use records	N/A
27.00.30: HSP: CS inv., records of distribution	N/A
Dispensing	
11.04.10: Hardcopy of order filed appropriately	YES
CII orders reviewed: 4/11	YES
CIII-V orders reviewed: 4/11	YES
RX orders reviewed: 4/11	YES
2.01.53: Required order transfer information	N/A
2.01.10: Information to appear on each order	YES
3.00.55: Prescription flavoring	N/A
Dispensing errors/valid prescription orders	N/A
Prescription labeling	YES

Immunizations	Compliant?
19.01.10: Authorization, ACPE training, CPR	YES
19.01.40: Administration records	NO
19.01.50: Off-site administration	YES
Non-Sterile Compounding	
21.10.10: P&P Manual annual review 1/2/25	YES
21.10.20: Training of personnel	N/A
21.10.60: Components-expiration dating	N/A
21.10.90: Formulation records	N/A
21.11.00: Compounding records/labeling	N/A
21.10.80: Beyond use dating, studies on site	N/A
Central Prescription Processing/Remote Pharmacy Practice	
20.01.20 &26.00.20: Policy and procedure manual, written agreements 1/2/25	YES
20.00.90: Records of receipt/delivery	N/A
3.00.90e: Return to stock records	N/A
	N/A
Prepackaging/Labeling/Return Drug	N/A
3.01.20: Prepack labeling and records	N/A
3.01.22: Automated cassette labeling & records	N/A
3.03.00: Customized medication packages	N/A
3.00.80: Return for dispensing or donation	N/A
21.00.20: Casual sale of compounded products	N/A
Collaborative Pharmacy Practice for Drug Therapy Management	
17.00.70: General authorization plan/ protocols	N/A
17.00.30: Pharmacist qualifications	N/A
17.01.00: Recordkeeping	N/A
E-kits	
10.00.40: Labeling & contents of kit	N/A
10.00.71: Removal and replacement of med	N/A

Source: ~ LTC@docutrack0104 Original document #: 3603356 received on 4/14/2025 12:04 PM MDT

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name Good Day Pharmacy LTC Pharmacist Manager Truett Simmons

1.please create a return to stock report pursuant to board rule 3.00.90.
2. Please include all required information pursuant to board rule 3.00.85 on records of returned drugs from facilities.
3. Please include date vis was given on vaccine records.
4. Please have the canister expiration date on automated cassette replenishment report.

Note: 3-5 inventory done on close of business 1/4/25.

No compounding since 2023

Tier 1 ☐ Tier 2 ☑

Pursuant to CRS 12-280-106, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 280 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.	INSPECTOR'S SIGNATURE
4/14/25	OTHER INSPECTORS PRESENT:
PHARMACIST'S SIGNATURE DATE	

Source: ~ LTC@docutrack0104 Original document #: 3603356 received on 4/14/2025 12:04 PM MDT

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
Good Day Pharmacy		4775 Larimer Pkwy Suite 100 Johnstown, CO 80534-9021

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PDO.0000000513	Original	Prescription Drug Outlet- In-State	Active	08/14/2003	11/01/2024	10/31/2026

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Truett Wade Simmons	PHA.0023383	12/16/2024	Manager

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 11/13/2025 4:09:28 PM

	Name	License Number	License Status	Contact Type	City	State	Zip Code
Detail	Good Day Pharmacy	PDO 0000000513	Active	BUSINESS	Johnstown	CO	80534-9021

https://apps2.colorado.gov/DORA/licensing/Lookup/LicenseLookup.aspx

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF TRADE NAME

I, Jena Griswold , as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, a Statement of Trade Name for:

GOOD DAY PHARMACY

(Entity ID # 20021153360)

was filed in this office on 06/06/2002 with an effective date of 06/06/2002 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/04/2025 that have been posted, and by documents delivered to this office electronically through 09/05/2025 @ 13:36:13 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/05/2025 @ 13:36:13 in accordance with applicable law. This certificate is assigned Confirmation Number 17660297 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	09-30-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	08-23-2024

GOOD DAY PHARMACY
4775 LARIMER PKWY STE 100
JOHNSTOWN, CO 805349023

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
[redacted]	09-30-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	08-23-2024

GOOD DAY PHARMACY
4775 LARIMER PKWY STE 100
JOHNSTOWN, CO 805349023

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)

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 (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Sterile	☐ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: BU6691629 ☐ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section I: General Information

Pharmacy Name: Diversified Pharmacy Inc dba Medivera Compounding Pharmacy

Physical Address: 5225 Crooks Rd

City: Troy State: MI Zip: 48098

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-531-1147 Toll Free # (NAC 639.708, NRS 639.23286): 877-531-1147

Fax: 866-531-1826 Contact Email: unicompoundrx@gmail.com

Website: www.mediverarx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Chad Whitefield

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24447

Section 2: List the name(s) of at least one NEVADA 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: Chad Whitefield	NV Pharmacist Registration #: 24447
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: Michigan

Parent Company (if any): _____

Corporation/Organization Name: Diversified Pharmacy Inc

Mailing Address: 5225 Crooks Rd

City: Troy State: MI Zip: 48098

Telephone: 877-531-1147 Email: unicompoundrx@gmail.com

Contact Person Name: Bradley McCloskey

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 Medivera Compounding 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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Bradley McCloskey

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/20/2025

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.

Bradley McCloskey

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

8/20/2025

Date

Board Use Only	Date Received: 9/2/25	Amount: $500 CK 10542

MediVera™
COMPOUNDING PHARMACY

Officer Information:

Bradley McCloskey- President
[redacted]

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DIVERSIFIED PHARMACY, INC.

was validly incorporated on July 7 , 1999 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS ★ Corporations, Securities & Commercial Licensing Bureau ★

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of May , 2025.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 25050204202

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

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: Medivera Compounding Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 5225 Crooks Rd

City: Troy State: MI Zip: 48098

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-531-1147 Website: www.mediverarx.com

Licensing Company Email: unicompoundrx@gmail.com

Section 2: Personal Information

First: Chad Middle: [redacted] Last: Whitefield

Alias(es, nicknames, name changes, etc.): [redacted]

Date of Birth: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

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?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
PURDUE UNIVERSITY			8/93 - 5/99	
Address		City	State	Zip
610 PURDUE MALL		WEST LAFAYETTE	IN	47907
Diploma/Degree obtained, if any				
B.S. PHARMACY				
School Name			From - To (MM/YY – MM/YY)	
BERKLEY HIGH SCHOOL			9/89 - 6/93	
Address		City	State	Zip
2325 CATALPA DRIVE		BERKLEY	MI	48072
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				
School Name			From - To (MM/YY – MM/YY)	
Address		City	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
10/10 — CURRENT	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
DIVERSIFIED PHARMACY INC DBA MEDIVERA COMPOUNDING PHARMACY		08/15 – CURRENT
Business Address	**City**	**State / Zip**
5225 CROOKS RD	TROY	MI 48098
Phone	**Title**	**Number of Employed Hours**
877-531-1147	PHARMACIST IN CHARGE	20,000+ HRS 40HRS/WK
Description of Duties		
DIRECTOR OF OPERATIONS. STERILE, NONSTERILE COMPOUNDING, REGULATORY OVERSIGHT, MANAGERIAL RESPONSIBILITIES		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Chad Whitefield, **certify that as the designated representative for**

Medivera Compounding Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CW I am at least 21 years of age;
3. CW 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. CW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CW 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. CW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chad Whitefield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/18/25

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.

Chad Whitefield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/18/25

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Macomb

I, Chad Whitefield, 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

8/18/25

Date

Subscribed and Sworn to before me this 18th day of August 2025.

Notary Public Signature

ELENA BLAZESKI
Notary Public, State of Michigan
County of Macomb County
My Commission Expires 12-23-2025
Acting in the County of Macomb

(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: Medivera Compounding Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 5301013612

Physical Address: 5225 Crooks Rd

City: Troy State: MI Zip: 48098

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-531-1147 Website: www.mediverarx.com

Licensing Company Email: unicompoundrx@gmail.com

Section 2: Personal Information

First: Bradley Middle: Last: McCloskey

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

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 Michigan		09/99-04/06	
Address: 1109 Geddes	City: Ann Arbor	State: MI	Zip: 48109
Diploma/Degree obtained, if any: Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Brother Rice High School		09/98 -05/99	
Address: 7101 Lahser Rd	City: Bloomfield Hills	State: MI	Zip: 48301
Diploma/Degree obtained, if any: Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	City	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)	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Medivera Compounding Pharmacy			From - To (MM/YY – MM/YY): 06/06 – Current
Business Address: 5225 Crooks Rd	City: Troy	State: MI	Zip: 48098
Phone: 248-267-5002	Title: President / CEO		
Description of Duties: CEO			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	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.

Bradley McCloskey

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/20/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, Bradley McCloskey, 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

8/20/2025

Date

Subscribed and Sworn to before me this 20 day of August 2025.

Notary Public Signature

ELENA BLAZESKI
Notary Public, State of Michigan
County of Macomb County
My Commission Expires 12-23-2025
Acting in the County of Macomb

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

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: Medivera Compounding Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 5225 Crooks Rd

City: Troy State: MI Zip: 48098

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-531-1147 Toll Free # (NAC 639.708, NRS 639.23286): 877-531-1147

Fax: 866-531-1826 Contact Email: unicompoundrx@gmail.com

Website: www.mediverarx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Chad Whitefield

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24447

Name of Designated Person(s) as defined by revised USP-797 guidelines: Chad Whitefield

Email of Designated Person(s): chad@mediverarx.com

Telephone of Designated Person(s): 877-531-1147

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)?

☐ Category 1 ☒ Category 2 ☒ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☒ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☒ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ☒ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 3/2024

6. What is the frequency of the recertification for the ISO classified areas? EVERY 6 MONTHS

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☒ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☒ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? WEEKLY

10. Will you be performing sterile hazardous drug compounding? ☒ Yes ☐ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

BIMIX
TRIMIX
QUADMIX
HYDROXOCOBALAMIN
METHYLCOBALAMIN
LIRAGLUTIDE
SEMAGLUTIDE / CYANOCOBALAMINE
TIRZEPATIDE / NIACINAMIDE
TESTOSTERONE PROPIONATE / TESTOSTERONE CYPIONATE COMBO
TESTOSTERONE ENANTHATE
ESTRADIOL INJECTION

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL BIO/PHARMA
Address: 840 RESEARCH PARKWAY
City: OKLAHOMA CITY State: OK Zip: 73104
Telephone: 405-271-1144

13. What is your procedure for visual inspection of compounded sterile products?

We look for container Integrity & leaks, cloudiness & seperation in Solution, Appropriate color, volume & viscosity, and we also check for particles by swirling the vial against light & dark light.

14. How often do you perform glove fingertip and medial fill testing?

Quarterly

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Each compounder must have or Pass "Sterile Compounding asceptic Technique" Class and Pass three consecutive finger dip, amedia fill, garbing Plate & potency before they are allowed to compound. (included hand washing & cleaning competency)

Ongoing training - finger dip, gown competency, hand washing, media fill, Potency, cleaning competency & annual Quiz.

16. 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:

The primary engineering control is cleaned at the beginning of each shift, in between batches, every 30 min. of active compounding & at the end of shift with TB1-3300 followed by sterile 70% alcohol.

The secondary engineering control is cleaned daily with TB1-3300 & sterile alcohol

The primary & secondary engineering control is cleaned weekly & monthly with Sterile Peridox, Sterile Decon-Quat 200C, & sterile IPA.

17. Who performs the sterile compounding process at your facility?

Only certified sterile techs. & certified sterile Pharmacist.

18. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in charge - Chad Whitfield

Sterile manger / D/P - Melad Abdulahad

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

we use inflatable Sherpas to keep our Products Safe & we also include ice packs inside for refrigerated products.

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? LAFW and BSC		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

For Patient Proper handling, each patient speaks to one of our Pharmacist Initially about the best way to use/handle the Hazardous Products. As far disposal, we encourage patient to reach out to local ~~[illegible]~~ law enforcement about disposal Procedure, we also provide Sharps container.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Each compounder must have or pass "sterile compounding aseptic Technique" class, Pass three consecutive finger pads, Gowning competency, hand washing, cleaning, Redness, and media fill. for Hazardous drugs, we do a Hazardous acknowledgment form, Assessment of risk that each compounder has to read & sign. A Hazardous Quiz & training which includes gowning, compounding & filling, cleaning, spills, and eye wash training,

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Bimix
Trimix
Quad mix
Hydroxocobalamin
Methylcobalamin
Semaglutide/cyanocobalamin
Liraglutide
Testosterone Enanthate
Testosterone Cypionate/Testosterone Propionate
Estradiol
Tirzepatide/niacinamide

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Quarterly

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? (Yes) No

4. What is the frequency for completing volumetric active air sampling?

Weekly

5. What is the frequency for completing surface sampling? weekly		
6. What is the frequency for using sporicidal agents? Weekly		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	(Yes)	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	(Yes)	No

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.

Chad Whitefield

Name of Person who Completed the Form

Pharmacist in Charge

Title

Signature (copies or stamps not accepted)

8/19/25

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

Bureau of Professional Licensing

Inspection History

License & Contact Information

License Holder:
License Type: Pharmacy Application
License #: 5301013612APP24 **License Status:** License Issued
Site Address: 5225 Crooks Rd, Troy, MI 48098
Contact Name / Type:
Contact Phone / Email:

List of All Inspections To-Date

Date	Inspection Type	Result	Inspector
03/10/2025	Pharmacy Application Inspection	Pass	Janice Waldmiller

Inspection & Checklist Details

03/10/2025 Pharmacy Application Inspection - PASS

Date	Inspection Type	Result	Inspector
03/10/2025	Pharmacy Application Inspection	Pass	Janice Waldmiller

Overall Inspection Comment: This inspection was an application inspection for a relocation of facilities. The applicant was not in operation. This inspector received CETA reports 3/17/25 for the new location.

Applicant is aware of the requirement to provide documentation of compliance with USP 797 within 6 months.

Attached Document(s) (Filename only):
CETA Reports 3/7/2025

CHECKLIST NAME: General Pharmacy App Insp

Checklist Item	Status
General Pharmacy Information **Is the current PIC the same individual listed on the pharmacy license in MiPlus:** Yes **Traditional Retail:** ☒ **Open to the Public:** ☒ **Mail/Deliver in state:** ☒ **Mail/Deliver out-of-state:** ☒ **Sterile Compounding:** ☒ **Nonsterile Compounding:** ☒ **Nonsterile Hazardous Drug Compounding:** ☒ **Sterile Hazardous Drug Compounding:** ☒ **PHARMACISTS** **Pharmacist's Name:** Chad Whitefield **License Number:** 5302032365	Yes
Does the pharmacy have adequate security for the building the pharmacy is located within?	Yes
Does the pharmacy have adequate security for controlled substances?	Yes
Does the pharmacy have a adequate recording keeping system to comply with 338.480a?	Yes
Does the pharmacy have a sink with hot and cold running water?	Yes
Does the pharmacy have a refrigerator?	Yes
Does the pharmacy have or have access to the current Michigan Public Health Code and the Michigan Board of Pharmacy Administrative Rules?	Yes

Does the pharmacy have at least 2 current printed or online pharmacy references?	Yes
Does the pharmacy have adequate equipment to dispense prescriptions?	Yes
Does the Pharmacy have a minimum 150 sq feet?	Yes
Does the Pharmacy have floor to ceiling partitions?	Yes
Does the pharmacy have at least 10 sq feet of free working counter space?	Yes
Does the pharmacy have space behind the counter to allow free movement?	Yes
Does the pharmacy have the necessary shelves, cabinets, and drawers?	Yes
Does the pharmacy have clean and sanitary surroundings, is well-lighted, and is well-ventilated?	Yes
Has the PIC changed from the PIC on the application; Is the pharmacy aware that the department must be notified of PIC change within 30 days by filing an ?Application for Miscellaneous Pharmacy Change??	Yes
Will a pharmacist be present at all times?	Yes

CHECKLIST NAME: Sterile Cmpd App Insp	
Checklist Item	**Status**
Has the pharmacy provided a list of all sterile compounding personnel with license numbers and expiration dates?	Yes
Has the pharmacy provided a diagram of the facility that includes all classified areas and primary engineering controls?	Yes
Has the pharmacy provided a copy of a CETA certification report for all engineering controls (clean rooms, buffer rooms, hoods, isolators)?	Yes
Does the CETA certification report include initial surface and air bioburden testing?	Yes
Does the CETA certification report include non-viable particle counts?	Yes
Does the CETA certification report include room pressures?	Yes
Does the CETA certification report include smoke pattern tests?	Yes
Does the CETA certification report include HEPA filter leak tests?	Yes
Does the CETA certification report include airflow velocity measurements?	Yes
Does the CETA certification report include documentation of test equipment calibration?	Yes
Is there documentation for the purge time required to introduce items in the pass-throughs (if any)?	Yes
Are there written evaluations/analyses of all compounding staff for 1.) garbing and hand hygiene; 2.) aseptic manipulation skills; 3.) daily & monthly cleaning and disinfection skills?	Yes
Is there documentation provided for most recent staff media fill/transfer testing record?	Yes
Is there documentation provided for most recent staff glove finger (and thumb) sampling for viable organisms record?	Yes
Is there documentation provided for temperature and humidity measurements for storage and compounding areas?	Yes
Is there a list of hazardous drugs that the pharmacy plans to compound?	Yes
Has the pharmacy provided SOP?s for hazardous drug garbing?	Yes
Has the pharmacy provided documentation of training in storage, handling, containment for hazardous drugs?	Yes
Are there adequate hazardous drug waste disposal procedures?	Yes
Is there documentation that staff understand risks associated with hazardous drugs?	Yes
Has the facility provided a copy of a completed (to the extent possible) ?Universal Sterile Module?	Yes
Are there written operating procedures for compliance with USP, Board of Pharmacy Administrative Rules, and Michigan Public Health Code?	Yes
Is there a copy of a letter from a board-approved accreditation organization that the pharmacy has contracted for sterile compounding accreditation for this location and that the accreditation process will be completed within 90 days of opening?	Yes

5301013612APP24

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

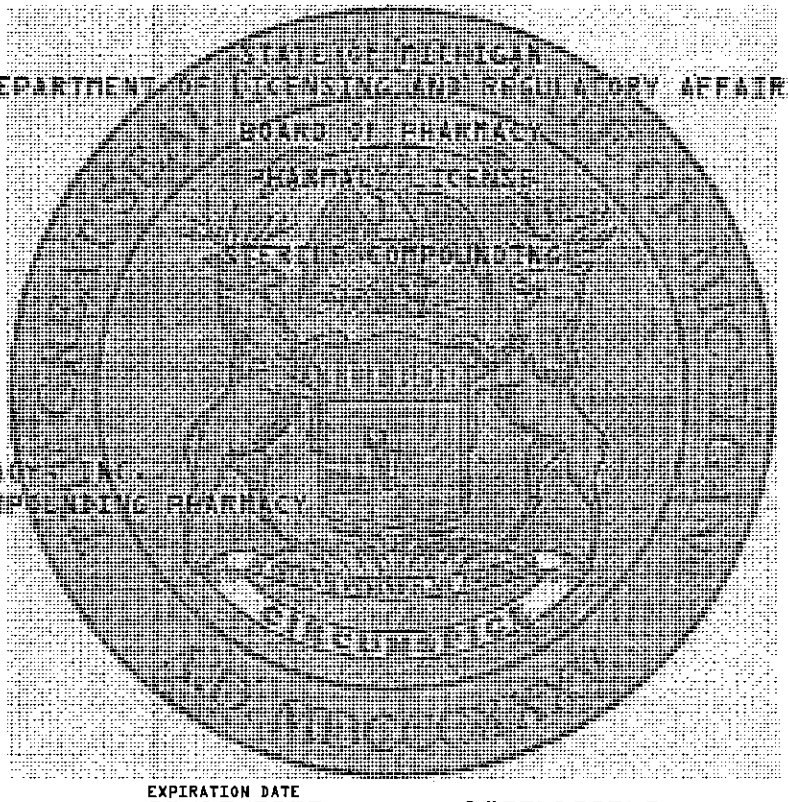
DIVERSIFIED PHARMACY, INC.
DBA - MEDIVERA COMPOUNDING PHARMACY
5225 CROOKS RD
TROY, MI 48098

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR



DIVERSIFIED PHARMACY, INC.
DBA - MEDIVERA COMPOUNDING PHARMACY
5225 CROOKS RD
TROY, MI 48098

LICENSE NO.
5301013612

EXPIRATION DATE
03/17/2027

25076150345

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

Licensed Professional Information: Pharmacy 5301013612

Licensee Detail

License Type:
Pharmacy

License Number:
5301013612

Organization Name:
DIVERSIFIED PHARMACY, INC.

DBA Trade Name:
Medivera Compounding Pharmacy

License Issue Date:
03/17/2025

License Expiration Date:
03/17/2027

License Status:
Active

County:
Oakland

PHARMACIST IN CHARGE

Pharmacist License Number: 5302032365

Pharmacist Name: Chad Alan Whitefield

Start Date: 03/17/2025

CONTROLLED SUBSTANCE LIST

City: Troy

State or Province: Michigan

ZIP or Postal Code: 48098

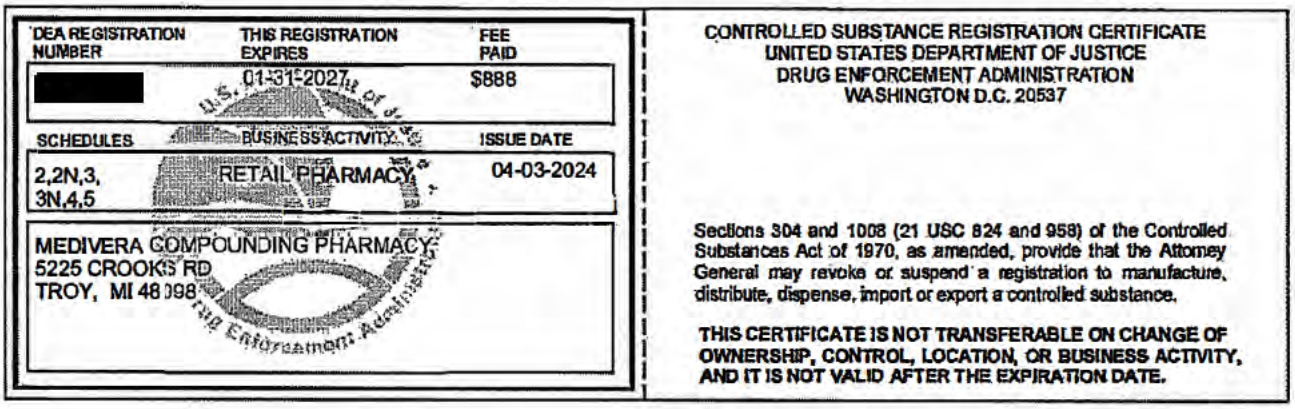
CS Record Number: 5315254234

CS Status: Active

CS Expiration Date: 03/17/2027

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	01-31-2027	$888

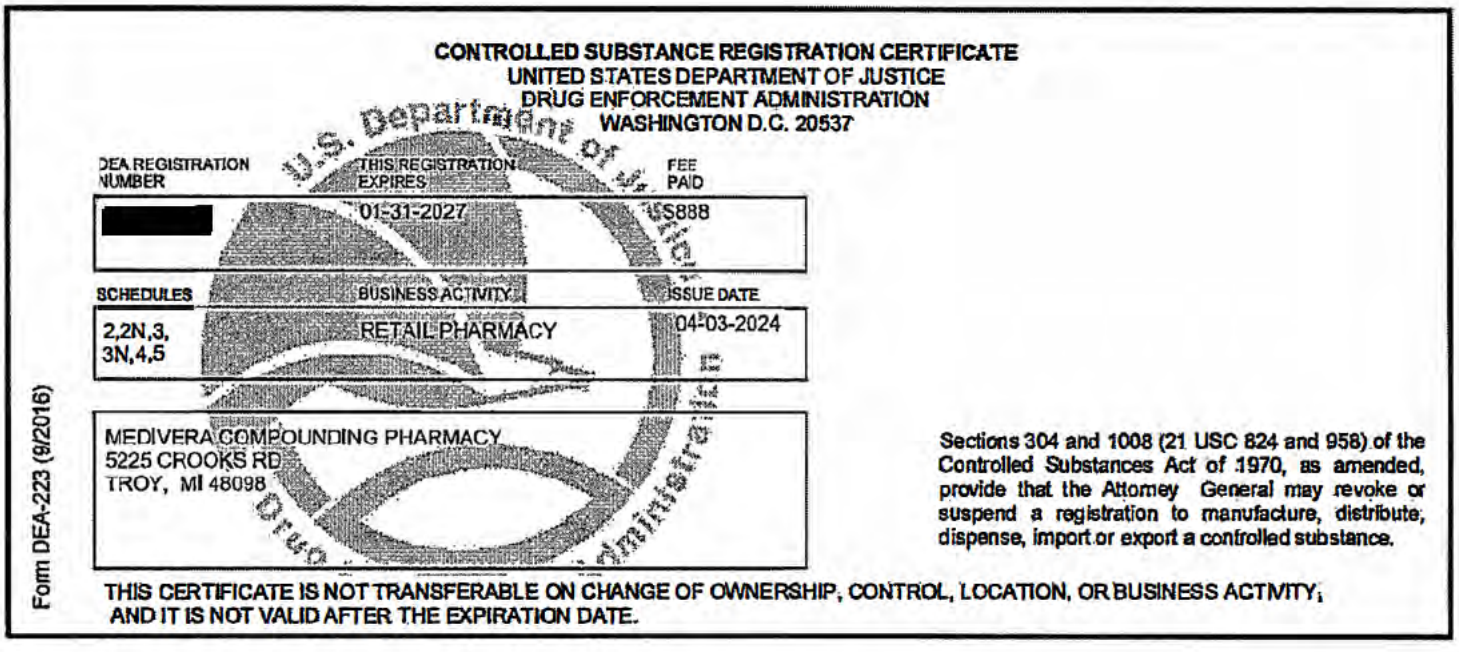
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-03-2024

MEDIVERA COMPOUNDING PHARMACY
5225 CROOKS RD
TROY, MI 48098

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
[redacted]	01-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-03-2024

MEDIVERA COMPOUNDING PHARMACY
5225 CROOKS RD
TROY, MI 48098

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Form DEA-223 (9/2016)

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 (6/11/2024)

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 #: BS5099254
	☐ 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: Immunizations & Pet meds

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: Safeway Pharmacy #1474

Physical Address: 4823 S Hwy 95

City: Ft. Mohave State: AZ Zip: 86426

Mailing Address (if different from physical address): 250 E Parkcenter Blvd

City: Boise State: ID Zip: 83706

Telephone: 928-704-4443 Toll Free # (NAC 639.708, NRS 639.23286): 877-723-3929

Fax: 928-704-1684 Contact Email: rxlicenses@albertsons.com

Website: www.safeway.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Matthew Dembik

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21097

Section 2: List the name(s) of at least one NEVADA 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: Matthew Dembik	NV Pharmacist Registration #: 21097
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: DE

Parent Company (if any): Albertsons Companies INC

Corporation Name: Safeway INC

Mailing Address: 250 E Parkcenter Blvd

City: Boise State: ID Zip: 83706

Telephone: 208-395-4301 Email: rxlicenses@albertsons.com

Contact Person Name: Michelle Baron

Date of SEC Registration: 7/08/2015 | SEC Registration Number: 333-20696 | Stock Exchange Symbol: ACI

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the manager, Pharmacy Compliance titled for Safeway Pharmacy #1474 (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Charles Painter

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/20/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Charlie Painter 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, Pharmacy Compliance (title) for Safeway Pharmacy #1474 (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 20th day of October, 2025

Notary Public

DAWN BURROW
Comm. No. 20213042
NOTARY PUBLIC
Expires: 06/24/2027
STATE OF IDAHO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Painter

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)

10/20/25

Date

Board Use Only	Date Received: 10/22/25	Amount: $500cc

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
RAN 1896	Safeway Inc.	1400 Cypress Creek Road Cedar Park, TX 78613	21279	02/14/12	H-10-028	On February 14, 2012, Randall's Food Markets, Inc. dba Randall's Pharmacy #1896, located in Cedar Park, Texas, entered into a Board Order with the Texas Board of Pharmacy relating to a misfill event that occurred on or about December 13, 2009. The pharmacy license was reprimanded and as part of the Order, a Continuous Quality Improvement Program was developed for this location to review all medication errors. No restrictions are on the pharmacy license.	N/A	TX BOP
SWY 1537	Safeway Inc.	212 Elks Point Rd. PO Box 11111 Zephyr Cove, NV 89448	PH01196	05/26/16	16-017-PH-N	On or about March 24, 2016 the BOP discovered the Pharmacy PIC did not have an active license and was workding unlicensed for approximately 62 days. He was cited and fined for Unlicensed Practice of Pharmacy. The store was also fined. No restrictions were placed on the pharmacy.	N/A	NV BOP
SWY #2255	Safeway Inc.	Hwy 95 & Armory Hawthorne, NV 89415	PH00688	03/02/17	16-069-PH-N	On or about October 13, 2016 Safeway Pharmacist administered a flu vaccine to a 16 year old minor without parental consent which was a deviation from the Immunization protocol. The minor was allergic to eggs and had a reaction to the vaccine. Safeway #2255 was ordered to pay an administrative fee and to update its policies on proceedures regarding gathering patient information prior to administering an immunization.	N/A	NV BOP
SWY 1528	Safeway Inc.	460 SW Mt. SI Boulevard North Bend, WA 98045	N/A	07/18/17	N/A	On July 18, 2017 Safeway entered into a Memorandum of Agreement with the DEA for failure to notify the DEA in writing of the theft or significant loss of any controlled substance within the required time period (one business day of discovery). As a result of that agreement, Safeway #668 (no longer open) surrendered its license. Safeway #1528 was suspended for four months. The Corrective Action Plan with the DEA was for a period of three years and ended in July of 2020.	N/A	DEA
SWY 0350	Safeway Inc.	702 North 5th Avenue Sandpoint, ID 83864	40533RP	02/07/18 04/12/19	BOP-19-034 BOP-19-067	On February 7, 2018, Safeway Pharmacy #350 entered into a Stipulation and Consent Order with the Idaho State Board of Pharmacy relating to inadequate staffing when a pharmacist scheduled to work failed to arrive and coverage could not be secured, in part due to its rural location. This caused the pharmacy to close for the day. As a result of the Stipulation and Consent Order, Safeway Pharmacy #350 was ordered to pay a fine in the amount of $4,000. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Idaho. No other Safeway pharmacy registrations are impacted by this settlement. On April 12, 2019, Safeway Pharmacy #350 entered into a Stipulation and Consent Order with the Idaho State Board of Pharmacy regarding the	N/A	ID BOP
SWY 0424	Safeway Inc.	795 S. Columbia River Highway St. Helens, OR 97051	RP-0001060-CS	02/08/19	2017-0484	Effective February 8, 2019, Safeway Inc. dba Safeway Pharmacy #424, located in St. Helens, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy regarding loss of controlled substances. As a result of the settlement, Safeway Pharmacy #424 is on probation for period of three years. There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Oregon. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	02/08/22	OR BOP
SWY 2656	Safeway Inc.	2858 Vista Boulevard Sparks, NV 89434	PH01820	06/05/19	17-008-RPH-B-N 17-008-PH-N	On June 5, 2019, Safeway Pharmacy #2656 entered into a Stipulation and Order with the Nevada State Board of Pharmacy relating to controlled substance losses perpetrated by a staff pharmacist who was terminated. The PIC of Safeway #2656 was cited for failure to appropriately supervise the staff pharmacist. As a result of this Stipulation and Board Order, Safeway #2656 paid a fine in the amount of $1,000, and the PIC received a letter of reprimand, paid a fine of $250, and had to complete two continuing education units on the topic of managing pharmacist responsibilities.	N/A	NV BOP

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 1629	Safeway Inc.	1265 Center Street NE Salem, OR 97301	RP-0001739-CS	09/09/19	2019-0175	On September 9, 2019, Safeway Inc. dba Safeway Pharmacy #1629, located in Salem, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy regarding record keeping practices. As a result, Safeway Pharmacy #1629 was ordered to pay a civil penalty in the amount of $7,000 ($10,000 with $3,000 stayed pending no further similar violations for three years). There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Oregon. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	OR BOP
SWY 3729	Safeway Inc.	1231 S. Prairie Avenue Pueblo, CO 81005	PDO 104-22	11/20/19	2019-2089	Effective November 20, 2019, Safeway Inc. dba Safeway Pharmacy #3729, located in Pueblo, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to timely submit an application detailing a change in pharmacist manager and fee. As a result of the settlement, Safeway Pharmacy #3729 was ordered to pay a civil penalty in the amount of $1,150 ($1,000 plus an additional surcharge of 15% [$150]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 1038	Safeway Inc.	1653 S. Colorado Boulevard Denver, CO 80222	PDO 168	12/05/19	2019-7336	Effective December 5, 2019, Safeway Inc. dba Safeway Pharmacy #1038, located in Denver, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding multiple violations found during an inspection, one of which was a repeated deficiency from two prior inspections. As a result of the settlement, Safeway Pharmacy #1038 was ordered to pay a civil penalty in the amount of $575 ($500 plus an additional surcharge of 15% [$75]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 0514	Safeway Inc.	642 NE 3rd Street Bend, OR 97701	RP-0001016-CS	02/11/20	2020-0122	On February 11, 2020, Safeway Pharmacy #514 signed a consent order with the Oregon Board of Pharmacy for violations relating to various record keeping, drug storage, training, and Pharmacist-In-Charge requirements dating back to June of 2017. Safeway #514 was also cited for failure to have a complete e-kit as required for providing immunizations. As a result of this consent order, Safeway #514 is on probation for a period of two years and will pay a civil penalty in the amount of $45,000 with $40,000 stayed pending compliance with the consent order (the required $5,000 has already been paid). Safeway #514 has also developed and implemented a Quality Assurance Plan (which has been approved by the Oregon Board of Pharmacy). The PIC will perform monthly compliance audits and the District Pharmacy Manager will submit quarterly reports on compliance with the Quality Assurance Plan to the Board office. There are no restrictions on Safeway #514's ability to fill prescriptions for any patient. We are confident that all issues discovered in 2017 have since been resolved.	02/11/21	OR BOP
SWY 1446	Safeway Inc.	11051 S. Parker Road Parker, CO 80134	PDO 180000003	03/24/20	2020-1085	Effective March 25, 2020, Safeway Inc. dba Safeway Pharmacy #1446, located in Parker, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding one repeated deficiency found during an inspection from the past three consecutive inspections, involving vaccine administration records missing the site of administration. As a result of the settlement, Safeway Pharmacy #1446 was ordered to pay a civil penalty in the amount of $575 ($500 plus an additional surcharge of 15% [$75]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 0008	Safeway Inc.	7375 E Arapahoe Rd. Englewood, CO 80112	370000027	05/--/2020	2019-7048	Safeway #0008 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding repeated deficiencies found during several inspections involving vaccine administration records missing; the site of administration and date of vaccine. As a result of the settlement, Safeway Pharmacy #0008 was ordered to pay a civil penalty in the amount of $1,000. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 0914	Safeway Inc.	2321 W. Eisenhower Boulevard Loveland, CO 80537	PDO 82-015	07/25/20	2020-1425	Effective July 25, 2020, Safeway Inc. dba Safeway Pharmacy #914, located in Loveland, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding one repeated deficiency found during an inspection from the past three consecutive inspections, involving vaccine administration records missing the site of administration and date of vaccine. As a result of the settlement, Safeway Pharmacy #914 was ordered to pay a civil penalty in the amount of $575 ($500 plus an additional surcharge of 15% [$75]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 2817	Safeway Inc.	232 G Street Salida, CO 81201	PDO 109-4	09/10/20	2019-2057	Effective September 10, 2020, Safeway Inc. dba Safeway Pharmacy #2817, located in Salida, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping practices for controlled substances. As a result of the settlement, Safeway Pharmacy #2817 was ordered to pay a civil penalty in the amount of $1,150 ($1,000 plus an additional surcharge of 15% [$150]), and received a letter of admonition from the Colorado State Board of Pharmacy. Inventory of all controlled substances shall be taken in either of the two instances (i) upon change of pharmacist manager or their designee, or (ii) transfer of ownership. Violations must be reported by the PIC to the Board in writing, and within specific timelines. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 2666	Safeway Inc.	4548 Centerplace Drive Greeley, CO 80634	PDO 510	10/22/20	2018-7425	Effective October 22, 2020, Safeway Inc. dba Safeway Pharmacy #2666, located in Greeley, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping and inventory practices for controlled substances as found during a controlled substance audit on February 4, 2019. As a result of the settlement, Safeway Pharmacy #2666 is on probation for a period of three years and shall nominate a qualified, Board approved Practice Monitor to conduct random inspections and report to the Board within specific timelines. The Practice Monitor must also submit itemized invoices to the Pharmacy and Board for monitoring services. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	10/22/23	CO BOP
SWY 0514	Safeway Inc.	642 N.E. Third Street Bend, OR 97701	RP-0001016-CS	11/11/20	2020-0122	On November 11, 2020, Safeway Pharmacy #514 signed a consent order with the Oregon Board of Pharmacy for violations relating to the failure to maintain proper record keeping and security practices for controlled substances during the period of January 2018 to September 2019. As a result of this consent order, Safeway #514 will pay a civil penalty in the amount of $10,000 with $10,000 stayed pending compliance with the consent order. Safeway #514 has also developed and implemented a Quality Assurance Plan. The PIC will provide training to pharmacists, technicians and future staff pursuant to the Quality Assurance Plan. The District Pharmacy Manager will submit quarterly reports on compliance with the Quality Assurance Plan to the Board office. There are no restrictions on Safeway #514's ability to fill prescriptions for any patient. We are confident that all issues discovered during the period of January 2018 to September 2019 have since been resolved and the Quality Assurance Plan submitted to the Board has been approved.	N/A	OR BOP
SWY 0722	Safeway Inc.	457 West Main Street Trinidad, CO 81082	PDO 12-06	12/29/20	2020-3758	Effective December 29, 2020, Safeway Inc. dba Safeway Pharmacy #722, located in Trinidad, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping and inventory practices for controlled substances as found during a controlled substance audit on February 12, 2020 and during three past audits conducted between 2016 and 2017. As a result of the settlement, Safeway Pharmacy #722 is on probation for a period of two years and shall nominate a qualified, Board approved Practice Monitor to conduct random inspections and report to the Board within specific timelines. The Practice Monitor must also submit itemized invoices to the Pharmacy and Board for monitoring services. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	12/29/22	CO BOP

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 4905	Safeway Inc.	6100 Hellyer Avenue Suite 100 San Jose, CA 95138	PHY53416	02/23/21 12/22/16	PHA 2020-22-L	Safeway Pharmacy #4905 ("#4905") is a compounding pharmacy located in San Jose, California and was the subject of disciplinary action by the California Board of Pharmacy, effective December 22, 2016. The Board's action was initiated based on #4905's compounding of domperidone, a product still being prescribed by physicians, but the subject of much industry confusion and lack of clarity by the FDA as to whether it could be lawfully compounded. As soon as the staff at #4905 learned of the confusion and ongoing debate surrounding this product, #4905 ceased compounding the product. Safeway Pharmacy #4905 entered into a stipulated settlement that includes a two-year probation with the California Board of Pharmacy. Safeway Pharmacy #4905 has engaged an independent consultant to ensure ongoing compliance with all compounding laws. While on probation, #4905 received a non-disciplinary cite and fine in the amount of $4,500 for "failure to perform required end product testing on non-sterile to sterile batch compounded products." Until December 23, 2016, the California Board of Pharmacy adopted the USP 797 definition of "batch." Safeway Pharmacy #4905 strictly followed USP 797 guidelines for non-sterile to sterile injectables. In January of 2017, new California compounding regulations went into effect, which added new definitions and deviated greatly from USP 797 requirements. Under USP 797, a "batch" is more than one unit and has to contain at least 25 single-dose packages before end product testing is required. Under the new California rules (which are currently being revamped due to their confusing nature), a single multi-use vial for one patient is a "batch." Upon learning of this, we immediately changed our practices. Because this new Board action occurred while #4905 was on probation, its probation was extended while we awaited resolution of the new Board action. That Board action was resolved on January 23, 2020 and probation at Safeway #4905 has ended. On February 23, 2021, #4905 entered into a Settlement Agreement with the Hawaii Department of Commerce and Consumer Affairs Regulated Industries Complaints Office related to the 2016 disciplinary action taken by the California Board of Pharmacy. As a result of this reciprocal discipline, #4905 was ordered to pay an administrative fine in the amount of $1,000. There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Hawaii. No other Safeway pharmacy registrations are impacted by this settlement.	Completed	CA BOP HI BOP
SWY 2817	Safeway Inc.	232 G Street Salida, CO 81201	PDO 109-4	02/10/21	2020-1666	Effective February 10, 2021, Safeway Inc. dba Safeway Pharmacy #2817, located in Salida, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping practices for controlled substances. As a result of the settlement, Safeway Pharmacy #2817 was ordered to pay a civil penalty in the amount of $3,450 ($3,000 plus an additional surcharge of 15% [$450]), is on probation for a period of two years, and shall nominate a qualified, Board approved Practice Monitor to conduct random inspections and report to the Board within specific timelines. The Practice Monitor must also submit itemized invoices to the Pharmacy and Board for monitoring services. Inventory of all controlled substances shall be taken in either of the two instances (i) upon change of pharmacist manager or their designee, or (ii) transfer of ownership. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	02/10/23	CO BOP
SWY 2754	Safeway Inc.	3627 Airport Way Fairbanks, AK 99709	PHAR448	07/04/21	2020-000790	The Alaska State Board of Pharmacy provided notice on June 17, 2021 that Safeway Inc. dba Safeway Pharmacy #2754, located in Fairbanks, Alaska, is under official investigation for failure to file the Change of Manager Form upon the change in pharmacist-in-charge within the required time frame, on two (2) separate occasions. This is a technical violation and the Board has determined that the appropriate action is to impose a civil fine in the amount of $1,000 ($500 for each occasion). The action is pending until the proposed resolution has been adopted by the Board. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Alaska. No other Safeway pharmacy registrations will be impacted by this settlement.	N/A	AK BOP

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 1458	Safeway Inc.	1500 East Main Street Cottage Grove, OR 97424	RP-0001336	09/02/21	2021-0246	On September 2, 2021, Safeway Pharmacy #1458 signed a consent order with the Oregon Board of Pharmacy for violations relating to the failure to maintain proper record keeping and security practices for controlled substances during the period of December 2017 to December 2020. As a result of this consent order, Safeway #1458 will pay a civil penalty in the amount of $10,000 with $10,000 stayed pending compliance with the consent order. Safeway #1458 has also developed and implemented a Quality Assurance Plan (which is currently under review by the Oregon Board of Pharmacy). The PIC will provide training to pharmacists, technicians and future staff pursuant to the Quality Assurance Plan. There are no restrictions on Safeway #1458's ability to fill prescriptions for any patient. We are confident that all issues discovered during the period of December 2017 to December 2020 have since been resolved and that the Quality Assurance Plan submitted to the Board will be approved.	N/A	OR BOP
SWY 1266	Safeway Inc.	11290 Donner Pass Rd. Truckee, CA 96161	PHY 52234	02/02/22	OAH No. 2020110462	On February 2, 2022, the California Board of Pharmacy entered a public reproval against Safeway Pharmacy #1266 for failure to report absence of the pharmacist-in-charge to the Board and inadequate documentation for controlled substance prescriptions from 2014 through 2016. The company paid a total of $25,000 for costs associated with the investigation and within 60 days of the effective date of the decision will be making a donation of $20,000 to the California Naloxone Distribution Project. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of California. No other Safeway pharmacy registrations are impacted by this public reproval.	N/A	CA BOP
SWY 2667	Safeway Inc.	700 S Greeley HWY, Cheyenne, WY 82007	R10207	02/04/22	2021-06	On or about January 29, 2021, Petitioner received a complaint alleging Respondent dispensed an incorrect medication to a patient. The Board opened an investigation. On February 1, 2021 the Board notified the Pharmacistin-Charge (hereinafter, "PIC") of the complaint via certified letter and requested additional information. The PIC failed to reply to the request for information. On February 24, 2021, the Board conducted a routine inspection of Respondent. The Board concluded that #2667 failed to provide pharmacy services to the public in a safe and effective manner. #2267 was fined $10,000 for 26 medication errors.	N/A	WY BOP
SWY 782	Safeway Inc.	501 Hwy 26, Sandy, OR 970	RP-0000978	5/3/2022	2022-0591	From 2/12/2022 to 2/20/2022, SWY #782 failed to maintain temperature logs for the medicatin refridgerator, "RX Cooler #1". On 2/20/2022, Rx Cooler #1 reached a temperature outside of USP or FDA guidelines, and facility failed to document the decision to quarantine drugs for destruction or determine which drugs were safe for use. Additionally, the pharmacy continued to use the drugs exposed to the temperature excursion. On 5/15/2022, the pharmacy's "Rx Cooler #2" also failed to maintain proper temperatures and the registrant did not document the decision to quarantine drugs for destruction or determine which drugs were safe for use. Additionally, the pharmacy continued to use the drugs exposed to the temperature excursion. The OR BOP propsed a $10,000 fine on 5/3/2024 and no similar violation shall occur within 3 years. A Quality Assurance Plan shall be implemented to correct the violations and document retraining of all current and future pharmacy staff for 12 months.	N/A	OR BOP
SWY 4381	Safeway Inc.	1205 Campbell St., Baker City OR 97814	RP -0000890	03/01/23	2022-0150	On January 25, 2022, a patient received a text reminding them to refill their prescription. Patient confirmed the refill request, and the pharmacy provided the patient with a date upon which the prescription would be ready. The prescription was not ready on that date resulting in the patient receiving a partial fill. The Board concluded that the pharmacy's misrepresentation to the patient about when the prescription would be ready constituted unprofessional conduct and was grounds for discipline and was fined $1,000.	N/A	OR BOP

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 3410	Safeway Inc.	30 College Rd., Fairbanks, AK 99701	178587	05/23/23	2022-000905	Safeway Pharmacy #3410 received notification on 05/10/23 from the Alaska Board of Pharmacy that it was discovered that the pharmacy failed to file the pharmacist-in-charge application within the 10 day required time frame. Safeway Pharmacy #3410 was ordered to pay a fine in the amount of $500. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Alaska. No other Safeway pharmacy registrations are impacted by this settlement. The Consent Order is currently pending execution.	N/A	AK BOP
SWY 1267	Safeway Inc.	6460 E Yale Ave. Unit F, Denver, CO 80222	PDO.0000000188	01/05/24	2023-9480	On December 08, 2023 during a routine inspection it was discovered that the pharmacy failed to file a PIC change application. SWY #1267 failed to submit the application within the 30 day timeframe and agreed to pay a $1,150 fine. There are no restrictions placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado.	N/A	CO BOP

STORE ID	ACI OWNERSHIP ENTITY	Rx NAME	STREET ADDRESS	CITY	STATE	ZIP	AUTHORITY	REGISTRATION #	DATE OF INSPECTION (I), CITATION (C), OR ORDER (O)	CITATION / CASE NO.	FINE ($)	FINDINGS	DISCIPLINARY ACTION / RESTRICTION(S) ON REGISTRATION / IMPACTS	CURE ACTION(S) TAKEN
Rx 4705	Safeway Inc.	Albertsons-Safeway Rx COMP FAC	12874 E. Florence Avenue	Santa Fe Springs	CA	90670	CA BOP	PHY53318	07/29/21 (C)	CI 2019 85161	$ 2,500.00	Albertsons Specialty Care Pharmacy (unlicensed) performed order entry, drug utilization review, and provided consultation to patients in California on behalf of Albertsons Safeway Pharmacy #4705 without a nonresident pharmacy permit. In addition to sharing work, #4705 was aware that Albertsons Specialty Care Pharmacy was not licensed and shared a common telephone number, therefore, calls were routed to the unlicensed facility when a patient called #4705. A citation was issued and a fine of $2,500 was imposed. The fine was paid and there are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of California or in any other state or jurisdiction.	Fine imposed.	Fine paid.
SWY 1760	Safeway Inc.	Safeway Rx	1017 Market Plaza North	Pueblo	CO	81007	CO BOP	PDO-1040000064	01/22/21 (O)	2020-7019	$ 575.00	Pharmacy had 1 deficiency of which was a repeated deficiency from inspections conducted on 09/30/19 and 08/16/18. The repeated deficiency involved maintaining off-site immunization records.	Fine imposed.	Fine paid.
SWY 1866	Safeway Inc.	Safeway Rx	2220 Sunset Boulevard	Rocklin	CA	95765	CA BOP	PHY 52336	11/06/20 (C)	CI 2019 88224	$ 500.00	Pharmacy dispensed CS prescription w/out resolution of irregularities; filed a fraudulent prescription that lacked security features and had red flags.	Fine imposed.	Fine paid.
Rx 4705	Safeway Inc.	Albertsons-Safeway Rx COMP FAC	12874 E. Florence Avenue	Santa Fe Springs	CA	90670	MS BOP	Permit #14548/7.1	02/14/20 (C)	N/A	$ 1,200.00	Albertsons Safeway Pharmacy #4705 failed to submit an application to the Board for a new Pharmacistin-Charge ("PIC") within the required timeframe. A citation was issued and a fine of $1,200 was imposed. The fine was paid and due to complications because of Covid-19, the pharmacy was not able to get a new PIC hired and licensed in time, so #4705 decided to voluntarily surrender its nonresident pharmacy license in Mississippi.	Fine imposed.	Fine imposed; MS license voluntarily surrendered.
SWY 1825	Safeway Inc.	Safeway Inc.	6498 Pony Express Tr	Pollock Pines	CA	95726	CA BOP	PHY52328	01/17/24	CI2022 98643	$5,000	on 5/18/23 a pharmacist failed to offer consultation to a patient with a new prescription.	Fine imposed.	Fine paid
SWY 1825	Safeway Inc.	Safeway Inc.	6498 Pony Express Tr	Pollock Pines	CA	95726	CA BOP	PHY52328	1.17.24	CI2022 98643		on 3/26/24 the pharmacy failed to provide the inspector with the most recent controlled substance reconciliation report in a timely manner.	No fine.	
SWY 1825	Safeway	Safeway	6498 Pony Express Tr	Pollock Pines	CA	95726	CA BOP	PHY52328	05.28.25	CI202296580	$15,000	On May 26, 2022 and August 16, 2022 Pharmacy District Manager sent emails to pharmacists, encouraging them to reach goals for administering immunizations, prescription transfers, and dispensing Flowflex COVID tests. The California Board of Pharmacy alleged that the emails violated the California Bus. & Prof. Code § 4113.7. which prohibits a chain pharmacy from establishing a quota related to the duties of a pharmacist or pharmacy technician. SWY paid a fine of $15,000.	Fine imposed.	Fine paid

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2019 88224	SAFEWAY PHARMACY #1866, PHY 52336

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, § 1761 subd. (a)(b)/Health & Safety Code § 11164 subd. (a)/Health & Safety Code § 11152	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission.../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/Nonconforming prescriptions Prohibited	$500.00

CONDUCT:

Invalid and irregular prescriptions: California Code of Regulations (CCR) Section 1761 states in pertinent subdivisions, (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.

HSC Section 11164 states in pertinent parts, 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.

HSC Section 11152 states: No person shall write, issue, fill, compound, or dispense a prescription that does not conform to this division.

Safeway Pharmacy #1866 (PHY 52336), located at 2220 Sunset Boulevard, Rocklin, CA, failed to comply. Specifically, an investigation found Safeway Pharmacy #1866 dispensed the following controlled substance prescriptions:

Date	Number	Drug	Qty
07/26/18	4060327	alprazolam 2 mg	90
08/21/18	4060531	alprazolam 2 mg	90
09/18/18	4060725	alprazolam 2 mg	90
09/19/18	4060736	alprazolam 2 mg	90
11/15/19	4063839	alprazolam 2 mg	77
12/08/19	4063997	promethazine/codeine	240

These prescription documents were each missing at least two or more of the following features required for controlled substance prescription security forms:
1. A repetitive "void" pattern when copied
2. Awatermark printed on the backside of the prescription blank which read: "California Security Prescription"
3. A description of the security features included on each prescription form
4. An identifying number assigned to the approved security printer by the Department of Justice
5. A lot number and sequential number printed on the form
6. A feature printed in thermochromic ink
7. A statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."

These prescriptions also had at least some of the following red flags of illegitimacy including:
1. Cash payment
2. Apparent high starting doses, and irregular dosing, of alprazolam
3. Out of area prescriber (Los Angeles, over 400 miles away)

Safeway Pharmacy #1866 dispensed these controlled substance prescriptions without resolution of the irregularities. This was a violation of pharmacy law.

CITATION ISSUED ON: November 06, 2020	TOTAL AMOUNT OF FINE(S): $500.00
PAYMENT OF FINE(S) DUE BY: December 06, 2020	

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-7019

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY #1760, REGISTRATION NO. PDO.1040000064,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #1760, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2020-7019, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about September 30, 2003, being issued registration PDO.1040000064 and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1017 Market Plaza North, Pueblo West, Colorado.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In an inspection of Respondent Pharmacy conducted on October 9, 2020, a Board inspector found one (1) deficiency of which was a repeated deficiency from inspections conducted on September 30, 2019 and August 16, 2018.

6. The repeated deficiency involved maintaining off-site immunization records which comply with REG. 19.01.50.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

Pharmacy Board Rules and Regulations

19.01.50 Off-Site Administration of Immunizations and Vaccines

a. A prescription drug outlet may allow a licensed pharmacist to remove immunizations and vaccines from the prescription drug outlet, provided the following requirements are met:

(1) The prescription drug outlet maintains records which detail the removal of theimmunizations and vaccines with at least the following information:

(a) Name, strength, dosage form, and NDC number of the immunization or vaccine removed;

(b) Quantity removed;

(c) Date removed;

(d) Name and license number of pharmacist removing the immunization or vaccine.

(2) The immunizations and vaccines are properly stored at compendial temperatures during transport and storage at the off-site location.

(3) The vaccines and immunizations shall be secured during transport and storage at the off-site location so as to allow only licensed pharmacists, pharmacy interns, and pharmacy technicians affiliated with the prescription drug outlet to have access to them.

(4) The remaining vaccines and immunizations shall be returned to the prescription drug outlet the day they were removed.

(5) The prescription drug outlet shall maintain records detailing the vaccines and immunizations returned with at least the following information:

(a) Name, strength, dosage form, and NDC number of the immunizations or vaccines returned;

(b) Quantity returned;

(c) Date returned; and

(d) Name and license number of pharmacist returning the immunization or vaccine.

b. All required records shall be maintained in a manner that is uniformly maintained, readily retrievable, and available for inspection for a period of three years from the date of removal off immunizations or vaccines for off-site administration.

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of five hundred dollars ($500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of five hundred seventy five dollars ($575.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or

unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated: 1/28/2021
Authorized Representative

Anthony Perrotzano / VP Pharmacy Compliance
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 25 day of January, 2021.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25 day of January 2021, addressed as follows:

Safeway Pharmacy #1760
Attn: Pharmacy Manager/Authorized Representative
1017 Market Plaza North
Pueblo West, CO 81007
Email: rxlicenses@albertsons.com

Lana Hyatte
Agent of the Board

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

July 29, 2021

DATED MATERIAL ENCLOSED

ALBERTSONS LLC.
ATTN: PPSD,
250 PARKCENTER BOULEVARD
BOISE, ID 83726

RE: CI 2019 85161
ALBERTSONS-SAFEWAY PHARMACY #4705
PHY 53318

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of 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 web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- August 28, 2021: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 12, 2021: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 28, 2021: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Anne Sodergren
EXECUTIVE OFFICER

By: 

Attachments

Joshua Monforte
Citation and Fine Analyst

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 28, 2021.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 12, 2021 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 28, 2021 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2019 85161	ALBERTSONS-SAFEWAY PHARMACY #4705, PHY 53318

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 § 4301 subd. (o)	Unprofessional conduct; assist in violation	$2,500.00

CONDUCT:

Unprofessional Conduct-: Business and Professions Code Section 4301 and 4301(o). Business and Professions Code Section 4301 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: (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. Specifically, on 8/6/2019, it was found Albertsons- Safeway Pharmacy #4705 (PHY53318) located at 12871 Florence Ave, Santa Fe Springs, CA 90670 aided and abetted in unlicensed activity by Albertson Specialty Care located at 250 E. Park Center Blvd., Boise, ID 83706. Alberson Specialty Care (unlicensed) performed order entry, drug utilization review, and provided consultation to patients in CA without a non-resident pharmacy permit on behalf of Albertsons-Safeway Pharmacy #4705(PHY53318). In addition to sharing work Albertson-Safeway Pharmacy #4705 was aware Albertson Specialty Care was not licensed and also shared a common telephone number so the calls were also routed to unlicensed Albertson Speciaty Care when a patient called Albertson-Safeway #4705. Aiding and abetting unlicensed activity was non-compliance with Business and Professions Code Section 4301 and 4301(o).

[redacted] TOTAL AMOUNT OF FINE(S): $2,500.00

[redacted]

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2022 98643	SAFEWAY PHARMACY #1825, PHY 52328

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, § 1707.2 subd. (a)(3)	Duty to consult: (a) A pharmacist shall provide oral consultation to his or her patient or the agent of patient in all care settings: (3) Whenever the prescription drug has not previously been dispensed to a patient...	$5,000.00
CCR, Title 16, § 1715.65 subd. (e)	The Inventory reconciliation report shall be dated and signed by the individual(s) performing the inventory...	Citation without a fine

CONDUCT:

Duty to Consult California Code of Regulations 1707.2(a)(3) requires a pharmacist to provide oral consultation to the patient whenever the prescription drug has not previously been dispensed to a patient. Specifically, on 5/18/23, Safeway Pharmacy #1825 (PHY52328) located at 6498 Pony Express Trail in Pollock Pines, Ca. failed to provide consultation to new prescriptions when clerk asked for consultation override. Pharmacist overrode the computer system to allow sale without knowing the prescription was refill or new. Failing to provide consultation on a new prescription is a violation of CCR 1707.2(a)(3).

Reconciliation Reports of Controlled Substances California Code of Regulations 1715.65 (e) states (e)(1) An inventory reconciliation report shall be dated and signed by the pharmacist-in-charge or professional director (if a clinic), in addition to any signature required by subdivision (c)(1). An individual may use a digital or electronic signature or biometric identifier in lieu of a physical signature under this section if, in addition, the individual physically signs a printed statement confirming the accuracy of the inventory or report. The signature shall be dated, and the signed and dated statement shall be retained on file pursuant to paragraph (2). (2)The report, and all records used to compile the report, shall be readily retrievable in the pharmacy or clinic for three years. Specifically, on 5/18/23, Safeway Pharmacy #1825 (PHY52328) located at 6498 Pony Express Trail in Pollock Pines, Ca. failed to provide me the most recent reconciliation report of controlled substances (conducted on 3/26/23). Later, Safeway Pharmacy's district leader admitted that such physical report with PIC's date and signature could not be located. PIC failing to sign and date the controlled substance reconciliation report and failing to keep such records in a readily retrievable manner, was a violation of CCR 1715.65 (e).

CITATION ISSUED ON: January 17, 2024	TOTAL AMOUNT OF FINE(S): $5,000.00
PAYMENT OF FINE(S) DUE BY: February 16, 2024	

THE BACK OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

ALBERTSONS SAFEWAY

BANK OF AMERICA, NA
64-1278
611

VENDOR NO: 70905
CC/PC: 1084_BSE

ALBERTSONS COMPANIES
20427 N 27th Avenue
Phoenix AZ 85027-3241

VOID AFTER 90 DAYS

CHECK DATE	CHECK NUMBER	CHECK AMOUNT
02/06/2024	1350002258	$******5,000.00

U.S. DOLLARS

PAY *Five thousand and xx/100 Dollars*

TO THE ORDER OF:
CA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DR STE 100
SACRAMENTO CA 95833

AUTHORIZED SIGNING OFFICER

⑈1350002258⑈ [redacted] [redacted]

REMITTANCE ADVICE

ALBERTSONS COMPANIES
20427 N 27th Avenue
Phoenix AZ 85027-3241

VENDOR NUMBER
70905
VENDOR NAME
CA STATE BOARD OF PHARMACY

CHECK NUMBER 1350002258
DATE 02/06/2024
AMOUNT $******5,000.00
PAGE NUMBER 1 OF 1

INVOICE NUMBER	INV DATE	PO NUMBER	INV AMOUNT	DISCOUNT	NET AMOUNT
DB CA FINE 1825 CHARLIE PAINTER	01/17/2024		5,000.00	0.00	5,000.00

PAGE TOTAL :	5,000.00	0.00	5,000.00
RUNNING TOTAL :	5,000.00	0.00	5,000.00

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

May 28, 2025

CERTIFIED MAIL

Safeway, Inc.
Attn: Anthony Provenzano
250 E. Parkcenter Blvd
Boise, ID 83706

RE: Citation Case No. CI 2022 96580
Safeway Pharmacy #1825, PHY 52328

Dear Mr. Provenzano:

Please find enclosed, for your records, the fully executed Settlement of Citation dated May 15, 2025.

Pursuant to the agreement Safeway has withdrawn its request for appeal and agrees to abide by the conditions set forth in the attached settlement. Please find attached the modified citation.

This shall constitute a satisfactory resolution of this matter and shall be presented as such in any public disclosure(s). The modified citation shall become part of Safeway's licensing record with the Board of Pharmacy.

If you have any questions concerning this matter, please do not hesitative to contact me at (916) 518-3008.

Sincerely,

Susan Cappello

Susan Cappello
Senior Enforcement Discipline Manager

Enclosure

cc: Kristina T. Jarvis, DAG
Sweta H. Patel, Esq.

C A L I F O R N I A
DEPARTMENT OF JUSTICE

Rob Bonta
Attorney General

1300 I STREET, SUITE 125
P.O. BOX 944255
SACRAMENTO, CA 94244-2550

Public: (916) 445-9555
Telephone: (916) 210-6088
Facsimile: (916) 327-8643
E-Mail: Kristina.Jarvis@doj.ca.gov

May 15, 2025

Safeway Inc., DBA Safeway Pharmacy #1825
and Jignesh Patel

Via Counsel:
Sweta H. Patel, Esq.
Potomac Law Group, PLLC
1255 Treat Boulevard, Suite 300
Walnut Creek, CA 94597-7965

Via Email Only: spatel@potomaclaw.com

Re: SETTLEMENT OF CITATIONS
In the Matter of the Citations Against:
SAFEWAY INC. DBA SAFEWAY PHARMACY #1825
and
JIGNESH RANJITBHAI PATEL
Board of Pharmacy Citation No. CI 2022 96580
and
Board of Pharmacy Citation No CI 2023 102868

Dear Ms. Patel:

This letter will serve to confirm the agreement to settle the above-referenced citations. The conditions of the agreement upon which the Executive Officer of the Board of Pharmacy will settle are detailed below.

The Executive Officer agrees to

1. Modify Citation No. CI 2022 96580 to reduce the assessed fine from $75,000 to $15,000.

2. Withdraw Citation No. CI 2023 102868 and issue a Letter of Admonishment that will be substantially similar to Exhibit 1, attached hereto.

///

Safeway Inc., dba Safeway Pharmacy #1825 agrees to:

1. Withdraw its appeal of Citation No. CI 2022 96580.
2. Pay the civil penalty imposed as set forth above.
3. Not appeal the modified citation.

Jignesh Ranjitbhai Patel agrees to:

1. Not contest the Letter of Admonishment as set forth in Exhibit 1.

By entering into this settlement, Respondents give up the right to an administrative hearing and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement of Citation, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

This Settlement of Citation 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 Settlement of Citation may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

Pursuant to Business and Professions Code section 125.9(b)(4), payment of any fine shall not constitute an admission of the violation charged.

Respondents' signature at the bottom of this letter indicates Respondents' full and complete agreement with the terms of the settlement. Please sign it and return it to this office no later than **May 31, 2025.**

///

Thank you for your cooperation in this matter.

Sincerely,

KRISTINA T. JARVIS
Deputy Attorney General

For ROB BONTA
Attorney General

KTJ:

Safeway Inc. dba Safeway Pharmacy #1825 agrees with the terms of the above settlement and hereby withdraws the appeal to Citation No. CI 2022 96580 and agrees not to appeal the modified citation described above.

SAFEWAY INC.
DBA SAFEWAY PHARMACY #1825

By: _____
[Print Name and Title]

Jignesh Ranjitbhai Patel agrees with the terms of the above settlement and hereby withdraws the appeal to Citation No. CI 2023 102868, and agrees not to contest the Letter of Admonishment described above.

JIGNESH RANJITBHAI PATEL

SA2024304023
38827458.docx

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

MODIFIED CITATION AND FINE ISSUED PURSUANT TO SETTLEMENT

Citation Number	Name, License No.
CI 2022 96580	SAFEWAY PHARMACY #1825, PHY 52328

JURISDICTION: Bus. & Prof. Code § 4317.5(b); CCR, title 16, § 1775		
VIOLATION CODE SECTION(S)	OFFENSE(S)	AMT OF FINE(S)
Bus. & Prof. Code § 4113.7	Chain community pharmacy; Quota for pharmacist or pharmacy technician duties prohibited	$15,000.00

CONDUCT:

Quotas

Business and Professions Code Section 4113.7 states in part,

(a) A chain community pharmacy, as defined in subdivision (c) of Section 4001, shall not establish a quota related to the duties for which a pharmacist or pharmacy technician license is required.

(b) A chain community pharmacy shall not, through employees, contractors, or third parties, communicate the existence of quotas, that are illegal pursuant to this section, to pharmacists or pharmacy technicians who are employees of the chain community pharmacy or with whom the chain community pharmacy contracts.

(c) (1) For purposes of this section, "quota" means a fixed number or formula related to the duties for which a pharmacist or pharmacy technician license is required, against which the chain community pharmacy or its agent measures or evaluates the number of times either an individual pharmacist or pharmacy technician performs tasks or provides services while on duty. "Quota" includes a fixed number or formula related to any of the following:

(A) Prescriptions filled.

(B) Services rendered to patients.

(C) Programs offered to patients.

(D) Revenue obtained.

(2) For purposes of this section, "quota" does not mean any of the following:

(A) A measurement of the revenue earned by a particular licensed chain community pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by, individual pharmacists or pharmacy technicians.

(B) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of a pharmacist or pharmacy technician if the evaluation does not use quotas, as defined in paragraph (1).
(C) Any performance metric required by state or federal regulators that does not use quotas, as defined in paragraph (1).

Safeway Pharmacy #1825 (PHY 52328), located at 6498 Pony Express Trail, Pollock Pines, CA 95726, failed to comply. Specifically, between May 26, 2022, and August 16, 2022, Jignesh Patel, Safeway's Pharmacy Division Pharmacy Manager for District 12 and 14 (including Safeway Pharmacy #1825), sent emails to pharmacists and pharmacy technicians in the districts communicating quotas related to pharmacist or pharmacy technician administered immunizations, Flowflex prescriptions, ConvergeRX, and RTS. These quotas were fixed numbers related to services for which a pharmacist or pharmacy technician license is required, and were communicated to pharmacists and pharmacy technicians, and the actual number of times these services were provided was evaluated. As such, these quotas are prohibited by Business and Professions Code section 4113.7. This was a violation of pharmacy law.

MODIFIED CITATION ISSUED ON:	TOTAL AMOUNT OF FINE(S):
MAY 28, 2025	$15,000.00

PAYMENT OF FINE(S) DUE BY: JUNE 27, 2025

THE MODIFIED CITATION ISSUED PURSUANT TO SETTLEMENT IS NOW FINAL. YOU HAVE WAIVED ANY RIGHT TO AN INFORMAL OFFICE CONFERENCE OR APPEAL OF THIS MODIFIED CITATION PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 1775.4. THE MODIFIED CITATION ISSUED PURSUANT TO SETTLEMENT IS THEREFORE NOT SUBJECT TO APPEAL OR ANY OTHER TYPE OF REVIEW.

COPY

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

MODIFIED CITATION AND FINE ISSUED PURSUANT TO SETTLEMENT

Citation Number	Name, License No.
CI 2022 96580	SAFEWAY PHARMACY #1825, PHY 52328

JURISDICTION: Bus. & Prof. Code § 4317.5(b); CCR, title 16, § 1775		
VIOLATION CODE SECTION(S)	OFFENSE(S)	AMT OF FINE(S)
Bus. & Prof. Code § 4113.7	Chain community pharmacy; Quota for pharmacist or pharmacy technician duties prohibited	$15,000.00

CONDUCT:

Quotas

Business and Professions Code Section 4113.7 states in part,

(a) A chain community pharmacy, as defined in subdivision (c) of Section 4001, shall not establish a quota related to the duties for which a pharmacist or pharmacy technician license is required.

(b) A chain community pharmacy shall not, through employees, contractors, or third parties, communicate the existence of quotas, that are illegal pursuant to this section, to pharmacists or pharmacy technicians who are employees of the chain community pharmacy or with whom the chain community pharmacy contracts.

(c) (1) For purposes of this section, "quota" means a fixed number or formula related to the duties for which a pharmacist or pharmacy technician license is required, against which the chain community pharmacy or its agent measures or evaluates the number of times either an individual pharmacist or pharmacy technician performs tasks or provides services while on duty. "Quota" includes a fixed number or formula related to any of the following:

(A) Prescriptions filled.

(B) Services rendered to patients.

(C) Programs offered to patients.

(D) Revenue obtained.

(2) For purposes of this section, "quota" does not mean any of the following:

(A) A measurement of the revenue earned by a particular licensed chain community pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by, individual pharmacists or pharmacy technicians.

(B) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of a pharmacist or pharmacy technician if the evaluation does not use quotas, as defined in paragraph (1).
(C) Any performance metric required by state or federal regulators that does not use quotas, as defined in paragraph (1).

Safeway Pharmacy #1825 (PHY 52328), located at 6498 Pony Express Trail, Pollock Pines, CA 95726, failed to comply. Specifically, between May 26, 2022, and August 16, 2022, Jignesh Patel, Safeway's Pharmacy Division Pharmacy Manager for District 12 and 14 (including Safeway Pharmacy #1825), sent emails to pharmacists and pharmacy technicians in the districts communicating quotas related to pharmacist or pharmacy technician administered immunizations, Flowflex prescriptions, ConvergeRX, and RTS. These quotas were fixed numbers related to services for which a pharmacist or pharmacy technician license is required, and were communicated to pharmacists and pharmacy technicians, and the actual number of times these services were provided was evaluated. As such, these quotas are prohibited by Business and Professions Code section 4113.7. This was a violation of pharmacy law.

MODIFIED CITATION ISSUED ON:	TOTAL AMOUNT OF FINE(S):
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PAYMENT OF FINE(S) DUE BY: JUNE 27, 2025

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DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Citation Case No. CI 2022 96580
Safeway Pharmacy #1825, PHY 52328

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, STIPULATED SETTLEMENT, MODIFIED CITATION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
Safeway, Inc. Attn: Anthony Provenzano 250 E. Parkcenter Blvd Boise, ID 83706	9589 0710 5270 0916 8873 89
Sweta H. Patel, Esq. Potomac Law Group, PLLC 1255 Treat Blvd, Suite 300 Walnut Creek, CA 94597	9589 0710 5270 0916 8873 96

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on May 28, 2025, 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 May 28, 2025, at Sacramento, California.

Susan Cappello

Susan Cappello, Senior Enforcement Discipline Manager

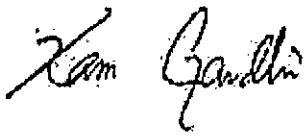
Arizona State Board of Pharmacy

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 :	Safeway Pharmacy #1474
Address :	4823 S Highway 95 Fort Mohave AZ 86426
Registration No :	Y008911
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	07/27/2021
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No



Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 11/06/2025

Updated 7/2025

OWNERSHIP/CONTROL DISCLOSURE DOCUMENT

SAFEWAY INC.
State of Domicile: Delaware
File No. 2096948
Formation Date: 7/23/1986
FEIN: 94-3019135
Address: 11555 Dublin Canyon Road, Pleasanton, CA 94588
Phone: (800) 723-3929

OFFICERS/DIRECTORS

FULL NAME	TITLE	EFFECTIVE	BUSINESS ADDRESS
Robert Larson	Senior Vice President & Chief Accounting Officer	2/22/2016	250 E. Parkcenter Boulevard Boise, ID 83706
Cody Perdue	Vice President, Treasurer & Assistant Secretary	12/3/2021	250 E. Parkcenter Boulevard Boise, ID 83706
Marilyn Beardsley	Vice President, Real Estate Law	2/28/2025	250 E. Parkcenter Boulevard Boise, ID 83706
Tony DalPonte	President Pharmacy & Health	7/16/2025	250 E. Parkcenter Boulevard Boise, ID 83706

OWNERSHIP INFORMATION

OWNER	5% OR GREATER OWNERSHIP INTEREST	FEIN	BUSINESS ADDRESS
Albertsons Safeway LLC	**100%** Owner of Safeway Inc.	86-3915481	250 E. Parkcenter Boulevard Boise, ID 83706
Albertsons Companies, Inc.	**100%** Owner of Albertsons Safeway LLC	47-4376911	250 E. Parkcenter Boulevard Boise, ID 83706
Cerberus Iceberg LLC ("Cerberus")*	**30.33%** Owner of Albertsons Companies, Inc.	87-0771271	875 Third Avenue, 11th Floor New York, NY 10022
Jubilee ABS Holdings LLC ("Schottenstein")*	**12.13%** Owner of Albertsons Companies, Inc.	47-2783569	4300 E. Fifth Avenue Columbus, OH 43219
KRS ABS LLC ("Kimco")*	**8.28%** Owner of Albertsons Companies, Inc.	20-4600633	3333 New Hyde Park Road, Suite 100 New Hyde Park, NY 10042
K-Saturn, LLC ("Klaff")*	**6.92%** Owner of Albertsons Companies, Inc.	46-4962948	35 E. Wacker Drive, Suite 2900 Chicago, IL 60601
L-A Saturn Acquisition, L.P. ("Lubert-Adler")*	**6.92%** Owner of Albertsons Companies, Inc.	30-0825127	The Cira Centre, 2929 Arch Street Philadelphia, PA 19104

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 **SAFEWAY INC.** as a FOREIGN CORPORATION (80) 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 10/07/1986, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 10/20/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202510206193406
You may verify this certificate online at https://www.nvsilverflume.gov/home

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :
Y008911

AZ Permit Exp.Date :
10/31/2024

Business Name :
Safeway Pharmacy #1474

Address :
4823 S Highway 95

Zip :
86426

City :
Fort Mohave

State :
AZ

Phone :
(928) 704-4443

Fax :
(928) 704-1684

Email :
Rxlicenses@albertsons.com

Inspection Date :
05/14/2024

PIC :
Matthew Dembik

Pic License Exp Date :
10/31/2024

DEA # :
BS5099254

DEA # Exp. date :
02/28/2027

Inspection Reviewed With :
Matthew Dembik

Inspection type :
Routine

Inspection Conducted By :
Chirag Patel

Facility Data

Rxs/Week

RPh Hours/Week

Rxs/Hours

PERMITS

1 Arizona

☑ S ☐ N/I ☐ V ☐ N/A
ARS § 32-1933(A); R4-23-606(A)

2 DEA

☑ S ☐ N/I ☐ V ☐ N/A
ARS § 36-2522(A)(2); 21 CFR 1301.35(c)

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3	Suppliers	☑ S ☐ N/I ☐ V ☐ N/A	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	ARS § 32-1925(A); R4-23-201(A)
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	☑ 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	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)(4)

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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	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1105(C)
3	Activities - trainees	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1104(A)
4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
5	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation	☑ 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

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Prescription files	☑ 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	☑ 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)
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	☑ 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)

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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	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers 05/10/2024-05/13/2024		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout	☑ 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)

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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)

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	☑ 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

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

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	☑ 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

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	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	☐ 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)

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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)
6	Component removed from original container	☐ 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	☐ 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	☐ 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)

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3	Sterile product reference	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)(6)
4	Certification hood / environment	☐ 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)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 04/30/2023

Inventory Taken : Close

Date Of Audit : 05/14/2024

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Adderall XR 30mg Capsules	10	100	110	20	90	110	0	0.00
Alprazolam 2mg Tablets	174	1800	1974	83	1891	1974	0	0.00

Lorazepam 2mg Tablets	28	300	328	89	239	328	0	0.00

NOTES

Overall Inspection Rating: Satisfactory.

Handouts Provided:

- Continuing Education Requirements for 2024.
- All licensees must update contact information (ARS 32-1926).
- Continuing education AUDIT information.
- Prescriptive authority chart (updated 2/14/2019).
- Prescription requirements for immunizations.
- Controlled substance loss/DEA 106 reporting reminder.
- Arizona standing order for Naloxone. (2023-2024) (NEW!).
- Ephedrine Letter.
- Practice of Flavoring.
- 2023 Statute/Rule Changes summary. (NEW!)
- Pharmacy reporting for two or more anti-tuberculosis medications.
- Prescription Monitoring Program. (NEW!)
- Protecting yourself from SCAMS. (NEW!)

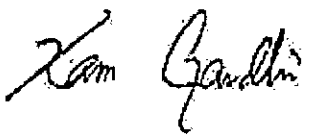
Arizona State Board of Pharmacy

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 :	Safeway Pharmacy #1474
Address :	4823 S Highway 95 Fort Mohave AZ 86426
Registration No :	Y008911
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	07/27/2021
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No



Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 11/13/2025

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/03/2024
Receipt Number: 2024185339
Receipt Amount $: 480.00

Pharmacy - Chain

PERMIT NO	EXPIRES
Y008911	10/31/2026

Issued to : Safeway Pharmacy #1474
Safeway Inc.
250 E. PARKCENTER BOULEVARD
BOISE, ID 83706

Safeway Pharmacy #1474
4823 S HIGHWAY 95
FORT MOHAVE,AZ 86426

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 : Safeway Inc.
LICENSE NUMBER : Y008911
EXPIRES : 10/31/2026

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.

SAFEWAY INC
250 E. PARKCENTER BLVD.
BOISE, ID 83706-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BS5099254	02-28-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY-COLLECTOR	01-30-2024

SAFEWAY INC
SAFEWAY PHARMACY #1474
4823 S HIGHWAY 95
FORT MOHAVE, AZ 86426-8314

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
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Form DEA-223 (9/2016)

411

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 (6/11/2024)

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 #: BS3393410
	☐ 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 #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: SMITHVILLE PHARMACY

Physical Address: 1501 Dorothy Nichols LN Ste A

City: Smithville State: TX Zip: 78957

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 5122375216 Toll Free # (NAC 639.708, NRS 639.23286): 888 250 6916

Fax: 5122374015 Contact Email: hunterpharmsmithville@gmail.com

Website: SmithvillePharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): JAMES NOTTE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24672

Section 2: List the name(s) of at least one NEVADA 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: James Notte	NV Pharmacist Registration #: 24672
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): _____

Corporation/Organization Name: Hunterpharm, INC

Mailing Address: 1501 Dorothy Nichols LN Ste A

City: Smithville State: TX Zip: 78957

Telephone: 5122375216 Email: hunterpharmsmithville@gmail.com

Contact Person Name: JAMES NOTTE

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 Survam Patel (title) for President (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Survam Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/19/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Survam Patel - President 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 Survam Patel - President (title) for Smithville Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of November, 2025

Notary Public

YUDELMY BELTREZ
Notary ID #133491498
My Commission Expires
December 15, 2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Survam 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

Original signature of Authorized Person (copies or stamps not accepted)

11/19/2025

Date

Board Use Only	Date Received: 12/9/25	Amount: $500.00

LIST OF OFFICERS:

Survam Patel – President

[redacted]

100% Owner of
Hunterpharm Inc

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, Articles Of Incorporation for HUNTERPHARM, INC. (file number 111397500), a Domestic For-Profit Corporation, was filed in this office on May 11, 1989.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 14, 2025.

Jane Nelson
Secretary of State

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 Smithville Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1501 Dorothy Nichols Ln. Ste A

City Smithville State TX Zip 78957

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 512-237-5216 Website SmithvillePharmacy.com

Licensing Company Email hunterpharmsmithville@gmail.com

Section 2: Personal Information

First James Middle Raymond Last Notte

Alias(es, nicknames, name changes etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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)	
Duquesne University		08/07 - 12/10	
Address	**City**	**State**	**Zip**
600 Forbes Ave.	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
John Carroll University		08/99 - 12/03	
Address	**City**	**State**	**Zip**
1 John Carroll Blvd	University Heights	OH	44118
Diploma/Degree obtained, if any			
BBA - Finance/Marketing majors			

School Name		From - To (MM/YY – MM/YY)	
ST. John High School		08/95 - 06/99	
Address	**City**	**State**	**Zip**
3320 Station Ave.	Ashtabula	OH	44004
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
08/21 - current	[redacted]			
08/20 - 08/21				
08/19 - 08/20				
02/18 - 08/19				
05/17 - 02/18				
01/16 - 05/17				
01/15 - 01/16				
From - To (MM/YY – MM/YY)	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)	
Smithville Pharmacy			05/23 - Current	
Business Address		**City**	**State**	**Zip**
1501 Dorothy Nichols Ln. Ste A		Smithville	TX	78957
Phone	**Title**		**Number of Employed Hours**	
512-232-5216	Pharmacist in Charge		5,000	
Description of Duties				
Oversee all aspects of independent community pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			12/20 - 05/23	
Business Address		**City**	**State**	**Zip**
4405 E. Riverside Dr.		Austin	TX	78741
Phone	**Title**		**Number of Employed Hours**	
512-447-7272	Pharmacist		3,750	
Description of Duties				
Started as vaccine specialist but then moved to staff + float pharmacist duties as well				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
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.

1 of 5

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10.01-99	10-12-99	OH	Cleveland Heights	Cuyahoga

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CRB-9901808	Cleveland Heights Municipal Court

Reason/Charge
Underage Intoxication

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

Please see attached documents for explanation + court documents

Original Signature (electronic, copies or stamps not accepted)

11-18-25

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.

2 of 5

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3-09-00	6-15-00	OH	Ashtabula	Ashtabula
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
00TRC01206		Ashtabula Municipal Court		
Reason/Charge				
OMVI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Please see attached document for explanation + court documents

Original Signature (electronic, copies or stamps not accepted)

11-18-25
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.

3 of 5

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5-14-00	8-25-00	OH	Ashtabula	Ashtabula
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
		Ashtabula County Court		
Reason/Charge				
Contributing to Unruliness of a Minor				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Please see attached document for explanation + Court documents

Original Signature (electronic, copies or stamps not accepted)

11-18-25

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.

4 of 5

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8-01-00	10-26-00	OH	Ashtabula	Ashtabula
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
00CRB00964		Ashtabula Municipal Court		
Reason/Charge				
Underage Consumption of Alcohol				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
N/A		N/A		
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Please see attached documents for explanation + court document

Original Signature (electronic, copies or stamps not accepted)

11-18-25

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.

5 of 5

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11-2-03	1-16-04	OH	Athens	Athens

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
03 TRC 07166	Athens County Municipal court

Reason/Charge
DUI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

Please see attached documents for explanation + court docum

Original Signature (electronic, copies or stamps not accepted)

7/18-25

Date

I; James Notte, **certify that as the designated representative for** Smithville Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JN I am at least 21 years of age;
3. JN 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. JN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JN 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. JN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James R. Notte
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-18-25
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 Nolte

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-18-25

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Bastrop

I, James R Nolte, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-18-25

Date

Subscribed and Sworn to before me this 18 day of November 2025

Kimberly J Dawson

Notary Public Signature

KIMBERLY J DAWSON
Notary Public, State of Texas
Comm. Expires 05-22-2026
Notary ID 12420148-9

(Seal)

James R. Notte arrest details and explanation - [illegible]

When I was 18 and 19 years old (all before starting my sophomore year of college), I was arrested multiple times for misdermeanor offenses. On 10/01/1999, I was arrested for Underage Intoxication at a fraternity party near my college in Cleveland Heights, OH. The cops were called to the house for a noise violation, and since most of the party was underage college kids, arrests for underage drinking ensued. I pled no contest, and completed a years probation and an alcohol education class. On 3/09/2000 in Ashtabula, OH , I was pulled over for a headlight violation and then charged with OMVI. The charge was reduced to Physical Control of a Vehicle, and I lost my drivers license for a year and completed a weekend DUI class. On 5/14/2000 in Ashtabula, OH, I attended an after prom party with several of my best friends. The party was at a hotel and me and a few friends were still there when the cops showed up, and since it was past midnight and after curfew, I was cited for Contributing to Unruliness of a minor since 2 of my friends were still only 17. Eventually pled guilty to Disorderely Conduct and paid a fine. On 8/01/2000 in Ashtabula, OH, I was again charged with underage consumption after cops came to party at a friends house. I pled guilty and sucessfully completed 2 years probation. Finally, on 11/02/2003, in my last semster of undergrad, I attended the Halloween festivities at Ohio University in Athens, OH with my girlfriend and other friends. We were originally supposed to stay with friends on campus (so no driving involved), but my girlfriend ending getting real sick early in the night, and I was placed in a situation of trying to best take care of her. I regretfully made the mistake of thinking I completely sobered up before driving, but was pulled over on the way to a hotel and charged with DUI. I pled no contest, lost my drivers license for 6 months, and successfully completed a drivers intervention class and 2 years probation.

I am embarrassed by all of these events. For the first several incidents, I was a young, wild, and stupid 18/19 year old kid, and was hanging out with the party crowd both at college and back home. After getting in so much trouble in such a short period of time, I finally had enough and started to mature. I decided to make some committed changes in my life by disassociating with the actions, situations, and people that I was continually getting into trouble with. And that is why the last event in 2003 is the most embarrasing. When my girlfriend started to get sick that night, I stopped drinking, ate a big dinner and drank a lot of water, along with waiting close to 2 hours to drive. And it still wasn't enough. All of these incidents are over 20 years old, most 25 years. I rarely ever drink alcohol anymore, and never drink and drive. After graduating pharmacy school, I had to endure a long, stressful, and thourogh vetting process to get my pharmacist license in Texas that included full drug/alcohol assessments, various interviews, and a multitude of explanations. I have never been in any trouble- both personally and professionally- since before I decided to return to school in 2005 and pursue a career in pharmacy. Thank you for your consideration.

[signature] 1/18/25

James R. Notte details and explanation for 10/01/1999 arrest- Intoxication

I was a little over a month into my freshman year of college at John Carroll University in University Heights, Ohio when I, along with a bunch of my friends and dorm mates, were invited to a fraternity prospective pledge party at a house outside of campus in nearby Cleveland Heights, OH. This was a college frat party so there was a lot of alcohol consumption there, and the cops were eventually called to the house for a noise violation. I, along with multiple other underage (of 21) freshman were arrested for underage intoxication. I spent the night in jail. When I went to court on 10/12/1999, I pled No Contest to the charges and was ordered to pay a fine, complete a weekend alcohol education program, along with 3 months active and 9 months inactive probation. I also had to write a paper, that was published in the school newspaper, that was titled 'The Consequences of Partying and Drinking in Cleveland Heights.' I completed all the necessary requirements of my court orders.

[redacted]

CRIMINAL CASE INFORMATION HARDCOPY Page: 1

Ticket Number: Case Number: CRB 9901808 - File Date: 10/01/1999

DEFENDANT INFORMATION:
Name : NOTTE, JAMES
AKA :
Address: [redacted]
C/S/Z : ASHTABULA OH 44118
S.S.N. : [redacted] D.O.B.: [redacted]
Personal Desc.
Judge : LCI

COMPLAINANT INFORMATION:
Name : Officer Parker Adrine
DBA :
Address: 3150 E Derbyshire
C/S/Z :
Status: 10/12/1999 CLOSED

Phone :
Eyes : BLU Hair : BRO
Sex : M Race : WH
Height: 5'08 Weight : 165

Summon Issued: How ... Returned:

Hearing Info : 10/12/1999 09:00 AM AR
Attorney ....:
Must Appear: Y
Arty Waived

VIOLATION INFORMATION

Violation Date: 10-01-1999 Time : 1:00
Summons Issued: Unit
Complainant ..: Officer Parker Adrine
Section Number: 509.03C Priors
Description ..: INTOXICATIO Degree : M4
Stat Section ..:
Waiver Amount :

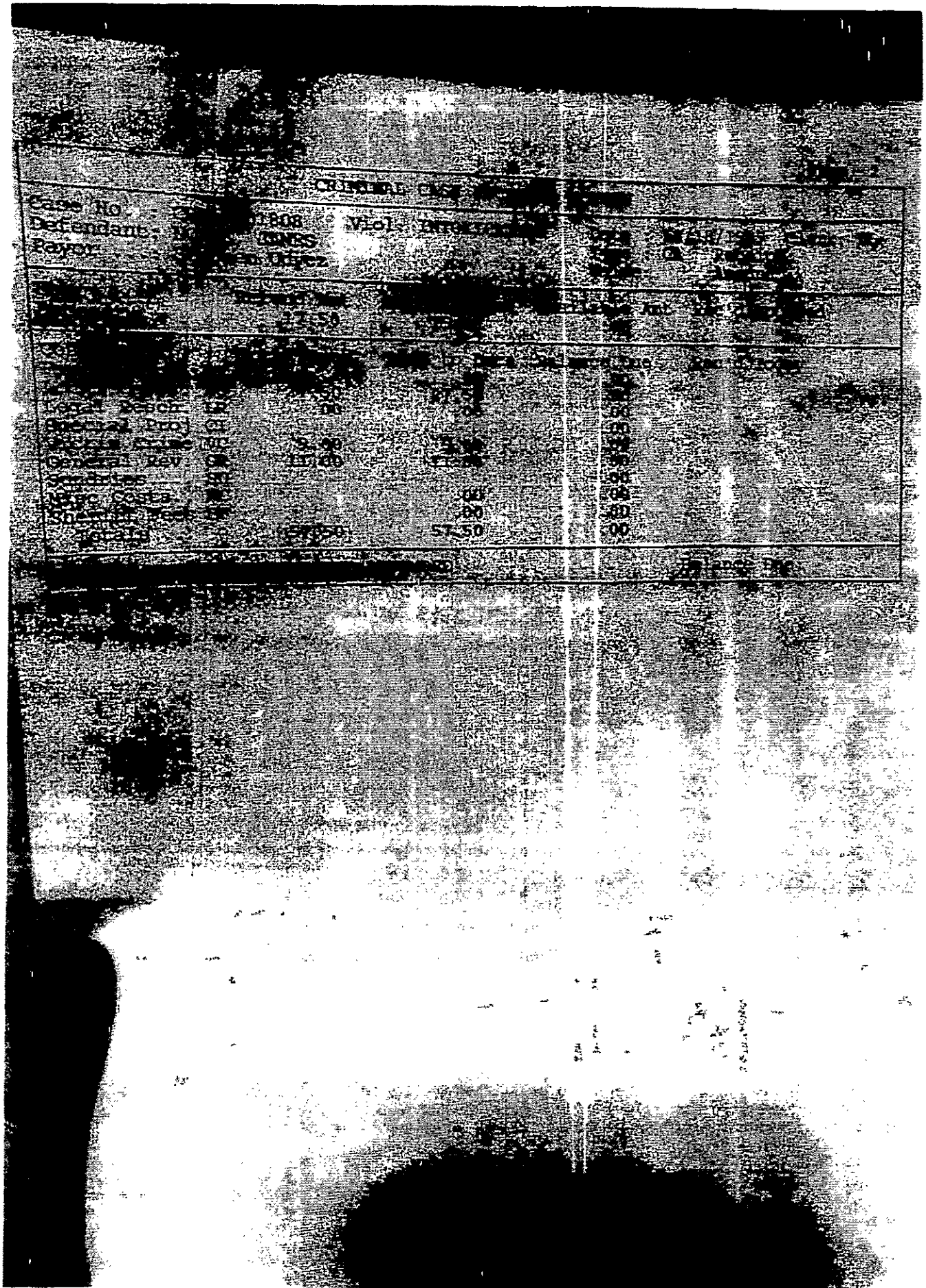
TIME LIMIT INFO

Jail Credit
Time Waived : Y
Time Limit : 45
Time Status : D

HISTORY INFORMATION

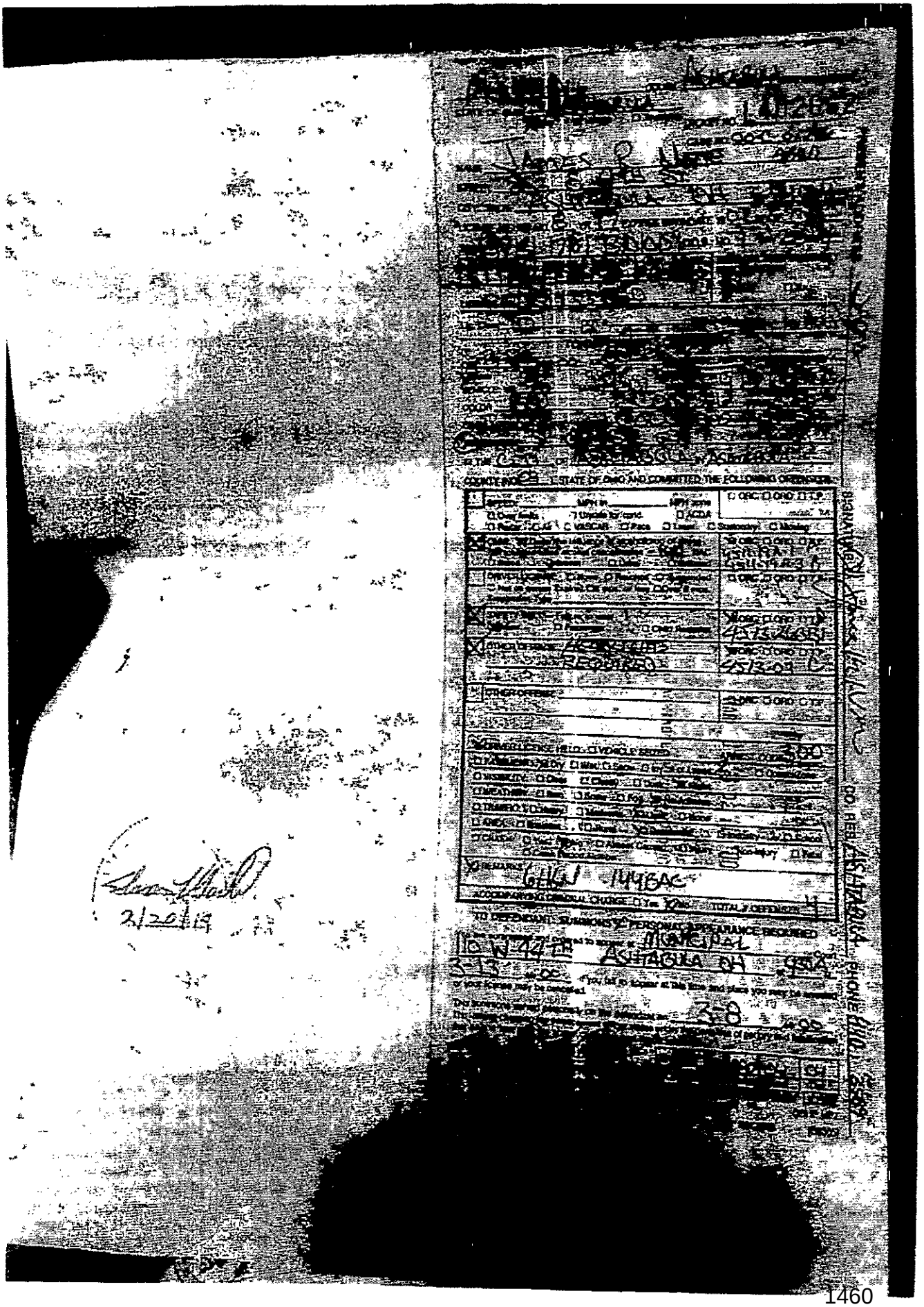
Convict: 10/12/1999 Plea: NC Found : G
Fine ..: 250.00 Susp: 250.00 Credit
Costs .: 50.00 Susp: Credit
Jail ..: 30 Susp: Suspte
Susp:
PPC ..:
Dispo ..

Commited:
Issued



James R. Notte details and explanation for 3/09/2000 arrest- OMVI (Operating Motor Vehicle Intoxicated)

I was home from my year of college on spring break, and like many 18 year kids was mostly concerned with meeting girls and partying with my friends. I drank a few beers with friends on this day, then hung out at my neighbors house for a couple of hours before deciding to go get some food at Taco Bell. I believed I was fine to drive since I quit drinking earlier, but was pulled over down the road from my parents because only my parking lights were on (this was just after dark, inside lights were on b/c parking lights were on, and couldn't tell full lights not on due to brightness of street lights on the road). Ended up being charged with OMVI, and going to jail that night. At court, I made deal with solicitor and charges were amended to Physical Control violation. I was sentenced to 10 days jail (I had to take and completed a 3 day DUI class, and the other 7 days were deferred), lost my drivers license for 1 year, had one year probation, and had to pay fines/court costs. This was the 2nd of 3 incidents that occurred in my first year of college, when I was young, wild, and stupid.



Docket No. _____ Page No. _____ Case No. _____

Defendant's Attorney _____
Name - Address - Telephone

DATE	COURT ACTION: ORDERS
	BAIL
	☐ NO BAIL - DEFENDANT CITED AND RELEASED
	☐ BAIL IN THE AMOUNT OF $ _____ SET BY JUDGE / PURSUANT TO BAIL SCHEDULE
	BOND AMOUNT $2,500.00 / $2,500.00 — **TYPE OF BOND** ☐ Cash ☒ Personal ☐ 10% ☐ AAA/Insurance Bond ☐ Unsec. ☐ Surety ☐ O.L.-Held ☐ Other _____
	Depositor Name and Address _____
DATE	☐ Defendant released upon execution of Bail as noted: See Bond forms — received by _____
CONTINUANCE	Requested by — Reason — NEW DATE
3/13/00	Ref P.T. — time waived
	☐ Defendant Failed to Appear Traffic Rule 7
	☐ Order Supplemental Summons to New Date
	☐ Order O.L. Forfeiture ☐ Bond Forfeiture
	☐ Order Warrant — Bond Amount $ _____
	☐ Summons Issued Date Served
	☐ Warrant Issued Date Executed
	Judge/Magistrate

COURT ENTRY

Defendant present with/without Counsel. All rights pursuant to Criminal Rules 10 & 11 and Traffic Rules 8 & 10 explained.

COUNT	SPEED	OMVI	LICENSE	SEATBELT		
Initial Plea						
Trial Date						
Finding						
Fine	$ & costs	$ & costs	$ & costs	$ & costs	$ & costs	$ & costs
Jailtime - (Days)						
Fines Suspended						
Costs Suspended						
Jailtime Suspended						

ADDITIONAL ORDERS:

☒ IF OMVI CONVICTION, 72 HOUR PROGRAM PERMITTED IN LIEU OF JAIL

☐ Defendant's License is suspended for _____ days/months commence on _____ and end on _____

☐ Defendant is granted limited Driving Privileges as follows effective _____

☐ DEFENDANT TO PAY FINES ON PAYMENT PROGRAM - SEE SEPARATE ORDER

☐ IF WAIVERED — Requirements of Waiver met - proper Fines and Costs paid - Guilty Plea(s) accepted - Guilty Finding(s) made, and Fines and Costs noted below are imposed.

6/15/2000 — David C. Sheldon
Date — Judge/Referee/Magistrate

FOR CLERK'S USE

COUNT	SPEED	OMVI	LICENSE	SEATBELT		
Fines						
Costs - Local						
Costs - State						
Total						
Receipt #(s)						

☐ IF WAIVERED: GUILTY PLEA(S), WAIVER(S) AND PAYMENTS MADE / IN PERSON / BY MAIL. RECEIPT GIVEN TO DEFENDANT / PERSONALLY / CHECK IS RECEIPT / BY MAIL TO DEFENDANT BY ORDINARY MAIL TO PRESENT ADDRESS. WAIVER REVIEWED, FOUND TO BE CORRECT AND APPROVED.

☐ FR PROOF SHOWN

☐ NO FR PROOF - CLERK TO NOTIFY BMV

_____ Date — _____ Clerk/Violations Clerk/Deputy Clerk

_____ Date Abstract Mailed to BMV

_____ Date of Mayor's Court Transfer / Notice of Appeal

(3)

James R Notte Incident on 5/14/2000

In May of 2000, just after my freshman year of college when I was 18, I attended an after prom party with my girlfriend and many of my best friends, some of which were still 17. This party was at a hotel, and eventually the Sheriffs department showed up after midnight. When they arrived, I was in the parking lot still with multiple friends, waiting for a ride home since I wasn't driving. Two of my friends were still 17, so they were in violation of the curfew ordinance, and I along with several other friends were cited for Contributing to the Delinquency of a Minor. I eventually appeared in Ashtabula Juvenile Court and pled guilty to a charge of Disorderly Conduct, and paid the fines I was assessed

11-18-25

(3)

Ashtabula County Court of Common Pleas
Probate/Juvenile Division

Albert S Camplese
Judge

Brooke F Kocab
Elizabeth A Tekavec
Mirela Turc Rudary
Juvenile Division Magistrates

Richard L Dana
Probate Division Magistrate

February 11, 2025

Re James R. Notte

To Whom It May Concern;

James R. Notte appeared on August 25, 2000 and entered a plea of guilty to a charge of Disorderly Conduct, which is a minor misdemeanor and not a jailable offense. Courts Costs of $60.00 and Fine of $75.00 were assessed and paid

Juvenile Court only has a visual docket to refer too The Original filings have been destroyed.

If you need anything further, Please feel free to contact me at jldimare@ashtabulacounty.us

Jeanine DiMare,
Chief Deputy Clerk

Probate Division
25 West Jefferson Street
Jefferson, Ohio 44047
440-576-3451
Fax: 440-576-3633

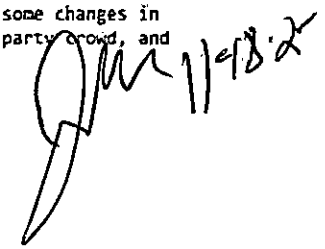
Juvenile Division
4717 Main Avenue
Ashtabula, Ohio 44004
440-994-6000
Fax: 440-994-6020

Resource Center
4717 Main Ave Basement
Ashtabula, Ohio 44004
440-994-6044
Fax: 440-994-6040

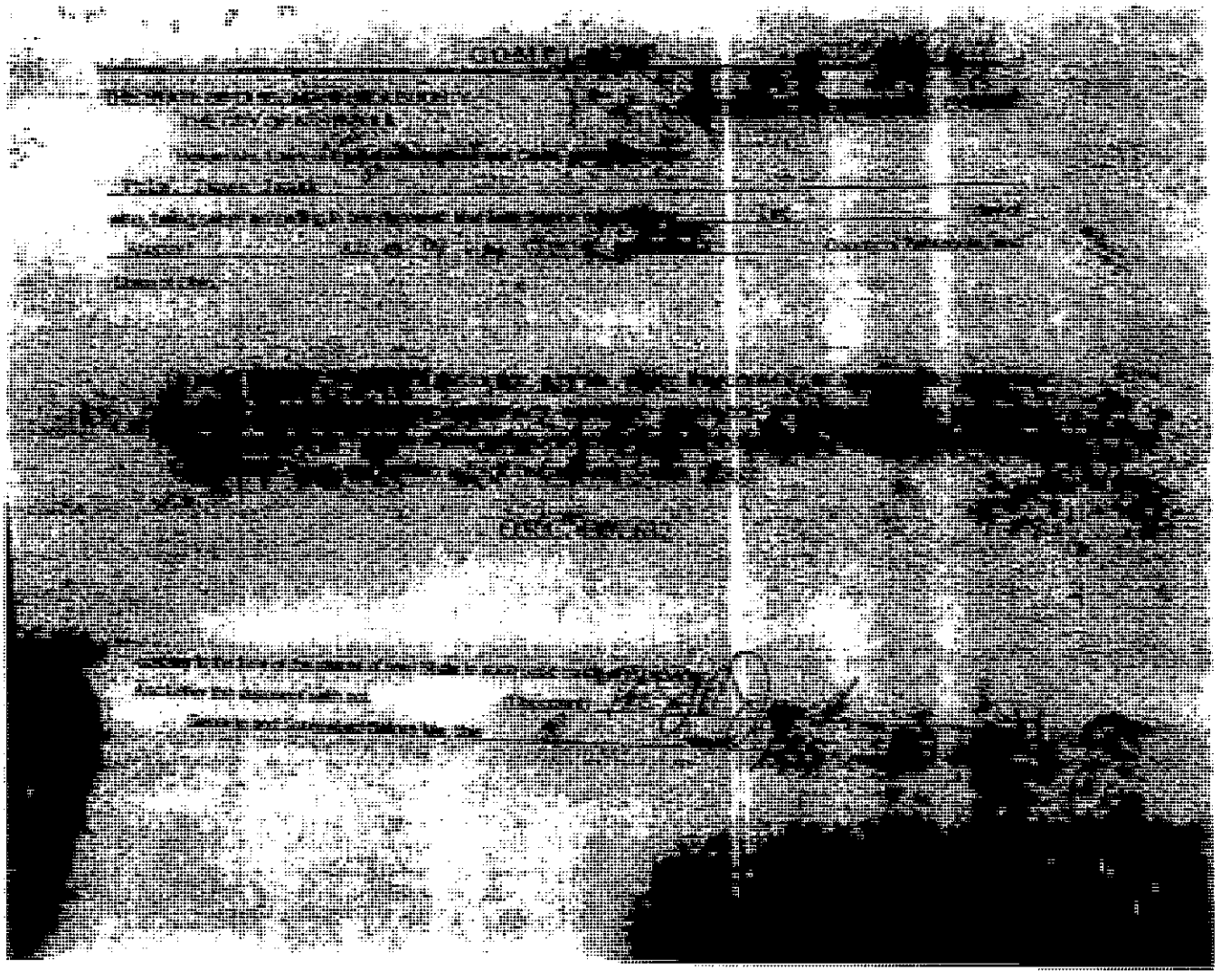
9.

James R. Notte details and explanation for 8/01/2000 in Ashtabula, OH

I was still home on summer break after my freshman year of college, and hanging out with some friends from high school when we stopped at another friends house who was having a small get together. One of the girls at his house had drank too much and was throwing up outside in the front yard just as a police officer was driving by and eventually stopped. Most of the people there, including myself, were under 21 and had been drinking alcohol at some point that night. I was arrested for Underage Consumption of alcohol because the police officer smelled beer on my breath, and spent the night in jail. I pled guilty and was sentenced to 3 days in jail which were suspended per successfully completing 2 years probation which I did. After getting into so much trouble with the law (and my parents) in such a short period of time, I took a hard, honest look at my life and decided to make some changes in order to stay out of trouble, live healthier and grow up. This included distancing myself from the party crowd, and to not put myself into any situations where I would ever be arrested again.



(4)



(1)

FILED

IN THE ASHTABULA MUNICIPAL COURT

DEC 26 3:07 PM

CASE NO. 00CRB00984

STATE OF OHIO
CITY OF ASHTABULA
Plaintiff

ASHTABULA MUNIC

JUDGMENT ENTRY

vs.

James R. Nottie
Defendant

ORC/C. ORD 4301.632

MISD. 1 2 3 4
FELONY 1 2 3 4

___ Defendant failed to appear. ___ SUMMONS ISSUED
___ WARRANT ISSUED

ARRAIGNMENT: ___ Defendant appeared in Court, acknowledged receipt of a copy of the complaint, was informed of the nature of the charge and the penalties, the right to counsel, the right to a continuance and rights under Criminal Rule 5.

___ Entry of appearance, waiver of rights and plea of ___ Attorney

COUNSEL: ___ Retained counsel
___ Requested appointed: ___ Found Indigent - Appointed
___ Not Eligible
___ Waived the right to counsel.
___ Requested continuance to confer with an attorney.

BOND: $ ___ PR or 10% CASH/SURETY
___ Bond Investigation ordered.

CONTINUANCE: Enter Plea:
Set for Pre-Trial:
Set for Trial:

PLEA:
___ NOT GUILTY: Assigned for trial
X GUILTY (Readvised of rights according to Crim.
___ NO CONTEST (Readvised of rights to Criminal
___ NO CONTEST (Readvised of rights to Criminal
With consent to a finding of Guilty.
___ None - FELONY CHARGE
___ Other

DISPOSITION:
X GUILTY
___ NOT GUILTY
___ DISMISSED AT REQUEST OF PROSECUTION
___ DISMISSED AT REQUEST OF COMPLAINANT WITH CONSENT
___ BOUND-OVER TO GRAND JURY
___ OTHER

SENTENCE:
FINE $ 150 COSTS $ 65
JAIL 2
___ WORK
___
___
___

Attorney

DATE: 12-28-00

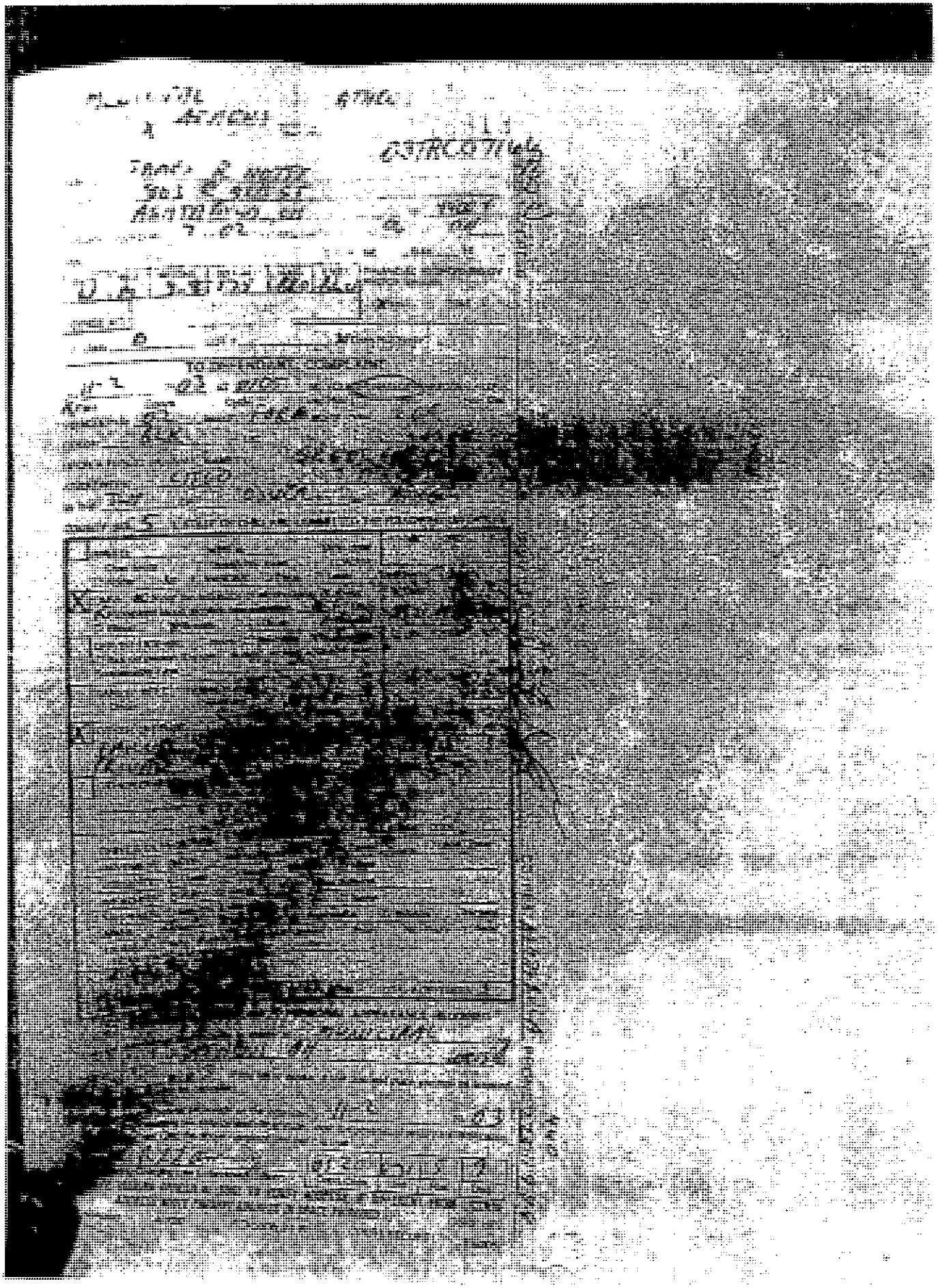
CERTIFIED TRUE COPY
CLERK OF COURTS
2019

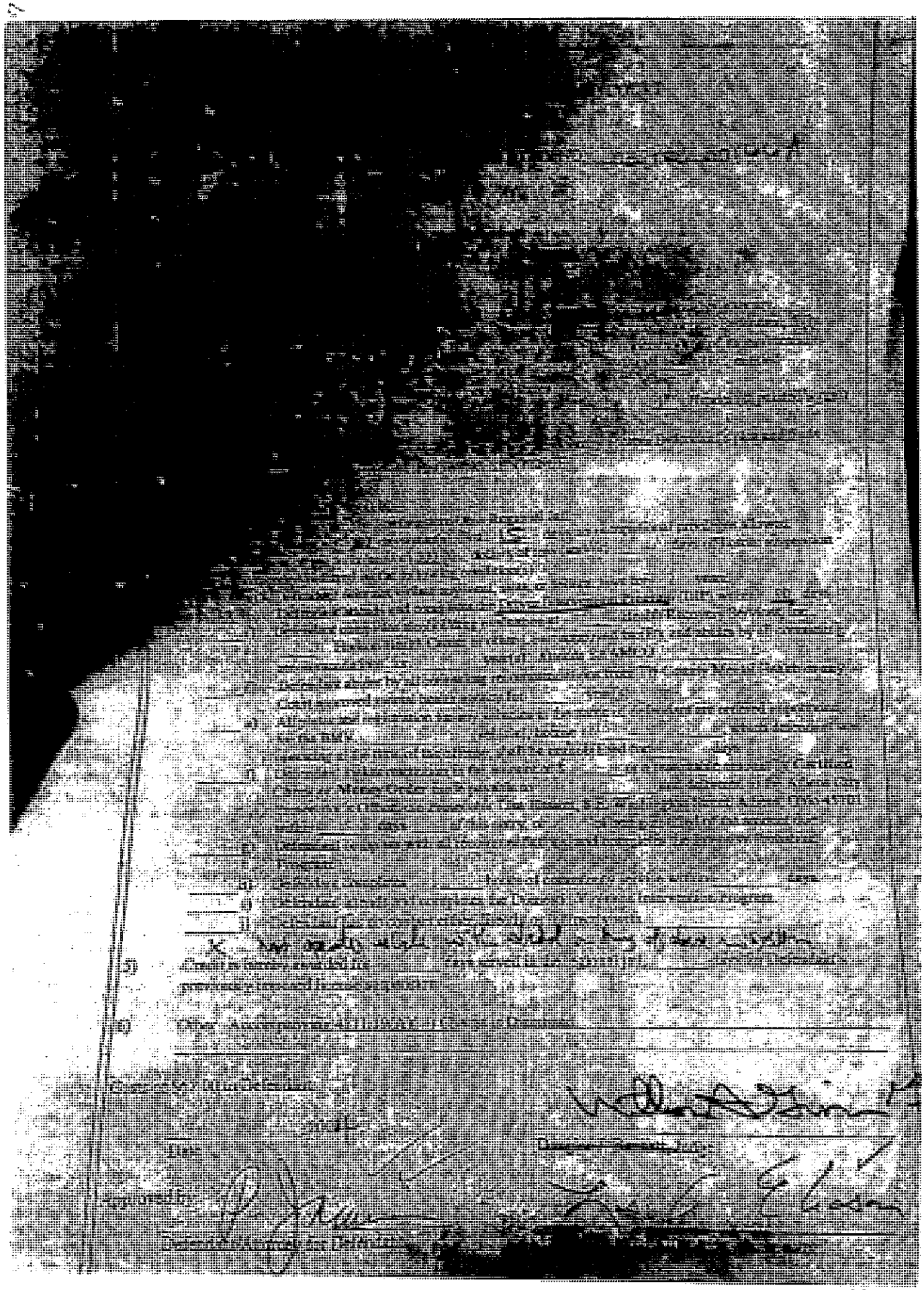
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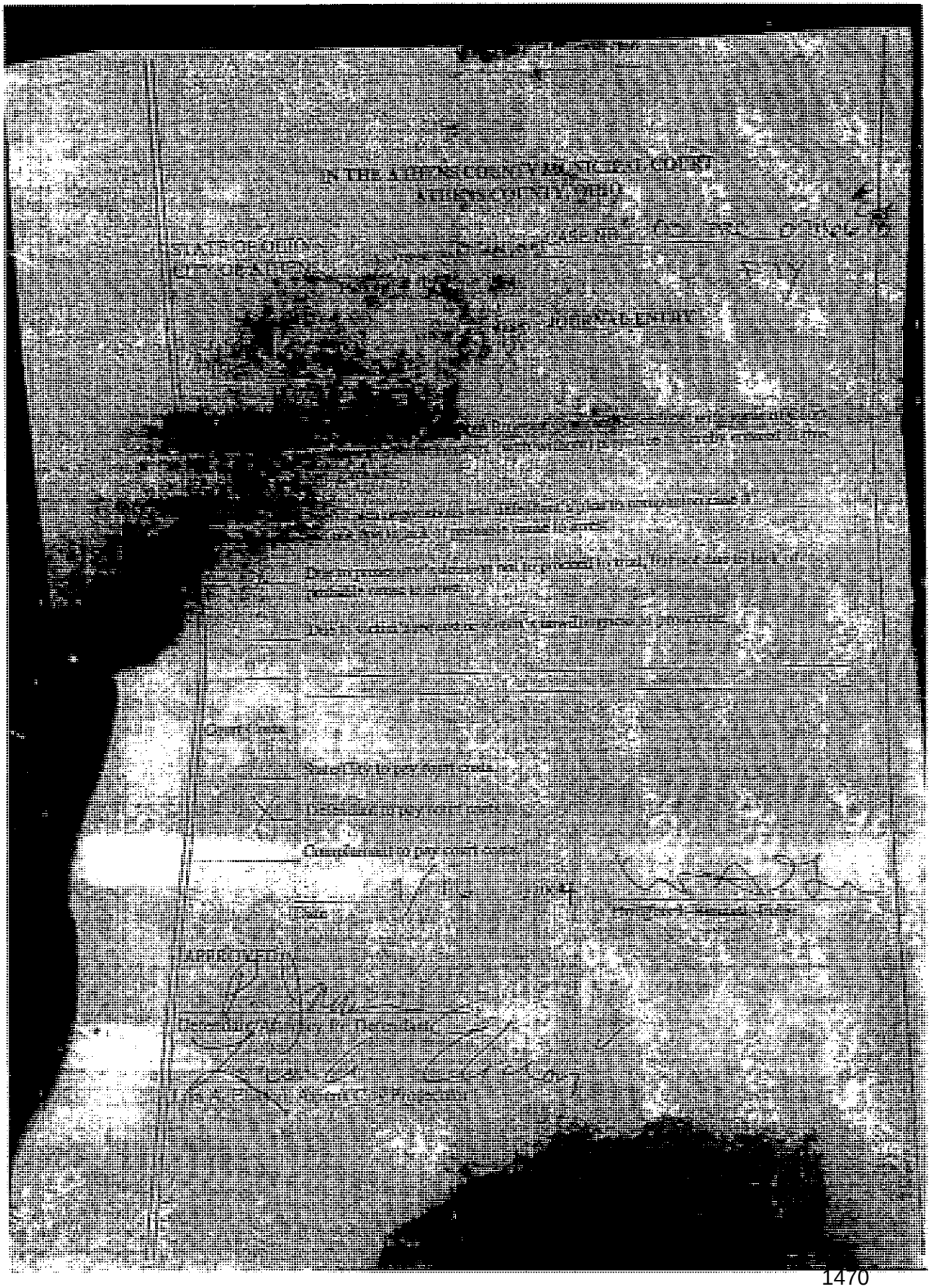
James R. Notte details and explanation for arrest on 11/02/2003

While the other 3 incidents are embarrassing, they occurred when I was 18 and 19 years old and was young, wild and dumb. I matured and made the needed changes in my life to put all of that behind me, and that was why this last incident in 2003 is definitely the most embarrassing and regretted. I went down to Ohio University with my girlfriend and some hometown friends for the annual Halloween party for the university and town. We planned to stay with friends on town (so no driving was planned), but my girlfriend ended up getting really sick earlier on in the night, and I was placed in the situation of trying to best take care of her and made a bad judgement call. I stopped drinking, and ate a big dinner with plenty of water, and believed I had sobered up (around 90 minutes later) enough to drive her to a hotel, but was pulled over on the way and charged with DUI. I pled No Contest to the charges, again lost my driver license (6 months) and completed another weekend DUI class as well as 2 years probation. I decided I was never going to put myself in another situation like that again, and I haven't. This incident occurred over 20 years ago. I rarely drink alcohol now besides an occasional glass of wine, and I never drive after drinking anything at all. I have never been in any trouble, personally or professionally, through my entire professional career.

11-18-23







IN THE ALLEGHENY COUNTY COURT OF
ATHENS COUNTY, OHIO

JOURNAL ENTRY

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 Smithville Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable)

Physical Address 1501 Dorothy Nichols LN Ste A

City Smithville State TX Zip 78957

Mailing Address (if different from physical address)

City State Zip

Telephone 5122375216 Website Smithvillepharmacy.com

Licensing Company Email hunterpharmsmithville@gmail.com

Section 2: Personal Information

First Survam Middle Last Patel

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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 Houston College of Pharmacy			08/2007 - 08/2011
Address	**City**	**State**	**Zip**
4349 Martin Luther King	Houston	TX	77204
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name			From - To (MM/YY – MM/YY)
University of Texas at Austin			08/2004 - 05/2007
Address	**City**	**State**	**Zip**
2515 Speedway	Austin	TX	78712
Diploma/Degree obtained, if any			
Worked towards B.S. in Biology + Pre-Reqs for Pharmacy School			

School Name			From - To (MM/YY – MM/YY)
Clements High School			08/2000 05/2004
Address	**City**	**State**	**Zip**
4200 Elkins	Sugar Land	TX	77478
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]			
02/19 - 09/22				
06/16 - 02/19				
~~02/16~~ ~~08~~ - 06/16				
From - To (MM/YY – MM/YY) 10/15	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Contact

Top Skills

Legal

Transportation Management

Marketing Strategy

Survam Patel

Helping personal injury victims get transportation on lien™ and pharmacy assistance on lien | Working with personal injury law firms and healthcare providers to cut treatment gaps and create much better client outcomes.
Austin, Texas, United States

Summary

As the Managing Partner of Compliant Clients, I'm focused on helping personal injury clients get the transportation and pharmacy services they need on lien. We work with law firms and healthcare providers across the United States to eliminate treatment gaps and create better client outcomes.

Today, Compliant Clients is a fast-growing business that delights thousands of claimants by relieving them of stress, worry and out-of-pocket costs. But not so long ago, the service was just an idea.

After receiving my Doctorate in Pharmacy from the University of Houston, I helped to grow multiple, successful pharmacy businesses across Texas. As the founder and Chief Practice Development Officer of MediMental Care, I used my medical training to identify gaps in patient treatment, while creating new service models within the personal injury space.

These models of care help injured litigants get better treatment and avoid undue medical deterioration during their legal actions.

But I also saw a pressing need in the personal injury space. Many people desperately require help managing claim-related medical transportation and pharmacy. And that's how Compliant Clients was born.

I'm proud to say Compliant Clients is now a leader and innovator in our field. We've helped thousands of people get to appointments on time, reducing the treatment gaps that can torpedo claims.

Through customized medical transport solutions and end-to-end pharmacy support, we make it easier for litigants to get the outcome

they deserve. Plus, we help personal injury attorneys reduce costs, eliminate admin headaches, and improve their success rate.

Although still a pharmacist at heart, I consider myself to be a true advocate for personal injury patient-litigants. You'll often find me in the halls of the Texas Capitol, testifying before legislative committees in support of patient rights.

My team members and I are always happy to hop on a call with personal injury attorneys and healthcare providers. We're on a mission to help claimants across the US get the treatment and compensation they need, without stress, expense, or worry.

Experience

Compliant Clients
Managing Partner
July 2021 - Present (2 years 10 months)

Clients, healthcare providers, and attorneys are all negatively affected, and causes of action are potentially jeopardized when medical appointments are missed and prescribed care plans are not adhered to.

We tailor our services to each client to ensure their needs for medical transportation and pharmacy support are met, enabling them to be compliant with their care plan.

Our platform allows for quick and easy client enrollment and monitoring while case managers ensure your clients receive white-glove treatment. Law firms using Compliant Clients focus better on fighting for justice for their injured clients.

MediMental Care
Chief Practice Development Officer
March 2021 - Present (3 years 2 months)

Survam Patel, PharmD is a state licensed, board certified pharmacist whose extensive experience includes assisting in the interdisciplinary, medicinal management of traumatic physical injuries. As founder of MediMental Care's parent company (MMC Services, LLC), and as the Chief Practice Development Officer of MediMental Care, Dr. Patel utilizes his pharmacological training to

identify gaps in patient treatment, while creating and implementing new service models for individuals with personal injuries. These models of care help ensure that patients are able to access optimal treatment and avoid undue medical deterioration during long periods of recovery.

Sage Pharmacy
Partner
April 2017 - Present (7 years 1 month)
Cedar Park, Texas, United States

We collaborate with healthcare professionals who believe in doing more than just treating symptoms. Through telehealth consults, our micronutrient specialized pharmacists provide personalized healthcare grade supplement regimens that support healthcare providers and their patient's treatment goals, elevating the general well-being of patients nationwide.

Southend Pharmacy
Partner
April 2017 - Present (7 years 1 month)
Houston, Texas, United States

As Managing Partner at Southend Pharmacy, I am committed to an ethos that values deep listening to healthcare providers, ensuring our practices transcend mere transactions to foster genuine empathy, support, and mutual respect. Our team is dedicated to being more than just a pharmacy; we are an integral part of the healthcare team, focusing on quality service and integrity. We promise a partnership that prioritizes your needs, supports your practice, and contributes positively to patient health outcomes, upholding the trust you place in us with every prescription.

Smithville Pharmacy
Partner
November 2015 - Present (8 years 6 months)

As a pharmacist and a managing partner of Smithville Pharmacy, I help Smithville Pharmacy collaborate closely with prescribers, laboratories, and various types of healthcare facilities (LTAC, SNF, HHA) to address gaps in wound treatment modalities by developing evidence-based specialty prescription-grade products for their patients and solutions for providers to improve outcomes and decreases costs.

Smithville Pharmacy reduces time and costs to heal while improving patient satisfaction through its custom tailored topical anti-infective medication and wound pain management protocol.

Learn more at www.woundpharmacy.com

Southside Pharmacy
Pharmacist
April 2012 - October 2015 (3 years 7 months)
Houston, TX

Perform and supervise daily management of the retail pharmacy including processing, compounding, preparing, and verifying prescriptions with over 8 technicians on duty [400+ Rx daily]

Handle all prior authorizations and worker's comp cases by calling doctors to get any and all pertinent information related to the drug in question and then relaying the information to the insurance company to minimize delay in treatment [~5/daily]

Manage Atrium Medical Center [Southside is contracted to manage their pharmacy] inpatient orders and consulted with doctors daily to clarify discrepancies to prevent adverse events [LTAC Hospital – 68 beds]

Utilize aseptic technique to prepare various IV admixtures under an ISO-7 hood

Rigorously control inventory by implementing perpetual inventory methods for C-II medications and establish monthly checks to identify high dollar and unused medicines to be returned and credited in a timely fashion to minimize loss and delay in treatment caused by medications not on hand

Conduct all retail job interviews and assist in hiring and training new personnel that meet the qualifications and standards of Southside Pharmacy as well as efficiently draft weekly schedule for 12+ employees to minimize total hours worked while maximizing staff presence during peak hours to limit salary overhead [reduced total weekly hours 15%]

Counsel patients on OTC items and the proper use of any DME items sold along with their medications as well as maintain relationships with patients to maintain high levels of customer satisfaction

[redacted]

Restructured the company's SOP amid Southside Pharmacy upper management to create policies for controlled medicines, efficient guidelines for inter-department communication, customer problem solving, operations workflow, technician responsibilities and limitations, compliance training, CE log requirements, and future business goal strategies

OptumRx
Pharmacist
April 2013 - April 2014 (1 year 1 month)
Sugar Land, TX

Education

University of Houston
Doctorate, Pharmacy · (2007 - 2011)

The University of Texas at Austin
BS, Biology · (2004 - 2007)

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.

Survam Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Travis

I, Yudelmy Beltrez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/20/25

Date

Subscribed and Sworn to before me this 20th day of November

Notary Public Signature

YUDELMY BELTREZ
Notary ID #133491498
My Commission Expires
December 15, 2025

(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *SMITHVILLE PHARMACY*

License Number: *15151*

Address: *1501 DOROTHY NICHOLS LN STE A, SMITHVILLE, TX 78957*

Phone: *(512) 237-5216*

Email:

Class of License: *A*

License Expiration: *10/31/2025*

DEA #: *BS3393410*

DEA Expiration: *02/28/2025*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *04/16/2024*

Arrival Time:

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

JAMES NOTTE *PIC* *49962*

Witness

KIM MILES

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *SMITHVILLE PHARMACY* License Number: *15151*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *04/16/2024* Arrival Time: Departure Time:

Action Taken: *Inspection*

General Comments:

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

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on:5/9/2023@close

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 5/1/2023@1500

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Not Applicable*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Satisfactory*

Comment

Number of balances: 4

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

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Satisfactory*
30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Satisfactory*
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*
54. Proper prepackaging procedures	*Not Applicable*

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*
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*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

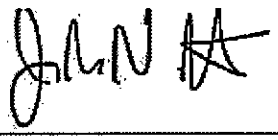
38. Area for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	*Satisfactory*

Signatures

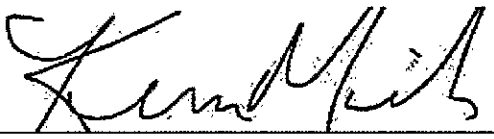
An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- 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).



JAMES NOTTE



Kim Miles

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 15151

SMITHVILLE PHARMACY

License Information

License Status Active
License # 15151
Expiration Date 10/31/2027
Date License Issued 10/13/1992

Address

1501 DOROTHY NICHOLS LN STE A
SMITHVILLE, TX 78957
County BASTROP
Phone (512) 237-5216

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds 0

Employment Information

Pharmacist in Charge
NOTTE, JAMES RAYMOND

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 270206 15151 SMITHVILLEPHARMACY 2017-09 09-2022.pdf
- 270206 15151 SMITHVILLEPHARMACY 2019-04 04-2024.pdf
- 270206 15151 SMITHVILLEPHARMACY 2024-04 04-2029.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	No
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	No
Compounding, Office Use	Yes
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No

Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
IRBY, HALEY BROOKE	74408	08/01/2024	06/30/2026	Staff	Active
KOSLER, SHERYL ANN	65100	07/25/2019	05/31/2027	Staff	Active
NOTTE, JAMES RAYMOND	49962	07/05/2011	07/31/2026	PIC	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
CARDWELL, JENNA	201580	10/12/2011	01/31/2027	Staff	Active
COX, MADISON PAIGE	385590	04/08/2025	04/30/2027	Staff	Active
KOSLER, EMMA ANN	388376	08/03/2025	06/30/2027	Staff	Active
MONTGOMERY, CHELSEA MARIE	225933	12/19/2013	12/31/2026	Staff	Active
RICHTER, VERONICA R	108930	05/01/2004	03/31/2026	Staff	Active
VASEK, MELISA ANN	126758	01/31/2005	12/31/2026	Staff	Active

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Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 | 20 | No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
HUNTERPHARM INC	OWNER	1501 DOROTHY NICHOLS L	SMITHVILLE	TX	78957
ADLAKHA, CHRISTOPHER KUMAR	OFFICER	,			
PATEL, SURVAM	OFFICER	,			

Page 1 of 1 | 20 | View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

JN — I am the Pharmacist-in-Charge (PIC) of *SMITHVILLE PHARMACY*, pharmacy license number *15151*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *04/16/2024*.

JN — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

JN — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

N/A — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

JN — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: _____ Date: *04/16/2024*

Printed Name: *JAMES NOTTE* License No.(if applicable): *49962*

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	02-29-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-14-2025

SMITHVILLE PHARMACY
1501 DOROTHY NICHOLS LN STE A
SMITHVILLE, TX 789571738

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
[redacted]	02-29-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-14-2025

SMITHVILLE PHARMACY
1501 DOROTHY NICHOLS LN STE A
SMITHVILLE, TX 789571738

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)

4JJ

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 (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 04642	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FT5888524 ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Stellus Rx, LLC dba: Stellus Rx #1001

Physical Address: 8277 Belleview Drive STE 250

City: Plano State: Tx Zip: 75024

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 1-855-455-2100 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-455-2100

Fax: 972-608-2933 Contact Email: pharmacy@stellusrx.com

Website: www.stellusrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Shelby Downs

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24051

Section 2: List the name(s) of at least one NEVADA 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: See attached Sherry Rae Downs	NV Pharmacist Registration #: 24051
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: Christopher Crow	Credentials: MD	%: See attached
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: Texas

Parent Company (if any): Catalyst Health Group Pharmacy Services, LLC

Corporation/Organization Name: Stellus Rx, LLC

Mailing Address: 8277 Belleview Drive STE 250

City: Plano State: Tx Zip: 75024

Telephone: 855-455-2100 Email: pharmacy@stellusrx.com

Contact Person Name: Tony Willoughby

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 Stellus Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Tony Willoughby

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/14/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tony Willoughby 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 Stellus Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 14 day of November, 2025

Vanessa Graves
Notary Public

VANESSA GRAVES
Notary ID #133813765
My Commission Expires
June 15, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tony Willoughby

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

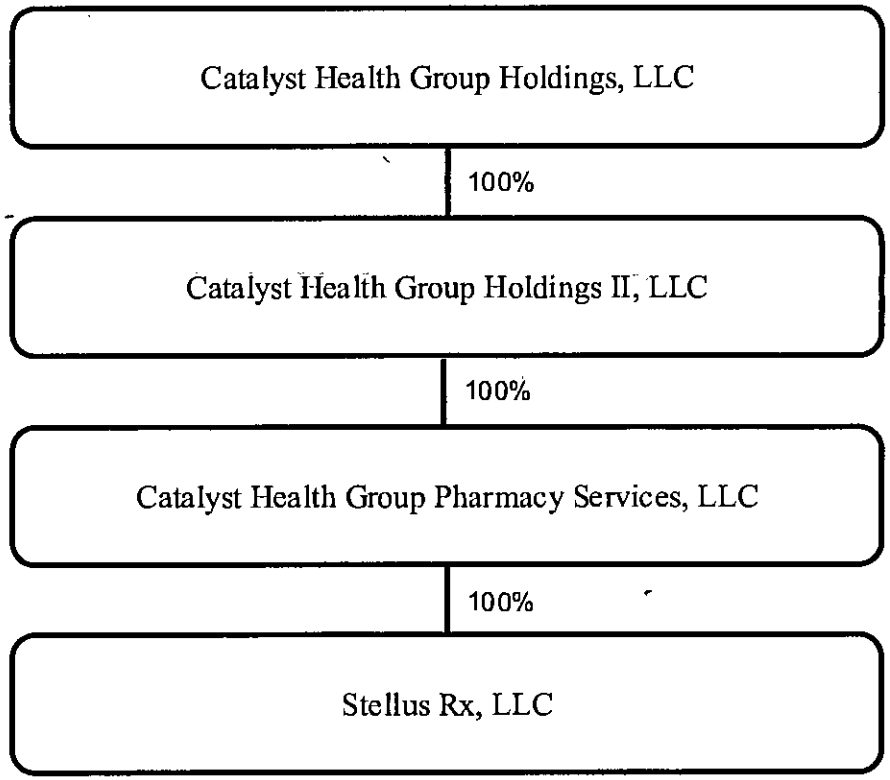
Original signature of Authorized Person (copies or stamps not accepted)

11/14/2025

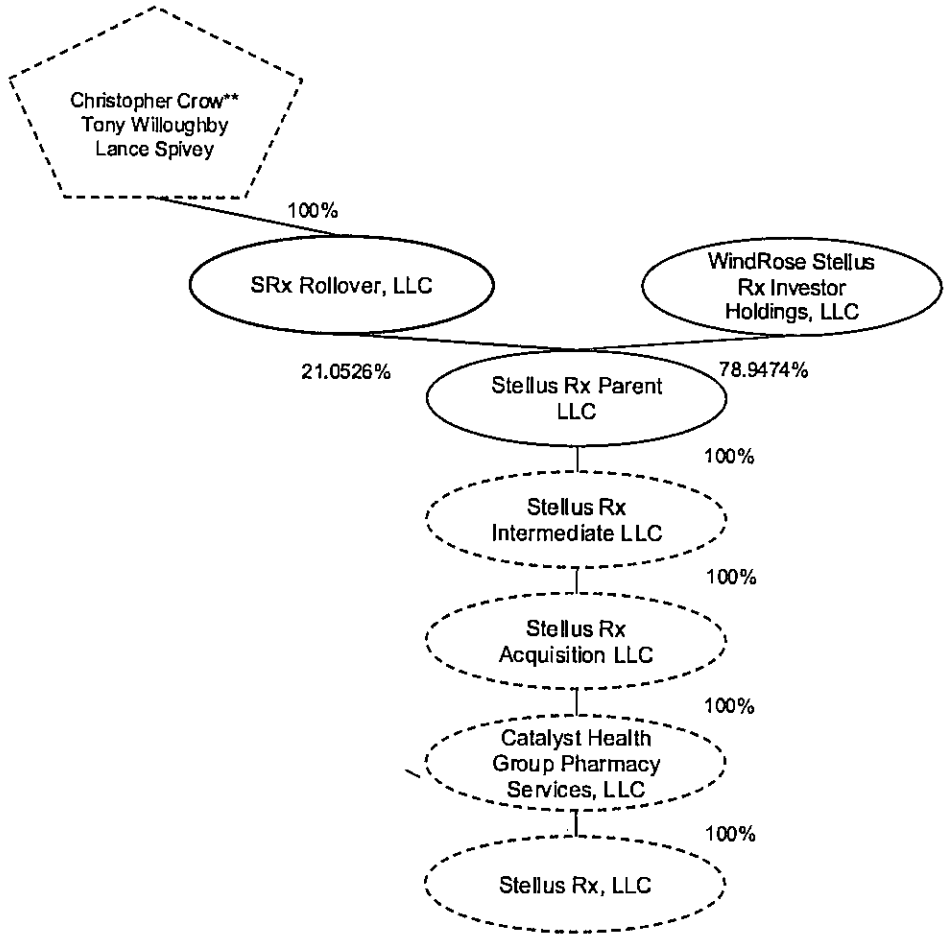
Date

Board Use Only	Date Received: 11/17/25	Amount: $500.00 14004

Stellus Rx, LLC
Pre-Closing Organizational Chart



Stellus Rx, LLC
Post-Closing Organizational Chart



**Christopher Crow holds more than 10% indirect ownership interest in Stellus Rx, LLC

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 Formation for Stellus Rx, LLC (file number 802307450), a Domestic Limited Liability Company (LLC), was filed in this office on October 06, 2015.

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 04, 2025.

Jane Nelson
Secretary of State

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *STELLUS RX #1001* License Number: *30684*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*

Date: *04/18/2024* Arrival Time: *3:15 PM* Departure Time: *4:45 PM*

Action Taken: *Inspection*

General Comments:

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

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on: 4/6/24

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 5/1/23

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*
04. Balance inspection	*Not Applicable*
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

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment

Theft or loss reported on 2/27/24 with appropriate corrective action.

26. Controlled substance prescription compliance	*Satisfactory*
30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Satisfactory*
53. Possession of controlled substances	*Satisfactory*
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*
54. Proper prepackaging procedures	*Not Applicable*

Library

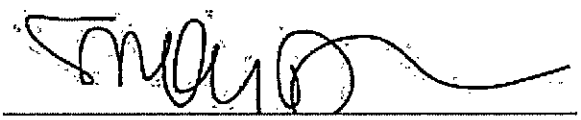
06. Required Library	*Satisfactory*

Training	
60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*
Patient/Computer/Dispensing Records	
18. Records available	*Satisfactory*
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*
86. Absence of pharmacist records	*Not Applicable*
Policies & Procedures/SOPs	
70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Satisfactory*
Non-Sterile Compounding	
38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

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).



Shelby Downs PIC #67082



Terri Burrows

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

CRD — I am the Pharmacist-in-Charge (PIC) of *STELLUS RX #1001*, pharmacy license number *30684*, and I ☑ was/☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *04/18/2024*.

CRD — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

CRD — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

NA — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

SRD — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: _____ Date: *04/18/2024*

Printed Name: *Shelby Downs* License No.(if applicable): *67082*

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *STELLUS RX #1001*
License Number: *30684*
Address: *8277 BELLEVIEW DR STE 250, PLANO, TX 75024*
Phone: *(855) 455-2100*
Email:
Class of License: *A*
License Expiration: *03/31/2026*
DEA #: [redacted]
DEA Expiration: *08/31/2024*

Inspection Information

Type: *Compliance*
Purpose: *Licensee Request*
Date: *04/18/2024*
Arrival Time: *3:15 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Shelby Downs *PIC* *67082*

Witness

Terri Burrows

NA

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 Stellus Rx, LLC

Pharmacy/Wholesaler License # (if applicable) Texas 30684

Physical Address 8277 Belleview Drive STE 250

City Plano State TX Zip 75024

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email pharmacy@stellusrx.com

Section 2: Personal Information

First Shelby Middle Rae Last Downs

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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)	
Strayer University		01/21-08-22	
Address	City	State	Zip
2711 Lyndon B Johnson Fwy Suite 450	Dallas	Tx	75234
Diploma/Degree obtained, if any			
Master of Business Admin			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Tyler Ben and Maytee Fisch College of Pharmacy		08/16-05/20	
Address	City	State	Zip
W.T. Brookshire Hall, 3218 Old Glory Rd	Tyler	Tx	75701
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of North Texas		08/12-05/16	
Address	City	State	Zip
2204 W Prairie St	Denton	Tx	76201
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/08-01/16	[redacted]			
01/16-04/23				
04/23-current				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Stellus Rx, LLC			03/23-current	
Business Address		**City**	**State**	**Zip**
8277 belleview drive		plano	tx	75024
Phone	**Title**		**Number of Employed Hours**	
855-455-2100	PIC		3000	
Description of Duties				
Pharmacist in Charge				

Business Name			From - To (MM/YY – MM/YY)	
Senior Solutions Pharmacy			07/22-03/23	
Business Address		**City**	**State**	**Zip**
555 Round Rock W Dr F300,		Round Rock	Tx	786681
Phone	**Title**		**Number of Employed Hours**	
737-242-7100	Staff Pharmacist		2080	
Description of Duties				
Staff compounding and dispensing pharmacist.				

Business Name			From - To (MM/YY – MM/YY)	
CVS Pharmacy			07/20-07/22	
Business Address		**City**	**State**	**Zip**
305 N US Hwy 377		Roanoke	Tx	76262
Phone	**Title**		**Number of Employed Hours**	
682-831-1923	PIC		4000	
Description of Duties				
Pharmacist in Charge				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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, Shelby Rae Downs, **certify that as the designated representative for**

Stellus Rx, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. sd I am at least 21 years of age;
3. sd 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. sd I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. sd I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. sd 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. sd I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Shelby Downs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/14/2018

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.

Shelby Downs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/14/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Collin

I, ShelbyDowns, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/14/2025

Date

Subscribed and Sworn to before me this 14 day of ~~of~~ November 2025.

Vanessa Graves

Notary Public Signature

VANESSA GRAVES
Notary ID #133813765
My Commission Expires
June 15, 2026

(Seal)

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 30684

STELLUS RX #1001

License Information

License Status Active
License # 30684
Expiration Date 03/31/2026
Date License Issued 03/02/2016

Address

8277 BELLEVIEW DR STE 250
PLANO, TX 75024
County COLLIN
Phone (855) 455-2100

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
SUDAZ, ALISA RENEE

Pharmacy Profile ¥

Accessible to disabled persons?	No
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 852668 30684 CATALYSTHEALTHRX1001 2022-11 11-2027.pdf
- 852668 30684 STELLUSRX1001 2024-04 04-2029.pdf
- 852668 30684 THRIVEPHARMACYSOLUTIONS 2019-12 12-2024.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear No

Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
APPLEWHITE, MORGAN ELAINE	68339	03/25/2021	05/31/2027	Staff	Active
BARRETT, JENNIFER ROSE	46734	09/04/2008	02/28/2027	Staff	Active
BLANCH, ASHLEY LYNETTE	49211	08/13/2010	10/31/2026	Staff	Active
BRAICH, JASMEET KAUR	70132	02/24/2022	09/30/2027	Staff	Active
BRUNS, EMILY DANIELLE	70567	06/23/2022	02/28/2026	Staff	Active
BUSE, MELISSA JEAN	61565	09/14/2017	03/31/2027	Staff	Active
BUTLER, KIMBERLY	69994	01/13/2022	01/31/2026	Staff	Active
CALLAHAN, LILI YANG	44473	08/02/2006	05/31/2026	Staff	Active
CAMP, AMBRE T.	60926	07/27/2017	08/31/2027	Staff	Active
CHACKO, NEETHU	59035	08/11/2016	11/30/2026	Staff	Active
COLLINS, WHITNEY DANIELLE	59840	11/17/2016	06/30/2026	Staff	Active
COOPER, ADAM WARREN	51403	06/21/2012	05/31/2027	Staff	Active
CROSS, LAUREN HICE	49270	08/27/2010	06/30/2026	Staff	Active
DENARDO, ZACHARY	63520	09/13/2018	11/30/2026	Staff	Active
DORITY, CALLIE	59750	10/27/2016	03/31/2027	Staff	Active
DOWNS, SHELBY RAE	67082	07/31/2020	10/31/2026	Staff	Active
DURMAN, PHYLISIA	61488	09/07/2017	02/28/2026	Staff	Active
EWANSIHA, CRYSTAL KELECHI	65842	09/26/2019	12/31/2027	Staff	Active
FISHER, TYE	53103	06/20/2013	02/28/2027	Staff	Active
FRANKLIN, CHAZMIN AMBREE'L	68193	02/04/2021	10/31/2026	Staff	Active

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Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ABRAHAM, THANKAM ANN	245013	07/02/2015	07/31/2027	Staff	Active
ABUSHAAR, LENA	355797	06/05/2023	06/30/2026	Staff	Active
ADAMS, MICHEAL GRANT	280490	02/23/2018	01/31/2026	Staff	Active
ADEKANMBI, AYISHA ALEXANDRIA	314813	11/23/2020	07/31/2027	Staff	Active
ALFARO, AMBER	212188	09/25/2012	09/30/2026	Staff	Active
ANDERSON, KRISTINA MARIE	208790	05/31/2012	11/30/2027	Staff	Active
AVILA, EILEEN JOANNA	316815	01/15/2021	01/31/2027	Staff	Active
BAIG, URUJ IRSHAD	254158	03/30/2016	03/31/2026	Staff	Active
BERNAL, DAILENE	321077	05/03/2021	05/31/2026	Staff	Active
BROWNING, VICTORIA NICOLE	269180	04/17/2017	04/30/2027	Staff	Active
CALDERON, EMYCELIN GUADALUPE	310422	08/17/2020	05/31/2026	Staff	Active
CANALES, CRISANTA LYNN	334943	01/25/2022	02/28/2027	Staff	Active
CANTU, MELODY	289708	10/25/2018	01/31/2027	Staff	Active
CHASE, EMILY R	319189	03/15/2021	03/31/2027	Staff	Active
CHAVEZ, DAIRA JANETH	332187	11/25/2021	01/31/2026	Staff	Active
CHAVEZ, NICHOLE I	281596	03/27/2018	09/30/2026	Staff	Active
CHHIN, MULYDA JANIE	189320	10/29/2010	02/28/2026	Staff	Active
CLARK, JACK A	343260	08/19/2022	12/31/2025	Staff	Active
COLBURN, AUSTIN JOHN	237219	11/18/2014	01/31/2026	Staff	Active
COLLINS, ASHLYNN KIRSTEN	308174	05/21/2020	01/31/2026	Staff	Active

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Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
STELLUS RX, LLC	OWNER	,			
WILLOUGHBY, TONY	OFFICER	,			
CROW, CHRISTOPHER	OFFICER	,			
SPIVEY, LANCE	OFFICER	,			

Page 1 of 1 20 View 1 - 4 of 4

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	02-28-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-09-2024

STELLUS RX #1001
8277 BELLEVIEW DR STE 250
PLANO, TX 750240359

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



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UNITED STATES DEPARTMENT OF JUSTICE
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Form DEA-223 (9/2016)

4KK

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 (6/11/2024)

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 #: N/A
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	■ Other: Mail-Order	☐ Non-sterile Compounding
			☐ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: TelyRX Dallas, LLC

Physical Address: 8113 Ridgepoint Dr Suite 214

City: Irving State: TX Zip: 75063

Mailing Address (if different from physical address): 24761 US Hwy 19 N Suite 630

City: Clearwater State: FL Zip: 33763

Telephone: 214-432-6456 Toll Free # (NAC 639.708, NRS 639.23286): 800-878-1660

Fax: 813-336-6866 Contact Email: licensing@telyrx.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Ganiat Kehinde

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24841

Section 2: List the name(s) of at least one NEVADA 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: Ganiat Kehinde	NV Pharmacist Registration #: 24841
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): TelyRX INC

Corporation/Organization Name: TelyRX Dallas, LLC

Mailing Address: 24761 US Hwy 19 N Suite 630

City: Clearwater State: FL Zip: 33763

Telephone: 813-336-6619 Email: _____

Contact Person Name: John Cascio, CFO

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 Financial Officer (title) for TelyRX Dallas, 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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

John Cascio, CFO

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/3/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, John Cascio 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 Chief Financial Officer (title) for TelyRX Dallas, 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 3rd day of November, 20 25

Notary Public

JADE O CUPPS
Notary Public - State of Florida
Commission # HH 627639
My Comm. Expires Jan 12, 2029
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.

John Cascio, CFO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/3/25

Date

Board Use Only	Date Received: 12/4/25	Amount: $500

8113 Ridgepoint Drive Suite 214

Irving, Texas 75063

Owner of TelyRx:

TelyRx Dallas, LLC – 100%

Owner of TelyRx Dallas, LLC:

TelyRx, INC. - 100%

Officers of TelyRx:

John Cascio, CFO:

[redacted]

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 **TelyRx Dallas, LLC** as a FOREIGN LIMITED-LIABILITY COMPANY 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 11/07/2025, and in good standing in this State.

I further certify that the above FOREIGN LIMITED-LIABILITY COMPANY has its formation or qualification 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 this State, at my office on 12/03/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202512036327536
You may verify this certificate online at https://www.nvsilverflume.gov/home

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 Telypx Dallas LLC

Pharmacy/Wholesaler License # (if applicable)

Physical Address 8113 Ridgepoint Dr. Suite 214

City Irving State Tx Zip 75063

Mailing Address (if different from physical address) 24761 US Hwy 19 N. Suite 630

City Clearwater State FL Zip 33763

Telephone 813-330-6619 Website

Licensing Company Email licensing@telyrx.com

Section 2: Personal Information

First Michael Middle Anthony Last Gotay

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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.)		N
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		N
2. Are you in compliance with the order or the 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: Windham high school			From - To (MM/YY – MM/YY): 9/2009 - 5/2013
Address: 355 High street w	City: Willimantic	State: CT	Zip: 06226
Diploma/Degree obtained, if any: High school diploma			
School Name: Everest university			From - To (MM/YY – MM/YY): 3/2014 - 02/2015
Address: 1199 E Bay drive	City: largo	State: FL	Zip: 33771
Diploma/Degree obtained, if any: Pharmacy tech Diploma			
School Name: Saint petersburg college			From - To (MM/YY – MM/YY): 1-2020 - 2/2022
Address: 6605 5th Ave stpetersburg	City: St petersburg	State: FL	Zip: 33710
Diploma/Degree obtained, if any: Associates Degree			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2025 - present	[redacted]			
10/2018 - 11/2020				
11/2023 - 1/2025				
12/2008 - 12/2023				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Pharma labs			11/10/2020 - 10/2023	
Business Address		City	State	Zip
10901 Roosevelt Blvd N		St petersburg	FL	33716
Phone	Title		Number of Employed Hours	
727-498-1228	Inventory manager		5,760	
Description of Duties				
Purchasing, Negotiating Suppliers, Lower Cogs, Source Alternatives, established an Automated ww system, and Compounding as a Nonsterile tech.				

Business Name			From - To (MM/YY – MM/YY)	
TelyRx			10/2023 - present	
Business Address		City	State	Zip
24761 us Hwy 19 N Suite 630		Clearwater	FL	33763
Phone	Title		Number of Employed Hours	
813-336-6619	Operations manager		5,280	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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, Michael Anthony Gotay, certify that as the designated representative for Telly RX,

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 Gotay
Print Name (First, Last)

Michael Gotay
Original Signature (electronic, copies or stamps not accepted)

11/6/25
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 Gotay
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/25/25
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, Michael Gotay, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/25/25
Date

Subscribed and Sworn to before me this 25 day of November

Notary Public Signature

JADE O CUPPS
Notary Public - State of Florida
Commission # HH 627639
My Comm. Expires Jan 12, 2029
Bonded through National Notary Assn.

(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *TELYRX* **License Number:** *35652*

Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Licensee Request*

Date: *05/12/2025* **Arrival Time:** *1:45 PM* **Departure Time:** *4:30 PM*

Action Taken: *Inspection*

General Comments: *The pharmacy does not currently have a DEA registration and does not stock or dispense ony controlled substances. The pharmacy currently holds 10 non-resident pharmacy licenses.*

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

15. Change of PIC inventory	*Satisfactory*

Comment

Advised to take a change of PIC inventory on date of occurrence.

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Initial controlled substance inventory completed on:03/13/25. Advised that the inventory must include the signature of the PIC.

69. Annual controlled substance inventory *(continued)* — *Sotisfactory*

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?) — *Satisfactory*

34. Notifications — *Satisfoctory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) — *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean — *Satisfactory*

04. Balance inspection — *Satisfactory*

Comment

Number of balances: Zero

05. Equipment Inspection — *Satisfactory*

07. Security — *Satisfactory*

08. Environment — *Satisfactory*

Comment

Advised to maintain hot water ot required temperature.

48. Drugs (procurement, temperature, security, out-of-date, samples) — *Satisfactory*

90. TSBP complaint notification — *Satisfactory*

Comment

Advised to notify patients of complaint information if the prescription is delivered to patients ot their residence or other designated locations.

Controlled Substances

10. Prescriptions separated — *Not Applicable*

24. Theft/Loss — *Not Applicable*

26. Controlled substance prescription compliance — *Not Applicable*

30. Controlled substance invoices dated/initialed by pharmacist — *Not Applicable*

35. Controlled substance invoices separated — *Not Applicable*

46. Drug distribution — *Not Applicable*

53. Possession of controlled substances — *Not Applicable*

Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Not Applicable*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training *Satisfactory*

297.6(e),

Pharmacy technician and pharmacy technician trainee training shall be outlined in a training manual. Such training manual shall, at a minimum, contain the following:

(1) written procedures and guidelines for the use and supervision of pharmacy technicians and pharmacy technician trainees. Such procedures and guidelines shall:

(A) specify the manner in which the pharmacist responsible for the supervision of pharmacy technicians and pharmacy technician trainees will supervise such personnel and verify the accuracy and completeness of all acts, tasks, and functions performed by such personnel; and

(B) specify duties which may and may not be performed by pharmacy technicians and pharmacy technician trainees; and

(2) instruction in the following areas and any additional areas appropriate to the duties of pharmacy technicians and pharmacy technician trainees in the pharmacy:

(A) Orientation;

(B) Job descriptions;

(C) Communication techniques;

(D) Laws and rules;

(E) Security and safety;

(F) Prescription drugs:

(i) Basic pharmaceutical nomenclature;

(ii) Dosage forms;

(G) Drug orders:

(i) Prescribers;

(ii) Directions for use;

(iii) Commonly-used abbreviations and symbols;

(iv) Number of dosage units;

(v) Strengths and systems of measurement;

(vi) Routes of administration;

(vii) Frequency of administration; and

(viii) Interpreting directions for use;

(H) Drug order preparation:

(i) Creating or updating patient medication records;

60. Documentation of required training *(continued)* *Satisfactory*

(ii) Entering drug order information into the computer or typing the label in a manual system;
(iii) Selecting the correct stock bottle;
(iv) Accurately counting or pouring the appropriate quantity of drug product;
(v) Selecting the proper container;
(vi) Affixing the prescription label;
(vii) Affixing auxiliary labels, if indicated; and
(viii) Preparing the finished product for inspection and final check by pharmacists;
(I) Other functions;
(J) Drug product prepackaging;
(K) Written policy and guidelines for use of and supervision of pharmacy technicians and pharmacy technician trainees; and
(L) Confidential patient medication records.

Comment

Advised to update and/or complete Technician Training Manual with all required topics.

61. Supervision of supportive personnel *Satisfactory*

Patient/Computer/Dispensing Records

18. Records available *Satisfactory*

22. Data processing system compliance *Satisfactory*

291.34(e)(2)(F).
Prescription drug order records maintained in a data processing system. Records of dispensing. In lieu of the printout described in subparagraph (C) of this paragraph, the pharmacy shall maintain a log book in which each individual pharmacist using the data processing system shall sign or electronically sign a statement each day, attesting to the fact that the information entered into the data processing system that day has been reviewed by him or her and is correct as entered. Such log book shall be maintained at the pharmacy employing such a system for a period of two years after the date of dispensing; provided, however, that the data processing system can produce the hard copy printout on demand by an authorized agent of the Texas State Board of Pharmacy. If no printer is available on site, the hard copy printout shall be available within 72 hours with a certification by the individual providing
the printout, stating that the printout is true and correct as of the date of entry and such information has not been altered, amended, or modified.

Comment

Advised that each individual pharmacist who dispenses or refills a prescription drug order shall verify that the information entered into the data processing system that day has been reviewed by him or her and is correct.

25. Prescriptions (complete, retrievable, auto-refills, accelerated refills) *Satisfactory*

37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?) *Satisfactory*

56. Prescription transfers *Not Applicable*

67. Written drug information provided *Satisfactory*

80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Satisfactory*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Not Applicable*
04. Balance inspection (for non-sterile compounding)	*Not Applicable*
05. Equipment Inspection	*Not Applicable*
06. Non-sterile Library	*Not Applicable*
32. Non-sterile compound label (Is label complete?)	*Not Applicable*
38. Area/Environment for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*
60. Documentation of non-sterile required training	*Not Applicable*
70. Required policies & procedures/SOPs	*Not Applicable*
87. Quality Control/Assurance	*Not Applicable*

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).



Ganiat Kehinde



Collette Scott

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *TELYRX*
License Number: *35652*
Address: *8113 RIDGEPOINT DR STE 214, IRVING, TX 75063*
Phone: *(800) 878-1660*
Email:
Class of License: *A*
License Expiration: *03/31/2027*
DEA #: *N/A*
DEA Expiration:

Inspection Information

Type: *Compliance*
Purpose: *Licensee Request*
Date: *05/12/2025*
Arrival Time: *1:45 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Ganiat Kehinde *Staff pharmacist* *75380*

Witness

Collette Scott

Terri Burrows

TEXAS STATE BOARD OF PHARMACY

Pharmacist (or other Responsible Party) on Duty Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

GK I am the Pharmacist (or other responsible party) on duty at *TELYRX*, pharmacy license number *35652* during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *05/12/2025*.

GK At the conclusion of the inspection, the Officer/Inspector left the following documents in my possession (check each applicable)

- ☑ Notice of Inspection
- ☑ Inspection Report
- ☐ Warning Notice outlining *0* deficiencies
- ☑ Pharmacist-in-Charge Attestation Form with the handout titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

GK I will provide all of the records listed above, including this attestation, regarding the inspection to the Pharmacist-in-Charge(PIC), within 3 business days and ensure the PIC understands that he/she must file the completed PIC attestation within 7 days of the date of receipt (unless otherwise noted).

Signed: _____ Date: *05/20/2025*

Printed Name: *Ganiat Kehinde* License No.(if applicable): *75380*

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

SP I am the Pharmacist-in-Charge (PIC) of *TELYRX*, pharmacy license number *35652*, and I [ ] was/ [x] was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *05/12/2025*.

SP I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

SP I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

SP If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

____ I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: [signature] **Date:** 05/12/25

Printed Name: Stephanie Pham **License No.(if applicable):** 75341

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 35652

(Date PDF Version Generated: 3/5/2025)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE OF REGISTRATION
TEXAS STATE BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **35652** Expiration Date: **03/31/2027**

Balances: **0**

TELYRX
8113 RIDGEPOINT DR STE 214
IRVING, TX 75063

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 35652

TELYRX

License Information

License Status Active
License # 35652
Expiration Date 03/31/2027
Date License Issued 03/04/2025

Address

8113 RIDGEPOINT DR STE 214
IRVING, TX 75063
County DALLAS
Phone (800) 878-1660

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
PHAM, STEPHANIE

Pharmacy Profile ¥

Accessible to disabled persons?	No
Participates in the Texas Medicaid program?	No

Translating services (Listed Below If Available)

Spanish
Telecomm. for the deaf (TDD)

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 3401455 35652 TELYRX 2025-03 03-2030.pdf
- 3401455 35652 TELYRX 2025-05 05-2030.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No

Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
GALLIEN, PAIGE ELISA	67501	09/03/2020	02/28/2027	Staff	Active
KEHINDE, GANIAT OLAIDE OPEYEMI	75380	02/13/2025	03/31/2027	Staff	Active
OSEI, JANICE	76518	10/16/2025	11/30/2027	Staff	Active
PHAM, STEPHANIE	75341	01/30/2025	09/30/2026	PIC	Active
TRAN, VY HOANG	42240	02/20/2004	07/31/2026	Relief	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
AHAMED, FAHIM	383827	02/24/2025	02/28/2027	Staff	Active
BLOCKER, JAYLA	260004	09/06/2016	12/31/2026	Staff	Active
BROWN, JUSTIN DEVON	312932	10/12/2020	11/30/2026	Staff	Active
DO, HELENA MINHTRAN CAO	315255	12/08/2020	06/30/2027	Staff	Active
GILLESPIE, BENJAMIN CHINAZOM	348734	12/06/2022	08/31/2026	Staff	Active
GOTAY, MICHAEL ANTHONY	381731	12/31/2024	12/31/2026	Staff	Active
HARGRAVES, EMILY NICHOLE	365677	01/09/2024	04/30/2027	Staff	Active
LE, REAGAN THU-AN	316845	01/18/2021	06/30/2026	Staff	Active
SALGADO, DENISE	211332	08/23/2012	11/30/2027	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
TELYRX DALLAS, LLC	OWNER	,			
MCKINNEY, THOMAS	OFFICER	,			
CASCIO, JOHN ERIC	OFFICER	,			

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 (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH 24817	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other: Central FIll located in AZ	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other: Central FIll located in AZ

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: Walmart Inc. DBA: Walmart Central Fill #10-2489

Physical Address: 6600 N Sarival Ave. Ste 130

City: Litchfield Park, State: AZ Zip: 85340-9703

Mailing Address (if different from physical address): 1 Customer Dr, MS 0500

City: Bentonville State: AR Zip: 72716-0500

Telephone: 602-366-4081 Toll Free # (NAC 639.708, NRS 639.23286): 888-703-6728

Fax: N/A Contact Email: complic@wal-mart.com

Website: walmart.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Kevin Chung

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24817 (see attached)

Section 2: List the name(s) of at least one NEVADA 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: Kevin Chung	NV Pharmacist Registration #: 24817
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.) N/A

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: Delaware

Parent Company (if any):

Corporation Name: Walmart Inc

Mailing Address: 1 Customer Dr, MS 0500

City: Bentonville State: AR Zip: 72716-0500

Telephone: (316) 212-2614 Email: complic@wal-mart.com; carla.sikes@walmart.com

Contact Person Name: Carla Sikes

Date of SEC Registration: 10/31/1969	SEC Registration Number: 71-0415188	Stock Exchange Symbol: WMT

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company N/A

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 N/A

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 N/A

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 Assistant Secretary (title) for Walmart Central Fill #10-2489 (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Sarah Little

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

NOV 20 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sarah Little 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 Assistant Secretary (title) for Walmart Central Fill #10-2489 (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 20th day of November, 2025

Notary Public

STATE OF ARKANSAS NOTARY PUBLIC
DENNIE M BLACKBURN
MY COMMISSION # 12707485
EXPIRES: March 31, 2029
Benton County

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Little

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)

NOV 2 0 2025

Date

Board Use Only	Date Received: 11/24/25	Amount: $500 ck 1353200

Regulatory Action and Legal Proceedings Disclosure

Discipline Associated with the Applicant Provider Facility

None of the managing employees, officers, directors or owners (as those persons are defined under 42 CFR § 455.100 – 106) named in response to any questions in this Application, have ever:

- had disciplinary action taken against any business or professional license held by them in this or any other state;
- had a license to practice restricted, reduced, or revoked in this or any other state;
- been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided; or
- entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency.

Disciplinary Action by Regulatory Agencies

The Applicant, Walmart Inc., and the various Walmart subsidiaries ("Walmart") operates nearly four thousand, six hundred retail pharmacies across the United States, five pharmacy distribution centers, a mail order pharmacy, a specialty pharmacy and over three thousand Vision Centers™ ("Provider Facilities") in the United States through Walmart Inc. and its other subsidiary companies (collectively the "Operating Entities"). The Pharmacy Facilities employ tens of thousands of Pharmacy Employees, many of whom own shares of the publicly-traded stock of, and thus have a financial interest in, Walmart Inc. In connection with operating the Pharmacy Facilities, the Walmart applies for and holds thousands of permits, licenses, and certificates of authority with federal, state and local agencies, including state professional licenses as well as state and federal controlled substance registrations, some of which have been subjected to discipline as described below.

Walmart has never had a pharmacy license or pharmacy federal registration revoked. Walmart has never surrendered a license or federal registration in lieu of being disciplined, or otherwise in connection with any threatened discipline. From time to time, state agencies with criminal, civil and/or administrative enforcement authority have taken disciplinary action against Walmart and/or Walmart's Pharmacy Facilities. None of these actions, however, has ever had a material adverse effect on the ability of Walmart or the Walmart Pharmacy Facilities to continue to provide pharmacy services in any state where Walmart holds such permits, licenses or registrations.

However, from time to time, agencies with criminal, civil and/or administrative enforcement authority have taken disciplinary action against Walmart, Walmart's Pharmacy Facilities and Walmart's Pharmacy Employees. To the best of Walmart's knowledge, **Exhibit B** to this Application provides a summary of those final actions that have been taken against Sam's East, Inc.'s Pharmacy Facilities' and Pharmacy Employees' respective registrations and licenses for the last two years. **Exhibit B** summarizes the nature of the action taken, the regulatory authority, the reason for the action, and the resolution of the action with the regulatory authority.

There are four regulatory actions involving a license suspension or probation for a Walmart retail pharmacy facility that took place over ten years ago and not included in the Disciplinary Action Chart referenced above. These suspensions were at facilities operated by Wal-Mart Stores East LP, except as indicated. These instances are discussed in more detail below.

An administrative one (1) day suspension of a state pharmacy board license occurred on September 21, 2010 at Walmart's Pharmacy in Gastonia, North Carolina, Store #10-1385. The suspension occurred due to recurring issues of technician scheduling exceeding recommended pharmacist/technician ratios.

An administrative suspension of a state pharmacy board license occurred on October 27, 2009 at Walmart Pharmacy #10-5131 in Trevose, Pennsylvania. The suspension occurred due to procedural failures when store management failed to timely notify the Pennsylvania Board of Pharmacy of a PIC (Pharmacist-in-Charge) change and then further failed to respond to related notices of citations and fines. None of the notices, citations or fines was addressed to Walmart's Home Office. Upon being made aware of the situation, Walmart's Home Office personnel were able to have the suspension lifted on or about November 4, 2009.

Walmart Pharmacy #10-0044 in Eldon, Missouri, operated under probation with the Missouri Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs (the "Department"). Probation was implemented pursuant to a Settlement Agreement dated February 28, 2008 resulting from the Department's investigation into the accuracy and completeness of controlled substance inventory (receipt and disposition) documentation. Under the terms of the Settlement Agreement, Walmart corrected the claimed deficiencies and revised the manner in which it received its controlled substances.

Walmart Pharmacy #10-1199 in Avon, Colorado, operated under probation with the Colorado Board of Pharmacy from July 18, 2006 to July 17, 2010. This retail pharmacy is operated by Walmart, Inc. Probation was implemented pursuant to a Stipulation and Final Agency Order resulting from the Colorado Board's investigation into the accuracy and completeness of controlled substance inventories and the inability of facility personnel to provide records of return-to-stock documentation. Under the terms of the Stipulation and Final Agency Order, Walmart corrected the claimed deficiencies and served under probation without any further incidents.

Board Members (Other Disclosing Entity)		Managing Employees
Bob Moritz		Kevin Host SVP, Health & Wellness
Cesar Conde		Michele Diane Garvey Sr. Director, Billing & Reconciliation
Sarah Friar		Howard Hacker VP, H&W Compliance
Timothy Patrick Flynn		Tim Koch Sr. Director, US Ethics & Compliance
Carla A. Harris		Jered Wilson VP, Payer Relations
Thomas Warren Horton		Sean Jackson SVP/GMM, Health & Wellness Sam's Club
Marissa Ann Mayer		Sarah Little Sr. Director, US Licensing
Carl Douglas McMillon		Lisa Young Sr. Director, Controlled Substance Compliance
Brian Niccol		Darren Townzen Sr. Director, Billing
Gregory Boyd Penner		
Steven S Reinemund		
Steuart Walton		

OPERATING ENTITY	DATE of NOTICE	STORE #	CITY	STATE	AGENCY	TYPE OF DISCIPLINARY ACTION	ALLEGED VIOLATION	CITATION OF LAW	MONETARY (Y/N)
Walmart Inc.	7/12/2023	3652	**West Sacramento**	**CA**	BOP	Citation	An investigation subsequent to a complaint found the following electronic prescription was received on 11/17/2022. The prescription was lawfully prescribed and received by the pharmacy. The prescription was not filled due to a Walmart policy which was more restrictive than relevant laws. This policy prevented pharmacists from using their professional judgment in making dispensing decisions. This was a violation of pharmacy law.	Bus. & Prof. Code § 733(a) Dispensing prescription drugs and devices- No licentiate shall obstruct a patient in obtaining a prescription	Y ($10,000)
Walmart Inc.	8/14/2023	4100	**Provo**	**UT**	BOP	Citation	Pharmacist-in-Charge (PIC) did not sign or date 2021 and 2022 annual controlled substance inventory It was also found, the person conducting the 2023 annual controlled substance inventory did not indicate whether the inventory was conducted at the open or close of business an dthe PIC did not date the inventory when signed.	58-1-501(2)(a)(i) violating any statute, rule, or order regulating an a profession under this title; R156-17b-605(2)(g,h) (g) the person taking the inventory and the consulting pharmacist, PIC, RDPIC, or DMPIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken; (h) the signature of the consulting pharmacist. PIC, RDPIC, or DMPIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory	Y ($750)

Walmart Inc.	8/24/2023	5954	**West Covina**	**CA**	BOP	Citation	An investigation determined a pharmacist employee of Walmart obstructed patient from obtaining 28 tablets of oxycodone/acetaminophen 5/325 mg on or around 06/30/2022.	Bus. & Prof. Code § 733 subd. (a)(b)(2) (a) Dispensing prescription drugs and devices- No licenti ate shall obstruct a patient in No licentiate shall obstruct a patient in obtaining a prescription .. ./(b) Notwithstanding any other law, a licentiate shall dispense drugs and all devices as described ... / (2) The prescription drug or device i s not in stock. If an order, other than the order described ...	Y ($1,000)
Walmart Inc.	8/30/2023	1941	**Glendora**	**CA**	BOP	Citation	On 11/3/22, a pharmacist incorrectly dispensed #180ml of albuterol 0.083% solution instead of the prescribed and labeled quantity of #150ml.	CCR, Title 16, § 1716 Variation from prescription	N

Walmart Inc.	9/8/2023	5394	**Dinuba**	**CA**	BOP	Citation	On 6/13/22, a pharmacist failed to correctly perform a drug utilization review to verify a prescription for a patient for Qzempic injection with incorrect directions to administer once daily instead of once weekly as prescribed. The prescription with incorrect directions was subsequently sold to the patient who administered 4 doses to herself using the incorrect directions. The pharmacy failed to produce a California Quality Assurance Report that was filled out in a timely manner after being informed of a prescription error on 6/17/2022. The Quality Assurance Report was filed on 1/25/2023.	CCR, Title 16, § 1707.3 Duty to review drug therapy CCR, Title 16, § 1711 subd. (d)(e) & (f) Quality assurance program finding shall be used to develop systems to prevent medication errors ... /Advance error prevention ... /Shall be immediately retrievable in pharmacy ... CCR, Title 16, § 1716 Variation from prescription	Y ($5,000)
Walmart Inc.	9/17/2023	6489	**Calumet City**	**IL**	BOP	Consent Order	On or about October 30, 2021, the wrong medication was dispensed and taken by the patient for approximately ten days.	68 IAC 1130.300(b)	Y ($5,000)

Walmart Inc.	2/9/2024	1704	**Vacaville**	**CA**	BOP	Citation	Specifically, from 02/12/2022 to 03/04/2022, while working at Walmart Pharmacy a Sales Associate filled prescriptions for approximately one week, without first being licensed by the Board as a pharmacy technician. Performing duties of a pharmacy technician without first being licensed by the board as a pharmacy technician is a violation of Business and Professions Code 4115(e).	Bus . & Prof. Code§ 4115 subd.(e) No person shall act as a pharmacy technician without first being licensed by the board as a pharmacy technician	Y ($1,000)

Walmart Inc.	3/6/2024	4239	**Reno**	**NV**	BOP	Stipulation and Order	On or about June 28, 2021, a doctor prescribed a patient Metformin ER, 500mg tablets ASC, quantity 360, with instructions to take two tablets by mouth before breakfast and two tablets before evening meal. On or about January 22, 2022, this prescription was refilled and dispensed to the patient. The patient was dispensed three white bottles containing the Ascend logo, two bottles correctly contained 100 tablets of Metformin Hydrochloride ER 500mg tablets AS, but one of the bottles was incorrectly contained amlodipine besylate tablets, USP 5mg, quantity 500. On or about January 22, 2022, the patient began ingesting the amlodipine besylate tablets, USP 5mg, and continued ingesting the medication for approximately two weeks. The patient complained of disorientation, nausea, dizziness, and extreme fatigue; however, the patient did not seek medical treatment.	NRS 639.230(5) NAC 639.702 NAC 639.945(3)	Y ($1,750)
Walmart Inc.	4/5/2024	5219	**Lawrence**	**KS**	BOP	Consent Order	On October 19, 2023, the Board received a complaint which alleged that pharmacy personnel at the Pharmacy dispensed two prescriptions to a patient that had been discontinued by the prescriber.	K.A.R. 68-7-12b.; K.A.R. 68-7-12b(a); K.S.A. 65-1627(e)(1); K.A.R. 68-7-12b(a)(6)	Y ($1,500)

Walmart Inc.	4/11/2024	2320	**Cottage Grove**	**OR**	BOP	Consent Order	Walmart Pharmacy 10-2320 did not have a Pharmacist-in-Charge from 08/08/2023 through 08/11/2023 (4 days in total).	OAR 855-019-0300(1) OAR 855-041 -1010(1) ORS 689.405(1)(i) ORS22 689.445(1)(d)(B) ORS 689.832(1)	N
Walmart Inc.	7/16/2024	4393	**North Highlands**	**CA**	BOP	Citation	Specifically, from at least 02/16/2022 and at least through 07/07/2022 Walmart sent emails directed to pharmacists in specific stores in their markets communicating quotas related to pharmacist administered immunizations and prescriptions to be filled. These quotas were fixed numbers related to services for which a pharmacist license is required, and were communicated to pharmacists, and the actual number of times these services were provided was evaluated.	Bus. & Bus. & Prof. Code § 4113.7 Chain community pharmacy; Quota for pharmacist or pharmacy technician duties prohibited	Y ($40,000)

Walmart Inc.	7/31/2024	2526	**Porter Ranch**	**CA**	BOP	Citation	Walmart Pharmacy sold a prescription for prednisone twice on the same day, once for #60 (30-day supply) and then for #28 (7-day supply) because the pharmacist modified the incorrect prescription, thinking it was Norco. Modifying the incorrect prescription and dispensing it in error is a violation of CCR 1716.	CCR, Title 16, § 1716 Variation of Prescription	Y ($5,000)
Walmart Inc.	9/9/2024	3620	**Riverton**	**UT**	BOP	Citation	On 9/5/2024, the Division conducted a random inspection . During the inspection, the pharmacy was unable to produce the 2019 annual controlled substance inventory.	58-1-501 (2)(a)(i) R156-17b-605(2)(b)	Y ($500)

Walmart Inc.	9/9/2024	3620	**Riverton**	**UT**	BOP	Citation	During a random inspection, a Division Investigator identified 32 medications in the pharmacy stock that were past their expiration dates.	58-1-501 (2)(a)(i) R156-17b-605(1)	Y ($750)
Walmart Inc.	1/16/2025	5070	**Las Vegas**	**NV**	BOP	Stipulation and Order	Respondent is responsible for certain errors and admissions of its employees/staff (as detailed below) pursuant to NRS 639.203(5), NAC 639.702 and/or NAC 639.945(3). One employee/staff member engaged in unprofessional conduct defined in NAC 639.945(1)(d) and (i) when he performed both the four point check of data entry and final verification and failed to detect an erroneous direction. A separate employee/staff member violated NRS 639.266, NAC 639.707 and/or NAC 639.708 when she failed to properly document medication counseling.	NAC 639.945(1)(d) and (i) NRS 639.266 NAC 639.707 NAC 639.708	Y ($1,500)
Walmart Inc.	1/31/2025	2925	**Napa**	**CA**	BOP	Citation	Unauthorized disclosure of prescription and medical information.	CCR, Title 16 § 1764/Civil Code § 56.10 subd. (a)	N

Walmart Inc.	2/14/2025	2032	**Oxnard**	**CA**	BOP	Citation	On or about 4/25/23 to on or about 1/25/24 a technician performed technician functions without a technician license.	Bus. & Prof. Code§ 4115 subd. (f)	N
Walmart Inc.	2/14/2025	5664	**Camarillo**	**CA**	BOP	Citation	On or about November 2023 to on or about December 2023 a technician performed technician functions without a technician license.	Bus. & Prof. Code§ 4115 subd. (f)	N
Walmart Inc.	3/19/2025	2094	**Vista**	**CA**	BOP	Citation	On 11/8/23, a pharmacist erroneously verified and dispensed a prescription for Loryna 3 mg/20 mcg with Larin FE 1 mg/20 mcg.	CCR, Title 16, § 1716	Y ($5,000)

Walmart Inc.	5/21/2025	5601	**Huntington Beach**	**CA**	BOP	Citation	On 8/28/2023, a pharmacist erroneously verified a prescription for potassium citrate ER 15 mEq tablets with Klor-Con M15 ER 15mEq tablets. The prescription was refilled on the following dates 8/28/2023, 11/25/2023, 2/19/2024, and 6/3/2024.	CCR, Title 16, § 1716	Y ($5,000)

Walmart Inc.	7/7/2025	4239	**Reno**	**NV**	BOP	Citation	May 10, 2023, the pharmacy received two electronic prescriptions with a titrated dosage for phentermine, the first for phentermine 15 mg capsules, the second for phentermine 30 mg capsules. Both prescriptions were entered into the computer system despite the fact that directions for the start date and end date for each prescription were missing. The pharmacist performed data entry verification and overrode a DUR warning indicating the two prescriptions exceeded the maximum daily dosage for phentermine and failed to contact the prescriber for clarification. When the pharmacist performed the final product verification and counseling, they failed to properly review the patient's records and contact the prescriber for clarification.	NRS 639.2895(2) NRS 639.230(5) NAC 639.702 NAC 639.945(3)	Y ($1,000)

WALMART INC., WAL-MART STORES EAST, LP; WAL-MART STORES TEXAS, LLC; WAL-MART STORES ARKANSAS, LLC; WAL-MART STORES LOUISIANA, LLC

NAME AND TITLE	ADDRESS
Tim Koch Assistant Secretary	702 S.W. 8th Street Bentonville, AR 72716
Sarah Little Assistant Secretary	702 S.W. 8th Street Bentonville, AR 72716
Kevin Host SVP, Health & Wellness	702 S.W. 8th Street Bentonville, AR 72716

The above officers / directors own less than 1% stock of Walmart Inc., a public corporation.

The above officers / directors are those designated with authority for all licensing matters and serve in the capacity as listed above for Sam's East, Inc. and Sam's West, Inc.

Ownership and Control Interest Information

The Applicant Pharmacy is wholly owned by Walmart Inc. (FEIN: 71-0415188, Address: 702 SW 8th Street, Bentonville, AR 72716). Walmart Inc. stock is publicly traded in the New York Stock Exchange (NYSE Symbol: WMT). For the holdings of major shareholders (owners) of 5% or more through direct or indirect ownership of Walmart Inc., please see the Stock Ownership Chart below, which has been filed with the Securities Exchange Commission.

Holdings of Major Shareholders

The following table lists the beneficial owners of greater than 5% of the Shares outstanding as of April 11, 2025. As of April 11, 2025, there were 8,000,886,911 Shares outstanding.

Name and Address of Beneficial Owner	Direct or Indirect Ownership with Sole Voting and Dispositive Power	Direct or Indirect Ownership with Shared Voting and Dispositive Power	Total	Percent of Class
Walton Enterprises, LLC[1]	3,002,673,393 [4]	N/A	3,584,603,851 [4]	44.80%
Walton Family Holdings Trust[2]	N/A	N/A	581,930,458 [5]	7.27%
The Vanguard Group[3]	N/A	N/A	412,539,774 [6]	5.16%

(1) The business address of Walton Enterprises, LLC is 8805 Tamiami Trail N., Suite 108, Naples, Florida 34108. The managing members of Walton Enterprises, LLC are WELLCO Mgmt Trust #1, WELLCO Mgmt Trust #2, WELLCO Mgmt Trust #3, and WELLCO Mgmt Trust #4. Carrie Walton Penner, Benjamin Walton, Rob Walton, and Samuel Walton are trustees of WELLCO Mgmt Trust #1. Alice Proietti, James Walton, Jim Walton, Steuart Walton, and Thomas Walton are trustees of WELLCO Mgmt Trust #2. Alice Walton is trustee of WELLCO Mgmt Trust #3. Lukas Walton is trustee of WELLCO Mgmt Trust #4. With respect to Walton Enterprises, LLC, voting and dispositive power over all of the Shares held thereby is exercised by the managing members thereof (acting by majority vote).

(2) The business address of Walton Family Holdings Trust is P.O. Box 1508, Bentonville, Arkansas 72712. The trustees of Walton Family Holdings Trust are Carrie Walton Penner, Alice Proietti, Alice Walton, Benjamin Walton, James Walton, Jim Walton, Lukas Walton, Rob Walton, Samuel Walton, Steuart Walton, and Thomas Walton. With respect to Walton Family Holdings Trust, dispositive power over all of the Shares held thereby is exercised by the trustees thereof (acting by majority vote), and voting power over all of the Shares held thereby is exercised by Walton Enterprises, LLC (acting by the majority vote of its managing members) pursuant to the irrevocable proxy described below.

(3) The business address of The Vanguard Group is 100 Vanguard Boulevard, Malvern, Pennsylvania 19355.

(4) The Shares shown as beneficially owned by Walton Enterprises, LLC represent (a) 3,002,673,393 Shares held by Walton Enterprises, LLC and (b) 581,930,458 Shares held by Walton Family Holdings Trust, as to which Walton Enterprises, LLC has sole voting power pursuant to an irrevocable proxy granted by Walton Family Holdings Trust to Walton Enterprises, LLC.

(5) The Shares shown as beneficially owned by Walton Family Holdings Trust represent 581,930,458 Shares held by Walton Family Holdings Trust, as to which Walton Family Holdings Trust has sole dispositive power.

(6) Based solely on the Schedule 13G filed by The Vanguard Group on February 13, 2024 reflecting ownership as of December 29, 2023, as adjusted to reflect the Company's 3-for-1 forward split of its common stock, which was effected on February 23, 2024. The Schedule 13G discloses that The Vanguard Group has: (a) sole voting power as to 0 Shares; (b) shared voting power as to 5,048,658 Shares; (c) sole dispositive power as to 395,251,860 Shares; and (d) shared dispositive power as to 17,287,914 Shares.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WALMART 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-SEVENTH DAY OF AUGUST, A.D. 2025.

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.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

732109 8300

SR# 20253806708

Authentication: 204592525

Date: 08-27-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y010150	AZ Permit Exp.Date : 10/31/2027	Business Name : Walmart Central Fill #10-2489
Address : 6600 N Sarival Ave , Suite 130		
Zip : 85340	City : Litchfield Park	State : AZ
Phone : (602) 366-4081	Email : Kevin.Chung@walmart.com	Inspection Date : 11/18/2025
PIC : Kevin Chung	Pic License Exp Date : 10/31/2026	Inspection Reviewed With : Kevin Chung
Reviewers License# : S027583	Inspection type : Routine	
Inspection Conducted By : Ram Karlapudi		

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

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Size/Personnel	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
	100,000 sq ft pharmacy production area. Up to 90 employees per shift are planned.		
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)
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)
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)
6	Consultation area	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-609(D)
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
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)
	Entry is via badge access and is tracked.		
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)
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)
	The production area has Smart-sense sensors and thermostats; it is HVAC-controlled.		

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

11	Working counter barrier	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-609(H)
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)
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)
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)
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)
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)
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)
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)
20	Nonsterile compounding area	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-410(E)

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)

The pharmacy doesn't handle controlled substances.

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)

Technicians' badges only work after the pharmacist swipes in.

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)

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)

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)

The pharmacy only fills prescriptions and ships them back to the individual pharmacies. No patient care activities or DUR conducted onsite.

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)

Online.

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)

Online.

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)
Online.

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)

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)
Online.

7 Policy and procedure manual-technicians ☑ 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)
Online.

8 Policy and procedure manual-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
Online.

9 Policy and procedure manual-compounding ☐ S ☐ C/P ☐ U ☑ N/A
R4-23-410; R4-23-670
No compounding activity at the central fill pharmacy location.

10 Arizona statutes/rules ☑ 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)
Online.

11 Current antidote/drug interaction information ☑ 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)
Online.

12	Poison Control # displayed	☐ 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 Not handling refrigerated product filling.	☐ 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	☐ 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	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-408
4	Computer-patient profiles	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-408(B)(3)
5	Computer-single drug usage report	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-408(C)(4)
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)
8	Federal transfer labels Not filling controlled substance prescriptions.	☐ 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)
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)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

10	Written patient information	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-402(G)
12	Federal medication guides	☑ S ☐ C/P ☐ U ☐ N/A	21 CFR part 208
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)
15	Immunization administration recordkeeping	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-411(F)
16	Schedule V register	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log	☐ S ☐ C/P ☐ U ☑ N/A	ARS 32-1977
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)
19	CSPMP reporting Not handling controlled substance prescriptions.	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-502
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)

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)
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)
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)
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)
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)
27	Automated storage and distribution system (patient access)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device Using barcode and RFID technology for product identification, and ensuring filling accuracy in canisters.	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-615
30	Mechanical counting device	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-616
31	Emergency drug supply units (LTC)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-701.02

32	Automated emergency drug supply units (LTC)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size	☐ 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)

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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

Hours of operation: Sun - Sat: 6 am - 2 am.

Expected to open on 04/27/2026.

Central fill pharmacy opening inspection: Satisfactory.

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: 05/29/2025
Receipt Number: 2025197744
Receipt Amount $: 480.00

Pharmacy - Chain

PERMIT NO
Y010150

EXPIRES
10/31/2027

Issued to : Walmart Central Fill #10-2489
Walmart Inc
702 SW 8TH ST MAIL STOP 0500 BENTONVILLE, AR 72716

Walmart Central Fill #10-2489
6600 N SARIVAL AVE , SUITE 130
LITCHFIELD PARK, AZ 85340

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 : Walmart Central Fill #10-2489
LICENSE NUMBER : Y010150
EXPIRES : 10/31/2027

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.

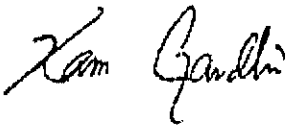
Arizona State Board of Pharmacy

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 :	Walmart Central Fill #10-2489
Address :	6600 N Sarival Ave , Suite 130 Litchfield Park AZ 85340
Registration No :	Y010150
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	11/18/2025
Expiration Date :	10/31/2027
Status :	OPEN
Discipline :	No



Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 11/19/2025

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility

- ■ Ambulatory Surgical Center (ASC)
- ☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Optum Heart and Vascular Center, LLC d/b/a Nevada Heart and Vascular Optum Surgery Center

Physical Address: 2724 North Tenaya Way, Suite 150

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): 569 Brookwood Village, Suite 901

City: Homewood State: AL Zip: 35209

Telephone: 623-340-2816 Fax: N/A

Contact Email: douglas.justus@scasurgery.com Website N/A

Nevada Business License # NV20232729940

Employed/Contracted Pharmacist Name: Kevin Khuong Dang NV Pharmacist License #: 18961

Medical Director Name: Pending

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): Nevada Heart and Vascular Center (Resh) LLP; SCA-Optum Nevada Holdings, LLC

Corporation/Organization Name: Optum Heart and Vascular Center, LLC

Mailing Address: 569 Brookwood Village # 901

City: Homewood State: AL Zip: 35209

Telephone: 623-340-2816 Email: douglas.justus@scasurgery.com

Contact Person Name: Douglas Justus

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: Kevin Khuong Dang NV Pharmacist License #: 18961

As the employed/contracted pharmacist, for (ASC/RC Name): Nevada Heart and Vascular Optum Surgery Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

11/16/2025
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **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.

Douglas Justus

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)

☐ 9-30 2025

Date

Board Use Only	Date Received: 9/1/25	Amount: $500.00

Top Four Stockholders and their Percent Ownership

Nevada Heart and Vascular Center (Resh), LLP: 55% Direct Ownership Interest

SCA – Optum Nevada Holdings, LLC: 45% Direct Ownership Interest

SC Affiliates, LLC: 22.95% Indirect Ownership Interest

Southwest Medical Associates, Inc.: 22.05% Indirect Ownership Interest

All Stockholders Who Hold 10% or more of the Shares

Direct Ownership

Nevada Heart and Vascular Center (Resh), LLP: 55% Direct Ownership Interest

SCA – Optum Nevada Holdings, LLC: 45% Direct Ownership Interest

Indirect Ownership

SC Affiliates, LLC: 22.95% Indirect Ownership Interest

Surgical Care Affiliates, LLC: 22.95% Indirect Ownership Interest

SCAI Holdings, LLC: 22.95% Indirect Ownership Interest

SCA Holdco, Inc.: 22.95% Indirect Ownership Interest

Collaborative Care Holdings, LLC: 22.95% Indirect Ownership Interest

OptumHealth Holdings, LLC: 22.95% Indirect Ownership Interest

Optum, Inc.: 22.95% Indirect Ownership Interest

United Healthcare Services, Inc.: 22.95% Indirect Ownership Interest

UnitedHealth Group Incorporated: 22.95% Indirect Ownership Interest

Southwest Medical Associates, Inc.: 22.05% Indirect Ownership Interest

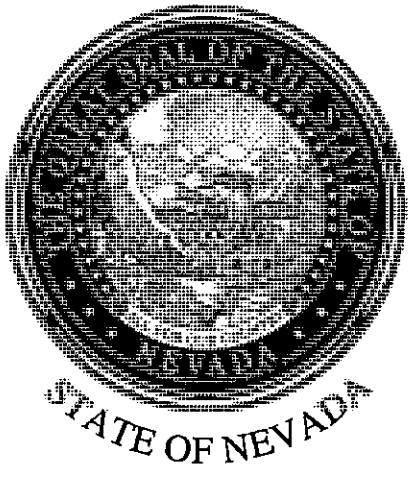
Sierra Health Services, Inc.: 22.05% Indirect Ownership Interest

UnitedHealthcare, Inc.: 22.05% Indirect Ownership Interest

United HealthCare Services, Inc.: 22.05% Indirect Ownership Interest

UnitedHealth Group Incorporated: 22.05% Indirect Ownership Interest

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, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

Optum Heart and Vascular Center, LLC

Organizational Documents on File	Filing Date
Articles of Organization	03/28/2023

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence Optum Heart and Vascular Center, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 03/28/2023, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/25/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202511256305691
You may verify this certificate online at
https://www.nvsilverflume.gov/home

Officers

Douglas Justus, Chief Executive Officer

William Resh, M.D., President

John Rhodes, M.D., Vice President

Board of Managers

Douglas Justus, Member of the Board of Managers

William Resh, M.D., Member of the Board of Managers

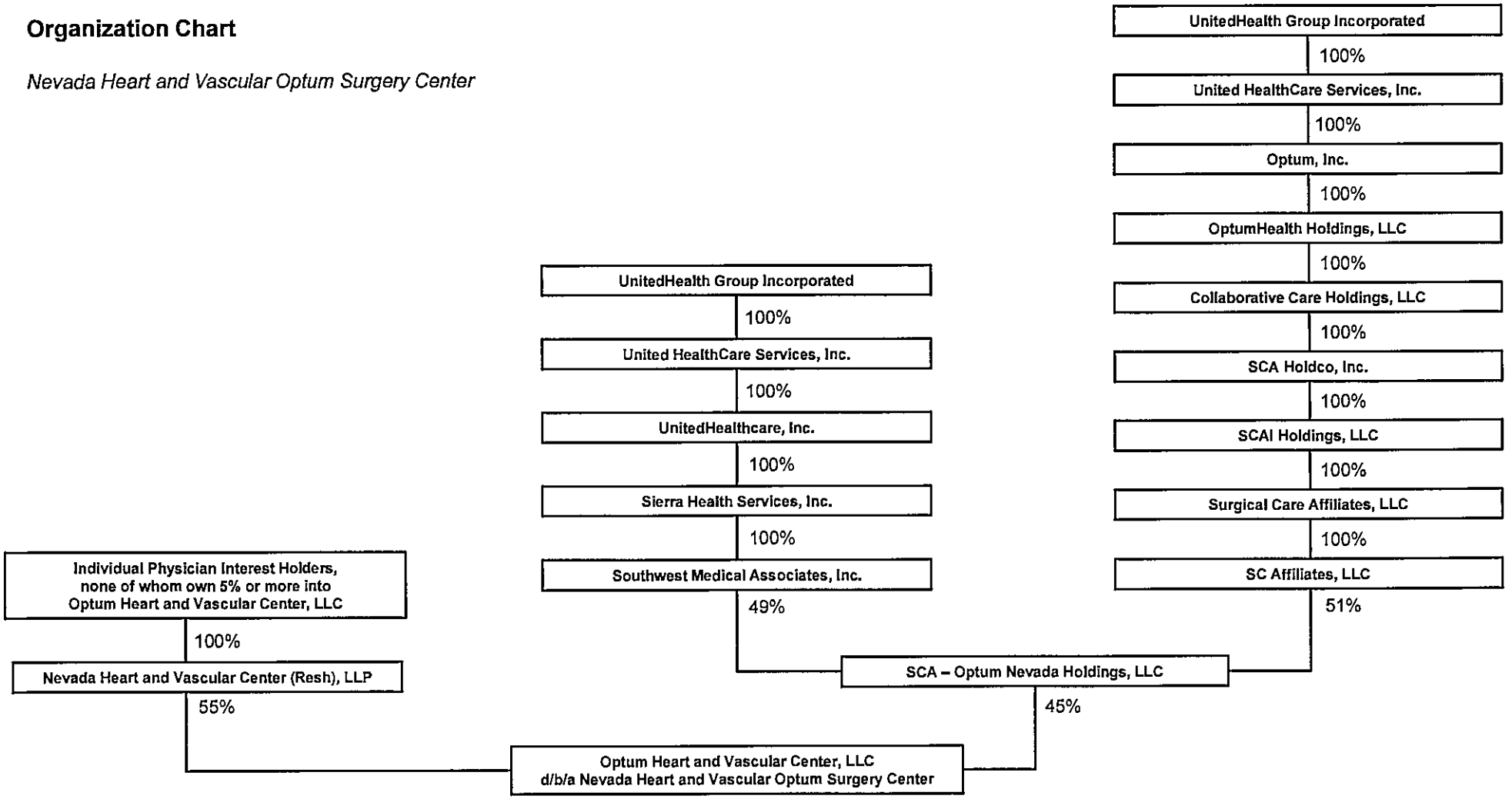
John Rhodes, M.D., Member of the Board of Managers

Antonio Alamo, M.D., Member of the Board of Managers

Branavan Umakanthan, M.D., Member of the Board of Managers

Organization Chart

Nevada Heart and Vascular Optum Surgery Center



Charlotte Udipi
cudipi@bradley.com
205.521.8523 direct
205.521.8800 fax

Bradley

November 26, 2025

Via Overnight Mail

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Ambulatory Surgical Center – Initial Pharmacy Permit Application – Optum Heart and Vascular Center, LLC

Dear Sir or Madam:

I write on behalf of Optum Heart and Vascular Center, LLC (the "Company"), which owns and operates that certain ambulatory surgical center known as Nevada Heart and Vascular Optum Surgery Center located at 2724 North Tenaya Way, Suite 150, Las Vegas, Nevada 89128 (the "Center"). It is anticipated that on or about **June 1, 2026**, the Center will begin operation as a licensed ambulatory surgical center and will see its first patients on such date. The Center is currently applying for a Nevada Ambulatory Surgical Center facility license, and this application process is ongoing as of November 26, 2025.

Please find the Center's Ambulatory Surgical Center Pharmacy Permit Application and all required documentation (together, the "Application") enclosed for your review. For your convenience, please find a table of contents below which details the required documentation included in this submission:

Exhibit A: Ambulatory Surgical Center Pharmacy Permit Application.
Exhibit B: A list of the Company's officers and directors.
Exhibit C: A list of the Company's top four stockholders or members with their percentage ownership.
Exhibit D: A list of the Company's stockholders or members holding at least 10% of the shares.
Exhibit E: A certificate of the Company's good standing dated within the last six months.
Exhibit F: An organization chart of the Company's listing all individuals and entities with at least 10% ownership interests.
Exhibit G: A statement confirming there are no required Personal History Record Applications for any shareholders, stockholders, partners, members, or owners.

Thank you for your attention to this matter. If you have any questions, or if you require any additional information, please do not hesitate to contact me at (205) 521-8523 or cudipi@bradley.com.

Very truly yours,

Charlotte Udipi

BRADLEY ARANT BOULT CUMMINGS LLP
By: Charlotte Udipi

Enclosures

4NN

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: Francisca Middle: Semira Last: Evangelista

NV Pharmacist Registration # 24653

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 Cancer Center

Address: 2300 W Charleston Blvd, Las Vegas, NV 89102

City: Las Vegas State: NV Zip: 89102

Employer Contact Name: Colby Meier

Employer Contact Telephone: +1 435-590-9403 Employer Contact email: Colby_meier@optum.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Optum Cancer Center
Address: 2300 W. Charleston Blvd
City: Las Vegas State: NV Zip: 89102
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? Monday to Friday, excluding major holidays from 08:00 - 16:30

Name of Site (if applicable): Optum Cancer Center
Address: 1655 E Cactus Ave.
City: Las Vegas State: NV Zip: 89183
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? Monday to Friday, excluding major holidays from 08:00 - 16:30

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.

a. Consult with providers regarding oncology treatment regimens, including clinical research trials
b. Patient counseling
c. Provider, nurse, and support staff education
d. Formulary development and enforcement
e. Oncology treatment regimen template production

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

a. Main patient population is hematology and oncology
b. Occasional neurological or immunological disorders due to overlaps in therapy

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

a. National Comprehensive Cancer Network guidelines
b. Lexicomp drug database
c. Clinical Pharmacology drug database

4. Provide an explanation of the policy for users of the services when you are unavailable.

a. There are 2 full time pharmacists employed at Optum Cancer Care. The schedule is created to ensure one pharmacist is available during clinic hours at all times.
b. In the rare event all pharmacists are unable to be available during those scheduled times, the medical director of the clinic will be consulted for all urgent pharmacy needs.

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.

a. As part of Optum, pharmacists complete yearly training regarding protected health information and maintaining confidentiality of patient records.
b. All access to patient data is governed by Optum's internal policies and procedures, which are in compliance with state and federal law.

6. Provide a description of the business plan for the services provided.

No business plan is provided as pharmacists do not provide billable services in this role.

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.

Francisca S. Evangelista

Print Name

Original Signature, no copies or stamps accepted

10/31/2025

Date

Board Use Only	Date Received: _____ For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

400

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: Marie 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:

Molina Healthcare

Address: 200 Oceangate #100, Long Beach, CA

City: Long Beach State: CA Zip: 90802

Employer Contact Name: Joshua Diamond

Employer Contact Telephone: 855-658-0918 ext 751725 Employer Contact email: Joshua.Diamond@molinahealthca

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Home address

Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

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? 9 am - 5:30 pm

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.

Provide support and subject matter expertise for pharmacy Medication Therapy Management (MTM) and clinical pharmacy services activities. Contributes to overarching pharmacy strategy for optimization of medication related health care outcomes, and quality cost-effective member care.

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Molina Healthcare is a managed care company headquartered in Long Beach, California, United States. The company provides health insurance to individuals through government programs such as Medicaid and Medicare.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

No paper resources will be provided as this is Molina Helathcare policy. A company laptop to be used with secure VPN is provided, with software and applications such as claims information and EHR to view medication list, provider information as well as pharmacy information to perform job duties. Additionally, microsoft authenticator is also required.

4. Provide an explanation of the policy for users of the services when you are unavailable.

Clnical MTM services are provided as additional service to support patients in their healthcare journey, they are able to opt-out. Patients are directed to providers as appropriate. The service does not include emergency services although a nurse line is available 24 hours per day, 7 days per week. Patients may also be directed to provider office for appointment, quick care or the emergency department as appropriate.

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.

Patient information will be accessed via secure laptop and secure VPN with user specific log ins and passwords. Training titled HIPAA 101: HIPAA Privacy Training - New Hire (This course is designed to train new hires on basic HIPAA principles. Compliance, HIPAA , HR, Ethics, & Compliance) as well as HIPAA: Molina Work from Home or Remote Worksite Privacy & Security Training (The information contained in this course is designed to provide the enrollee with pertinent information regarding how to protect and the safeguarding of PHI and confidential information while Molina employees, work from home.) and Cybersecurity Checkup Curriculum (Phishing and Insider threat)

6. Provide a description of the business plan for the services provided.

Employee for Molina Healthcare, was previously approved as an employee of Optum in December 2023.

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

11/24/2025

Date

Board Use Only	Date Received: 11/25/25 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Partnership - Pages 1-3 & 6
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: STAQ Pharma of Ohio, LLC

Physical Address: 255 Phillipi Rd

City: Columbus State: OH Zip Code: 43228

Telephone: 614-974-2844 Fax: N/A

Toll Free Number: 1 (833) 397-0106 (Required per NAC 639.708)

E-mail: ohiolicensure@staqpharma.com Website: https://staqpharma.com/

Supervising Pharmacist: Emily Reyes Nevada License #: 20176

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 11/21/25 Amount: $500 Ck/15000 0009164

1609

FEI Number (From FDA application): 87-1134696

Please provide the name of the facility as registered with the FDA and the registration number:
STAQ Pharma of Ohio, LLC 302 533 6457

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Emily Reyes Nevada License Number: 20176

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Joe W. Bagan

Original Signature of Person Authorized to Submit Application, no copies or stamps

Joe W. Bagan

Print Name of Authorized Person

16 APR 2025

Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: STAQ Pharma of Ohio, LLC

Parent Company if any: STAQ Pharma, Inc.

Address: 255 Phillipi Rd

City: Columbus State: OH Zip: 43228

Telephone: 614-992-2002 Fax: N/A

Contact Person: Alex Zydorczyk azydorczyk@staqpharma.com

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) STAQ Pharma, Inc. 14135 East 42nd Ave, STE 50, Denver, CO 80239
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? $100.00

4) What date did the corporation actually receive the cash assets? 06/09/2021

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 4/15/2025

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: STAQ Pharma of Ohio

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [6]	Action Based on Last Inspection [4,5]	Intends to Compound Ste Drugs From Bulk Substanc
STAQ Pharma of Ohio, LLC, Columbus, OH	Patrick Welsh 1-440-384-0676	1/26/2023	11/19/2024	10/4/2023	Yes (/media/175707/download?attachment)	No	FMD-145 Letter Issued 3/20/2024	Yes

Showing 1 to 1 of 1 entries (filtered from 91 total entries)

Previous 1 Next

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/drugs/human-drug-compounding/compounding-inspections-recalls-and-other-actions) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

   Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.
4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/drugs/human-drug-compounding/compounding-inspections-recalls-and-other-actions).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

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 0162000021

Staq Pharma Of Ohio, Llc

255 Phillipi Rd
Columbus, OH 43228-1307
Franklin County

Outsourcer - Category 3

DDD Inspection

August 7, 2024

License 0162000021 - Staq Pharma Of Ohio, 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 Alex Seminara
Start 8/7/2024 10:30 AM
End 8/7/2024 11:19 AM

Organization

Name
Staq Pharma Of Ohio, Llc

License Type
Outsourcer - Category 3

Category

License Number
0162000021

Business Type
OSC - Outsourcing Facility

DEA Number

Responsible Person
Jon Hicks, R.Ph.

Hours of Operation

Contact

Address
255 Phillipi Rd
Columbus, OH 43228-1307
Franklin County

Primary Number
(614) 974-2844

Fax Number
+1 1NA

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Joe Bagan					
Jon Hicks, R.Ph.		Responsible Person	03331309		jhicks@staqpharma.com
Emily Reyes, R.Ph.			03439372		

1) General Inspection Information

1) Document personnel conducting inspection

Observation
Compliance Specialist Alex Seminara

2) Were multiple inspection guides used during this inspection?

No

3) Facility Description and Type

Observation
OSC - Outsourcer Category 3

4) Have there been any changes in the DDD's ownership, business name or trade name, category, or address without submitting a new application to the Board?

No

5) Does the DDD have a valid registration issued by the Drug Enforcement Administration?

No

6) Is the Responsible Person present during the inspection?

Yes

7) How often is the Responsible Person at the DDD?

Observation
Full Time

3.1) Responsible Person- Drug Distributor (OAC 4729:6-2-01)

1) Does the Responsible Person match what is listed in elicense?

Yes

2) Was the Board notified within 10 days of the effective date of appointment of the new responsible person?

Not Applicable

3) Was a complete inventory of controlled substances completed on the effective date of the change of responsible person?

Not Applicable

4) Is the responsible person physically present at the location for a sufficient amount of time?

Yes

5) Does the Responsible Person have the required credentials to be the responsible person for the DDD classification/business type?

Yes

3.2) Distributor of Dangerous drugs licensing and renewal (OAC 4729:6-2-02)

1) Did the distributor of dangerous drugs fail to renew their license to distribute drugs?

No

4.2) Report of theft or sig loss of dang drugs, controlled subs, and drug documents (OAC 4729:6-3-02)

1) Did the distributor of dangerous drugs experience a theft or significant loss of dangerous drugs, controlled substances, and drug documents?

No

4.4) Verification of licensure prior to sale or purchase (OAC 4729:6-3-04)

1) Did the drug distributor verify that drugs were sold to a properly licensed facility?

Yes

4.5) Suspicious order monitoring and due diligence (OAC 4729:6-3-05)

1) Does the drug distributor have a system in place to identify suspicious drug orders?

Yes

3) Has the drug distributor conducted the proper due diligence prior to an initial sale and on an annual basis?

Yes

Observation
Discussed this is completed on new customer onboarding process

4.8) Distributor of dangerous drugs samples and complimentary supplies (OAC 4729:6-3-08)

1) Has the licensee provided drug samples only by request of a licensed TDDD?

No

11.1) Outsourcing Facilities - General Operations (OAC 4729:6-10-01)

1) Does the facility meet the requirements of the rule?

Yes: Facility is of suitable size and construction to facilitate cleaning, maintenance, and proper operations

Yes: Facility has storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions

Yes: Facility has quarantine area

Yes: Facility is maintained in a clean and orderly condition

Yes: Facility is free from infestation by insects, rodents, birds, or vermin of any kind

Yes: Facility is registered as a business entity and operates out of a location zoned for commercial use

2) Adulterated Drugs: Are adulterated drugs stored for no longer than two years from the date of expiration?

Yes: Stored in a manner that prohibits access by unauthorized persons

3) Disposal: Are non-controlled dangerous drugs disposed of or donated to a pharmacy school?

Yes: Disposal record includes the name, strength, dosage form, and quantity of the dangerous drug destroyed

Yes: Disposal record includes the date destroyed

Yes: Disposal record includes the method of destruction

Yes: Disposal record includes the positive identification of the person who performed the destruction and the witness

5) Is the facility secure from unauthorized entry?

Yes: Access from outside the premises is kept to a minimum and is well controlled

Yes: The outside perimeter of the premises is well lit

Yes: Entry into areas where dangerous drugs are stored are limited to authorized personnel

Yes: All facilities where dangerous drugs are stored are equipped with an alarm system to detect unauthorized entry after hours

Yes: All facilities are equipped with a security system that will provide suitable protection against theft and diversion

Yes: The security system provides protection against theft or diversion facilitated or hidden by tampering with computers or electronic records

6) Storage: Are dangerous drugs stored at appropriate temperatures and under appropriate conditions?

Yes: Temperature is tracked

Yes: Humidity is tracked

7) Shipments: Are all shipments of dangerous drugs examainded?

Yes: Receipt of shipment includes exam of outside container

Yes: Outgoing shipment inspects the identity of dangerous drug products and ensures there is no delivery of damaged drugs or drugs held under improper conditions

8) Are all returned, damaged, misbranded, deteriorated, and/or adulterated dangerous drugs handled as required by rule?

Yes: Dangerous drugs are quarantined and physically separated

Yes: Drugs are destroyed or returned to the supplier

Yes: Drugs are investigated, tested, or examined and is proven to meet standards for use

9) Does the facility establish, maintain, and adhere to written policies and procedures?

Yes: SOPs include receipt, security, storage, inventory, and distribution of dangerous drugs

Yes: SOPs include procedures for identifying, recording, and reporting losses or thefts

Yes: SOPS include procedures for correcting all errors and inaccuracies in inventories

Yes: Includes a procedure to be followed for handling recalls and withdrawals of dangerous drugs

Yes: Includes a procedure to ensure that outsourcing facilities prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency

Yes: Includes a procedure to ensure that any adulterated dangerous drugs shall be segregated from other drugs and either returned to the manufacturer or destroyed

Observation

(1) A procedure to be followed for handling recalls and withdrawals of dangerous drugs. Such procedure shall be appropriate to deal with recalls and withdrawals due to: (a) Any action initiated at the request of the food and drug administration or other federal, state, or local law enforcement or other government agency, including the state board of pharmacy; (b) Any voluntary action by the outsourcing facility to remove defective or potentially defective drugs from the market; (c) Any action undertaken to promote public health and safety by replacing existing merchandise with an improved product or new package design.

10) Do personnel have appropriate education, experience and training to assume responsibility for positions related to compliance with the requirements of this division of the Administrative Code?

Yes

11) Reminder: Compliance with laws, rules, and regulations

Observation

Outsourcing facilities shall operate in compliance with applicable federal, state, and local laws, rules and regulations. This shall include, but is not limited to, all applicable laws, regulations and standards set forth by the United States food and drug administration and the United States drug enforcement administration.

Outsourcing facilities shall permit properly identified and authorized state board of pharmacy agents and federal, state, and local law enforcement officials to enter and inspect their premises and delivery vehicles, and to audit their records and written operating procedures.

Outsourcing facilities shall be subject to the provisions of any applicable federal, state, or local laws, rules or regulations that relate to dangerous drug salvaging or reprocessing.

13) Storage and Transportation: Does the facility follow the minimum standards for storage and transportation methods?

Yes: Licensee selects common or contract carriers which provide adequate security to guard against in-transit losses

Yes: When storing dangerous drugs in a public warehouse, licensee selects a facility that provides adequate security to guard against storage losses

Yes: Licensee stores controlled substances in a public warehouse which complies with the requirements set forth in section 1301.72 of the code of federal regulations (2/28/2018)

Yes: Licensee employs precautions (e.g., assuring that shipping containers do not indicate that contents are controlled substances) to guard against storage or in- transit losses

Yes: When distributing dangerous drugs through agents, the licensee provides and requires adequate security to guard against theft and diversion while the substances are being stored or handled by the agent or agents

14) Reminder: Labeling

Observation
An outsourcing facility shall comply with all labeling requirements pursuant to section 503B of the Federal Food, Drug, and Cosmetic Act (5/28/2015).

15) Reminder: Current Good Manufacturing Practices

Observation
An outsourcing facility shall comply with current good manufacturing practices pursuant to Section 501 of the Federal Food, Drug and Cosmetic Act (5/28/2015).

16) Does the outsourcing facility sell or dispense patient specific drugs?

No

11.2) Outsourcing Facilities - Record keeping (4729:6-10-02)

1) Did the Outsourcing Facility maintain records for the source of the drugs, including the name and principle address of the seller or transferor, and the address of the location from which the drugs were shipped?

Yes

2) Did the Outsourcing Facility maintain records of the name, formulation, dosage form and quantity of the drugs received, distributed, sold, disposed or returned?

Yes

3) Did the Outsourcing Facility establish and maintain inventory and records of the dates of receipt, sale and distribution of the drugs?

Yes

4) Did the Outsourcing Facility establish and maintain inventory and records of the name and principle address of the purchaser or receiver and the address of the location where the drugs were shipped?

Yes

5) Did the Outsourcing Facility establish and maintain inventory and records of the name and principle address of the purchaser or receiver and the address of the location where the drugs were shipped?

Yes

6) Did the Outsourcing Facility make records readily retrievable for inspection and copying by properly identified and authorized state board of pharmacy agents and federal, state, or local law enforcement agency officials ?

Yes

9) Did the Outsourcing Facility maintain records for all damaged, deteriorated, misbranded, or adulterated dangerous drugs in accordance with paragraph (A) of this rule?

Yes

11) Did the Outsourcing Facility comply with all record keeping requirement pursuant to section 503B of the Federal Food, Drug, and Cosmetic Act?

Yes

16) 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 Jon Hicks, R.Ph. Jon M Hicks

(signature)

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 STAQ PHARMA OF OHIO, LLC, an Ohio Limited Liability Company, Registration Number 4694827, was organized in the State of Ohio on June 9, 2021, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of March, A.D. 2025.

Ohio Secretary of State

Validation Number: 202506902994

List of Officers / Owners

STAQ Pharma of Ohio, LLC is a single member, manager managed LLC.

Name: Joe W. Bagan
Title: Manger
[redacted]

Owner – Member
STAQ Pharma, Inc. – 100% Ownership of STAQ Pharma of Ohio, LLC
[redacted]

Incorp: 04/22/2010
FEIN: 36-4670631
Also Licensed in Nevada: OU00032

STAQ Pharma of Ohio, LLC Stock Register

Shareholder	Address	Class of Share	Number of Shares	Price	Date of Transfer
STAQ Pharma, Inc.	14135 East 42nd Ave, STE 50 Denver, CO 80239-5214	Common	1	$100.00	06/09/2021

eLicense Ohio
Professional Licensure

License Look Up

4/9/2025 2:56 PM

STAQ Pharma of Ohio, LLC

License Number	0162000021
Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Outsourcer - Category 3
License Issue Date	03/30/2023
License Expiration Date	06/30/2025
License Effective Date	07/01/2023
Street Address	255 Phillipi Rd
City	Columbus
State	OH
Zipcode	43228-1307
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
JON HICKS	03331309	Active	Wed Feb 01 00:00:00 GMT 2023	

Current date & time: **4/9/2025 2:56 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2025.

STAQ Pharma of Ohio, LLC

255 Phillipi Rd

Columbus, OH 43228-1307

License Number: 0162000021

Outsourcer - Category 3

Expiration Date: June 30, 2025

CLASS: Outsourcer - Category 3
BUSINESS TYPE: OSC – Outsourcing Facility

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
Jon M. Hicks	Jon M. Hicks

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
550 Main Street, Ste 4-930 Cincinnati, OH 45202 (513)322-0700 Fax:(513)679-2772	9/18/2023-10/4/2023* FEI NUMBER 3025336457

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Joseph W. Bagan, CEO

FIRM NAME	STREET ADDRESS
STAQ Pharma of Ohio, LLC	255 Phillipi Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Columbus, OH 43228-1307	Outsourcing facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

Failure to conduct media fills that closely simulate aseptic production operations under the worst-case, most-challenging, and stressful conditions.

Specifically,

Your executed media fill lots 32001001A, 32001002A, and 32001003A all performed in May 2023, were compounded and then filled using a 1 mL fill volume in 3 mL syringe size configuration. This does not replicate your actual commercial batch production configuration of 10 mL fill volume in 10 mL syringes for Phenylephrine HCL (1000 mcg / 10 mL), lot 32108007A, manufactured on 06/27/2023, Expiration date 12/24/2023. Your firm currently compounds no commercial product filled into 3 mL syringes and only fills into 10 mL syringes. Batch size for media fill and commercial lots both yield approximately 4000 units; however, the total volume filled for media fill lots is approximately 4 Liters whereas commercial lots is approximately 40 Liters.

OBSERVATION 2

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Andrew J Barrowcliff, Investigator	X	10/4/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
550 Main Street, Ste 4-930 Cincinnati, OH 45202 (513)322-0700 Fax:(513)679-2772	9/18/2023-10/4/2023* FEI NUMBER 3025336457

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Joseph W. Bagan, CEO

FIRM NAME	STREET ADDRESS
STAQ Pharma of Ohio, LLC	255 Phillipi Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Columbus, OH 43228-1307	Outsourcing facility

The location of your viable and nonviable particle sample collection points inside your ISO-5 Horizontal Laminar Flow Hood in room 115B is inadequate as they are situated directly adjacent to the HEPA air filter grate at the back of the hood. Samples collected evaluate only the air flowing immediately out of the HEPA filter, not air that is representative of the operational sterile filling area where manual aseptic filling manipulations are being conducted.

***DATES OF INSPECTION**
9/18/2023(Mon), 9/19/2023(Tue), 9/20/2023(Wed), 9/22/2023(Fri), 9/25/2023(Mon), 9/26/2023(Tue), 9/27/2023(Wed), 9/29/2023(Fri), 10/02/2023(Mon), 10/04/2023(Wed)

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Andrew J Barrowcliff, Investigator	X	10/4/2023

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

(S·T·A·Q PHARMA)

Safety | Transparency | Availability | Quality

24 October 2023

STAQ Pharma of Ohio, LLC.
255 Phillipi Rd.
Columbus, OH 43228

Mr. Nicholas Lyons
Director of Compliance Branch

Subject: Response to FDA Form 483 dated October 4, 2023
FEI: 3025336457

Dear Program Division Director,

This letter is in response to the FDA Form 483 issued to STAQ Pharma of Ohio, LLC. at 255 Phillipi Rd. Columbus, OH 43228 on October 4, 2023 (see Attachment #1). As an introductory comment, STAQ appreciates the time invested by the FDA inspection team in evaluating our facility.

With respect to the October inspection observations, we appreciate the professionalism of Mr. Andrew Barrowcliff. We acknowledge the FDA's inspectional observations in the FDA Form 483 issued on October 4, 2023. While this letter responds to the specific observations as noted in the FDA Form 483, we fully recognize that the FDA Form 483 addressed specific observations and that it is the responsibility of STAQ to be in full compliance with the regulations and relevant 503B guidance as issued by the FDA.

The following responds to the specific observations from the FDA Form 483 in the same order found in the FDA Form 483. The investigator's observation is restated in bold, and the STAQ response follows.

Observation 1 –
Failure to conduct media fills that closely simulate aseptic production operations under the worst-case, most-challenging, and stressful conditions.
Specifically,
Your executed media fill lots 32001001A, 32001002A, and 32001003A all performed in May 2023, were compounded and then filled using a 1 mL fill volume in 3 mL syringe size configuration. This does not replicate your actual commercial batch production configuration of 10 mL fill volume in 10 mL syringes for Phenylephrine HCL (1000 mcg / 10 mL), lot 32108007A, manufactured on 06/27/2023, Expiration date 12/24/2023. Your firm currently compounds no commercial product filled into 3 mL syringes and only fills into 10 mL syringes. Batch size for media fill and commercial lots both yield approximately 4000 units; however, the total volume filled for media fill lots is approximately 4 Liters whereas commercial lots is approximately 40 Liters.

STAQ's response to Observation 1:

- STAQ Pharma established in SOP338.A "Aseptic Process Simulation (Media Fill) – OH" section 3.3.13 that "Any container size and fill volume may be used for aspect processing simulations as long as the filling process is representative, and the container closures are identical to what is anticipated during production of commercial batches."
  - We have revised SOP338 *Aseptic Process Simulation (Media Fill) – OH* to include the use of bracketing of fill volumes and container sizes with the same container closure.
    - See Attachment 2 – Revised SOP338.B *Aseptic Process Simulation (Media Fill) – OH*
    - See Attachment 3 – Training forms for SOP338.B *Aseptic Process Simulation (Media Fill) – OH*

- STAQ Pharma will be conducting our next semi-annual media fill in November 2023 and will incorporate the 10 mL fill in 10 mL BD syringes using a total of 40 Liters to fulfill our bracketing approach. These media fill activities will allow us to further evaluate our aseptic production operations under the worst-case, most-challenging, and stressful conditions.
  - The FDA will be updated with the final report summarizing the study once complete in December 2023.

Observation 2 - Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,

The location of your viable and nonviable particle sample collection points inside your ISO-5 Horizontal Laminar Flow Hood in room 115B is inadequate as they are situated directly adjacent to the HEPA air filter grate at the back of the hood. Samples collected evaluate only the air flowing immediately out of the HEPA filter, not air that is representative of the operational sterile filling area where manual aseptic filling manipulations are being conducted.

STAQ's response to Observation 2:

- While STAQ Pharma's location of the viable and non-viable particle sample collection is within the recommended 1 foot from the critical aseptic processing zone (see 2004 Guidance for Industry – Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice, Section IV Buildings and Facilities, A. Critical Area – Class 100 (ISO 5) on location of sample collections during Aseptic operations), STAQ recognizes the opportunity for continuous improvement.
-
  - STAQ Pharma evaluated an adjusted location of the viable and nonviable particle sample collection points.

    The adjusted location of the non-viable particle sample collection is approximately 4 inches from the HEPA grate located at the back of the hood (previously approximately 2 inches) and approximately 10.5 inches from the critical area (previously approximately 12 inches).

    The adjusted location of the viable particle sample collection is approximately 4 inches from the HEPA grate located at the back of the hood (previously approximately 1.5 inches) and approximately 10.5 inches from the critical area (previously approximately 12 inches).
    - See Attachment 4 – Pictures of original location and adjusted location of viable and non-viable sample collection points.

  - STAQ Pharma created SOP220 *Critical Area Process Setup* which provides instruction for the placement of the viable and non-viable sampling equipment in the critical area.
    - See Attachment 5 – SOP220.A *Critical Area Process Setup*
    - See Attachment 6 – Training forms for SOP220.A *Critical Area Process Setup*

  - STAQ Pharma executed an addendum to OH-PRT-23-039 *Dynamic and Static Airflow Visualization Study of Manual Syringe Filling Using Repeater Pumps in Horizontal Laminar Flow Hood.* This addendum (OH-PRT-23-039-Add-01) evaluated the activities which may have been affected by the adjusted location of the viable and non-viable particle sample collection points on the expected air flow

characteristics for the ISO 5 aseptic processing space. There was no impact to the activities which may have been affected.

- See Attachment 7 – Video Footage of OH-PRT-23-039-Add-01
- See Attachment 8 – Final Report of OH-PRT-23-039-Add-01

Regarding the overall response, our intent is to provide the FDA with an electronic update to this response in December once all commitments have been completed. Our continued response will have attachments to demonstrate the implementation of the above changes.

Sincerely,

24OCT2023

Emily Reyes
Director of Quality – Ohio

Copies: Joe Bagan – CEO
Anil Mathai – Vice President – Quality and Regulatory Compliance
Jon Hicks – Director of Pharmacy – Columbus OH
Mr. Andrew Barrowcliff – FDA Investigator – Division of Pharmaceutical Quality Operations III, Group 2

S·T·A·Q PHARMA

Safety | Availability | Quality

29 December 2023

STAQ Pharma of Ohio, LLC.
255 Phillipi Rd.
Columbus, OH 43228

Mr. Nicholas Lyons
Director of Compliance Branch

Subject: Response to FDA Form 483 dated October 4, 2023
FEI: 3025336457

Dear Program Division Director,

This letter is STAQ Pharma's follow up response to the FDA Form 483 issued to STAQ Pharma of Ohio, LLC. at 255 Phillipi Rd. Columbus, OH 43228 on October 4, 2023; original response sent on October 24, 2023.

With respect to the October inspection observations, we appreciate the professionalism of Mr. Andrew Barrowcliff. We acknowledge the FDA's inspectional observations in the FDA Form 483 issued on October 4, 2023. While this letter responds to the specific observations as noted in the FDA Form 483, we fully recognize that the FDA Form 483 addressed specific observations and that it is the responsibility of STAQ to be in full compliance with the regulations and relevant 503B guidance as issued by the FDA.

The following responds to the specific observations from the FDA Form 483 in the same order found in the FDA Form 483. The investigator's observation is restated in bold, followed by the STAQ initial response and any updates provided.

Observation 1 –
Failure to conduct media fills that closely simulate aseptic production operations under the worst-case, most-challenging, and stressful conditions.
Specifically,
Your executed media fill lots 32001001A, 32001002A, and 32001003A all performed in May 2023, were compounded and then filled using a 1 mL fill volume in 3 mL syringe size configuration. This does not replicate your actual commercial batch production configuration of 10 mL fill volume in 10 mL syringes for Phenylephrine HCL (1000 mcg / 10 mL), lot 32108007A, manufactured on 06/27/2023, Expiration date 12/24/2023. Your firm currently compounds no commercial product filled into 3 mL syringes and only fills into 10 mL syringes. Batch size for media fill and commercial lots both yield approximately 4000 units; however, the total volume filled for media fill lots is approximately 4 Liters whereas commercial lots is approximately 40 Liters.

STAQ's response to Observation 1:
24OCT2023 – Initial Response

- STAQ Pharma established in SOP338.A "Aseptic Process Simulation (Media Fill) – OH" section 3.3.13 that "Any container size and fill volume may be used for aspect processing simulations as long as the filling process is representative, and the container closures are identical to what is anticipated during production of commercial batches."
  - We have revised SOP338 *Aseptic Process Simulation (Media Fill) – OH* to include the use of bracketing of fill volumes and container sizes with the same container closure.
    - See Attachment 2 – Revised SOP338.B *Aseptic Process Simulation (Media Fill) – OH*

- See Attachment 3 – Training forms for SOP338.B *Aseptic Process Simulation (Media Fill) – OH*

- STAQ Pharma will be conducting our next semi-annual media fill in November 2023 and will incorporate the 10 mL fill in 10 mL BD syringes using a total of 40 Liters to fulfill our bracketing approach. These media fill activities will allow us to further evaluate our aseptic production operations under the worst-case, most-challenging, and stressful conditions.
  - The FDA will be updated with the final report summarizing the study once complete in December 2023.

29DEC2023 – Response

- STAQ Pharma conducted the required semi-annual media fill on 01NOV2023 of a 10 mL fill volume in 10 mL BD syringe using 50 Liters to fulfill a bracket of all commercial products currently produced. All units incubated did not exhibit growth.
  - Attachment 9 – OH-PRT-23-079-FR Final Reports for Process Qualification for Manual Syringe Filling (NOV2023).

Observation 2 - Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,

The location of your viable and nonviable particle sample collection points inside your ISO-5 Horizontal Laminar Flow Hood in room 115B is inadequate as they are situated directly adjacent to the HEPA air filter grate at the back of the hood. Samples collected evaluate only the air flowing immediately out of the HEPA filter, not air that is representative of the operational sterile filling area where manual aseptic filling manipulations are being conducted.

<u>STAQ's response to Observation 2:</u>

- While STAQ Pharma's location of the viable and non-viable particle sample collection is within the recommended 1 foot from the critical aseptic processing zone (see 2004 Guidance for Industry – Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice, Section IV Buildings and Facilities, A. Critical Area – Class 100 (ISO 5) on location of sample collections during Aseptic operations), STAQ recognizes the opportunity for continuous improvement.
-
  - STAQ Pharma evaluated an adjusted location of the viable and nonviable particle sample collection points.

    The adjusted location of the non-viable particle sample collection is approximately 4 inches from the HEPA grate located at the back of the hood (previously approximately 2 inches) and approximately 10.5 inches from the critical area (previously approximately 12 inches).

    The adjusted location of the viable particle sample collection is approximately 4 inches from the HEPA grate located at the back of the hood (previously approximately 1.5 inches) and approximately 10.5 inches from the critical area (previously approximately 12 inches).
    - See Attachment 4 – Pictures of original location and adjusted location of viable and non-viable sample collection points.

- STAQ Pharma created SOP220 *Critical Area Process Setup* which provides instruction for the placement of the viable and non-viable sampling equipment in the critical area.
  - See Attachment 5 – SOP220.A *Critical Area Process Setup*
  - See Attachment 6 – Training forms for SOP220.A *Critical Area Process Setup*

- STAQ Pharma executed an addendum to OH-PRT-23-039 *Dynamic and Static Airflow Visualization Study of Manual Syringe Filling Using Repeater Pumps in Horizontal Laminar Flow Hood.* This addendum (OH-PRT-23-039-Add-01) evaluated the activities which may have been affected by the adjusted location of the viable and non-viable particle sample collection points on the expected air flow characteristics for the ISO 5 aseptic processing space. There was no impact to the activities which may have been affected.
  - See Attachment 7 – Video Footage of OH-PRT-23-039-Add-01
  - See Attachment 8 – Final Report of OH-PRT-23-039-Add-01

STAQ Pharma has created and revised Standard Operating Procedures, performed media fills following the revised SOP, and executed an additional addendum to the protocol evaluating the changes to our dynamic and static airflow visualization study. STAQ Pharma believes the corrective actions that have been implemented address the FDA's observations on the Form 483 issued on October 04, 2023. This will be STAQ Pharma's final response to the FDA Form 483 unless otherwise requested or directed by the FDA.

Sincerely,

29 DEC 2023

Emily Reyes
Director of Quality – Ohio

Copies: Joe Bagan – CEO
Anil Mathai – Vice President – Quality and Regulatory Compliance
Jon Hicks – Director of Pharmacy – Columbus OH
Mr. Andrew Barrowcliff – FDA Investigator – Division of Pharmaceutical Quality Operations III, Group 2

U.S. FOOD & DRUG ADMINISTRATION
OFFICE OF REGULATORY AFFAIRS
OPQO DIVISION OF PHARMACEUTICAL QUALITY OPS 3

U.S. Food and Drug Administration
Division of Pharmaceutical Quality Operations III
300 River Place, Suite 5900
Detroit, MI 48207
Telephone: (313) 393-8100
Fax: (313) 393-8139
www.fda.gov

March 20, 2024

UPS NEXT DAY
SIGNATURE REQUIRED

Joseph Bagan
CEO
STAQ Pharma of Ohio, LLC
255 Phillipi Road
Columbus, Ohio 43228-1307

Dear Mr. Bagan:

We are enclosing a copy of the Establishment Inspection Report (EIR) for the inspection conducted at your facility, STAQ Pharma of Ohio, LLC, located at 255 Phillipi Road, Columbus, Ohio 43228-1307, from September 18, 2023, to October 4, 2023, by the U.S. Food and Drug Administration (FDA).

When the Agency concludes that an inspection is "closed" under 21 C.F.R. 20.64(d)(3), it will release a copy of the EIR to the inspected establishment.

The Agency continually works to make its regulatory process and activities more transparent for regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 C.F.R. Part 20. This, however, does not preclude you from requesting and possibly obtaining any additional information under FOIA.

If there are any question about the released information, please feel free to contact myself at (312) 596-4220 or send an email to my attention at ORAPHARM3_Responses@fda.hhs.gov.

Sincerely,

Nicholas F. Lyons -S

Digitally signed by Nicholas F. Lyons -S
Date: 2024.03.20 12:24:18 -05'00'

Nicholas F. Lyons
Director of Compliance
Office of Pharmaceutical Quality Operations
Division III

Enclosure: EIR

Cc: Steven W Schierholt, Esq. (cover letter only)
Executive Director
State of Ohio Board of Pharmacy
77 South High Street, Room 1702
Columbus, Ohio 43215-6126

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

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: STAQ Pharma of Ohio, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): Pending

Physical Address: 255 Phillipi Rd

City: Columbus State: OH Zip: 43228

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 614-974-2844 Toll Free # (NAC 639.708, NRS 639.23286): 1-833-397-0106

Fax: N/A Contact Email: ohiolicensure@staqpharma.com

Website: https://staqpharma.com/

Nevada Business License # (if applicable) NV20253308319

Supervising/Managing Pharmacist Name (NRS 639.220): Emily Reyes

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20176

Name of Designated Person(s) as defined by revised USP-797 guidelines: Arron Joiner

Email of Designated Person(s): ajoiner@staqpharma.com

Telephone of Designated Person(s): 513-765-0981

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)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? October 2, 2025

6. What is the frequency of the recertification for the ISO classified areas? 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? N/A

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Phenylephrine Hydrochloride 100 mcg/mL 10 mL in 10 mL Syringe
Lidocaine Hydrochloride 20 mg/mL, 5 mL in 5 mL Syringe
Dexmedetomidine HCL 4mcg/mL, 5 mL in 5 mL Syringe
Succinylcholine Chloride, 20 mg/mL, 5 mL in 5 mL Syringe
Succinylcholine Chloride, 20 mg/mL, 10 mL in 10 mL Syringe
Sodium Chloride, 9mg/mL, 50mL in 50mL Syringe
Methotrexate, 1 mg/mL, 5 mL in 5 mL Syringe

12. What laboratory performs your sterility or endotoxin testing?

Name: Prompt Praxis Labs - Endotoxin
Address: Vernon Hills, IL
City: Vernon Hills State: IL Zip: 60061
Telephone: 847-859-3850

12.
ARL - Sterility
840 Research Parkway, Ste. 546. Oklahoma City, OK 73104. Telephone: (800) 393-1595

13. What is your procedure for visual inspection of compounded sterile products?

The visual inspection procedure ensures that all personnel performing inspections are properly trained and have current vision testing, Jaeger for near-field and Ishihara for color vision, coordinated annually by Human Resources. Manual inspection sessions are conducted in 30-minute intervals with 5-minute breaks to prevent fatigue, while semi-automated inspections follow similar documentation and defect segregation requirements. All defects are documented, categorized as critical, major, or minor, and trended quarterly to identify the need for investigation. Quality oversees acceptance sampling (AQL), re-inspection of failed lots, and maintenance of both image and physical defect libraries for training and reference.

14. How often do you perform glove fingertip and medial fill testing?

Operators perform gowning and glove finger tip testing every 6 months. Operators participate in media fill testing annually.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

The Training Program ensures all employees receive, complete, and document training necessary to perform their job functions in compliance with quality and safety standards. New employees undergo Company Introduction and New Employee Orientation within two weeks of hire, followed by role-specific and CGMP training assigned by management and Quality. Training methods include Read & Understand, Instructor-Led, On-the-Job, and Qualification Training, each documented on controlled forms and requiring demonstration of competency before independent work. Qualification Training involves observation, guided practice, and independent demonstrations, with requalification required at defined intervals. The Quality Department maintains all training records, and ensures all training assignments, completions, and requalifications are properly tracked and filed.

16. 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:

The primary and secondary engineering controls are cleaned using a controlled, unidirectional or "S" pattern technique with sterile, low-linting wipes or mop heads fully saturated in the designated cleaning agents. Cleaning progresses from the cleanest to least clean areas (ISO 5 to ISO 8) and from top to bottom—beginning with ceilings, followed by walls, equipment, and floors—to prevent recontamination. Routine cleaning includes daily disinfection with sterile 70% IPA for equipment and residue removal, and sterile CyQuanol for general surface cleaning and disinfection. Monthly cleaning incorporates sterile Peridox RTU as the sporicidal agent to eliminate microbial spores, with a minimum three-minute contact time. When hazardous drug products are processed, Peridox RTU is also used for deactivation and decontamination of all contacted surfaces and equipment. Residue removal is performed daily or as needed using sterile 70% IPA to maintain surface integrity and appearance. All disposable cleaning supplies are sterile and dedicated to specific room classifications to prevent cross-contamination. Cleaning frequencies are established by room classification and activity (daily, weekly, and monthly) and all cleaning actions are documented in the associated logbooks with a second-person verification. Specialty cleaning may be initiated by the Quality department when necessary.

17. Who performs the sterile compounding process at your facility?

Level 3 Production Techs

18. Who is responsible and accountable for the sterile compounding process at your facility?

Arron Joiner - Head of Operations

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Each shipment includes a Certificate of Analysis, secure packaging with foam or bubble wrap, and is sealed with tamper-evident tape. Controlled substances require authorized handling, signature delivery, and unmarked containers to prevent tampering.

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? Laminar flow hood and biologic safety cabinets		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? STAQ Pharma of Ohio, LLC does not dispense any products to end users or consumers.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Before compounding sterile hazardous drugs, new employees complete a comprehensive training program designed to ensure understanding and compliance with all safety and contamination control requirements. Training begins with instruction on the risks of hazardous drugs, proper use of PPE, engineering controls, and detailed review of SOPs related to handling, cleaning, decontamination, and spill response. Employees must also demonstrate knowledge of labeling, storage, transport, and waste disposal procedures to minimize environmental and personnel exposure. Supervised training includes donning chemo-rated gowns and gloves, operating containment-primary engineering controls, and performing decontamination using approved agents like Peridox RTU. Training and qualifications are documented by Quality to ensure traceability and regulatory compliance. Only after demonstrating full competency and understanding of safety protocols are employees authorized to independently compound sterile hazardous drugs.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Phenylephrine Hydrochloride 100 mcg/mL 10 mL in 10 mL Syringe
Lidocaine Hydrochloride 20 mg/mL, 5 mL in 5 mL Syringe
Dexmedetomidine HCL 4mcg/mL, 5 mL in 5 mL Syringe
Succinylcholine Chloride, 20 mg/mL, 5 mL in 5 mL Syringe
Succinylcholine Chloride, 20 mg/mL, 10 mL in 10 mL Syringe
Sodium Chloride, 9mg/mL, 50mL in 50mL Syringe
Methotrexate, 1 mg/mL, 5 mL in 5 mL Syringe

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Gowning/Glove Fingertip = 6 month re qualification
Filling/Compounding = Annual media fills

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

Continuously throughout the filing process of every batch.

5. What is the frequency for completing surface sampling? Every Batch	
6. What is the frequency for using sporicidal agents? Sporicidal agents are used at least monthly on all classified cleanroom surfaces, including primary and secondary engineering controls. Additional applications may occur if environmental monitoring results indicate microbial contamination or after maintenance activities that may compromise cleanliness. The process ensures effective control of spore-forming organisms and maintains compliance with aseptic environmental standards.	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes |No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ |Yes |No

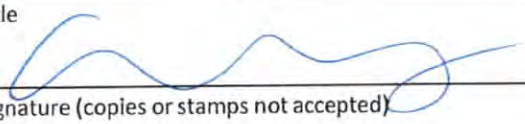
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion 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.

Emily Reyes

Name of Person who Completed the Form

Vice President of Quality

Title



Signature (copies or stamps not accepted)

03/Nov/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
550 Main Street, Ste 4-930 Cincinnati, OH 45202 (513)322-0700 Fax:(513)679-2772	5/6/2025-5/16/2025* FEI NUMBER 3025336457

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Emily A. Reyes, VP-Quality and Regulatory Affairs

FIRM NAME	STREET ADDRESS
STAQ Pharma of Ohio, LLC	255 Phillipi Rd
CITY, STATE, ZIP CODE, COUNTRY Columbus, OH 43228-1307	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

OBSERVATION 1

There is a failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically, you did not perform an investigation to identify the root cause(s) for critical defects observed during the 100% visual inspection and the subsequent Accepted Quality Limit (AQL) inspection process.

You observed particulate matter that you determine to be critical and major defects during the visual inspection of Dexmedetomidine Hydrochloride 4 mcg/mL, 5mL in a 5mL syringe, Lot 42123092A. The initial 100% visual inspection identified 85 defects (74 critical, 9 major and 2 not classified). After this 100% visual inspection, followed by a failed AQL inspection which identified 1 critical defect. After you confirmed the AQL failure you did not initiate an investigation to determine the root cause of the critical defect. Instead, you performed a second 100% visual inspection for the same lot. The second 100% visual inspection identified 94 defects (87 critical and 7 major categories), which was more than the first 100% visual inspection. Even after observing the 94 defects (87 of which were determined to be critical) you released and distributed the lot. In addition, the particulate (orange particle inside syringe barrel) discovered during the AQL inspection was not characterized, and no corrective actions were implemented.

Dexmedetomidine Hydrochloride 4 mcg/mL, 5mL in a 5mL syringe, Lot 42123092A, exp. 06/08/2025, was deemed free from defective units and suitable for release. Lot 42123092A, was released by Quality

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	DATE ISSUED
	Tekalign Wondimu, Investigator Claude Noel Y Zanetsie, Investigator Yaharn Su, Investigator X	5/16/2025

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
550 Main Street, Ste 4-930 Cincinnati, OH 45202 (513)322-0700 Fax:(513)679-2772	5/6/2025-5/16/2025* FEI NUMBER 3025336457

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Emily A. Reyes, VP-Quality and Regulatory Affairs	
FIRM NAME STAQ Pharma of Ohio, LLC	STREET ADDRESS 255 Phillipi Rd
CITY, STATE, ZIP CODE, COUNTRY Columbus, OH 43228-1307	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

Assurance on 01/30/2025.

OBSERVATION 2

Your firm failed to establish adequate written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Specifically,

A The acceptance sampling inspection governed by procedure SOP-0052 "Sampling Plans" Rev 2, Effective Date 09 Feb 2024 does not clearly define reinspection parameters, fails to establish scientifically sound acceptance criteria following reinspection, or require lots that fail to meet initial Acceptable Quality Limits (AQL) to be rejected.

B-The 100% visual inspection program governed by procedure OH-SOP-0012 "Visual Inspection – OH" Rev 5, Effective Date 26 Mar 2025 does not establish acceptance criteria for each defect categories (critical, major, or minor defects), and does not require trending of the different defect categories.

C-The use of brighter light for inspecting colored vials is not established. Your firm produces methotrexate drug product that are dispensed in amber (colored) vials. Additionally, there is no documentation of under what light intensity setting the product is inspected. Dabrico DIH-15 Manual Inspection Hood used in visual inspection of amber vials are qualified at lower light intensity.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Tekalign Wondimu, Investigator Claude Noel Y Zanetsie, Investigator Yaharn Su, Investigator	X Tekalign Wondimu Investigator Signed By: TEKALIGN WONDIMU -S Date Signed: 05-16-2025 08:41:58	5/16/2025

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
550 Main Street, Ste 4-930 Cincinnati, OH 45202 (513)322-0700 Fax:(513)679-2772	5/6/2025-5/16/2025* FEI NUMBER 3025336457

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Emily A. Reyes, VP-Quality and Regulatory Affairs	
FIRM NAME STAQ Pharma of Ohio, LLC	STREET ADDRESS 255 Phillipi Rd
CITY, STATE, ZIP CODE, COUNTRY Columbus, OH 43228-1307	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

On 15 Jan 2025, you released 1017 vials of Methotrexate 25 mg/mL, 40 mL in 50 mL, lot 42168075A out of which 12 vials were distributed to a customer.

OBSERVATION 3

The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically, your labels do not include the following information:

Subject to paragraph (B)(i), a list of active ingredient(s), identified by established name and the quantity or proportion of the active ingredient(s).

Examples of your drug product labels that do not contain this information include, but are not limited to:

- Phenylephrine HCl 100 mcg/5 mL
- Succinylcholine Cl 100 mg/5 mL
- Succinylcholine Cl 200 mg/10 mL

***DATES OF INSPECTION**

5/06/2025(Tue), 5/07/2025(Wed), 5/08/2025(Thu), 5/09/2025(Fri), 5/12/2025(Mon), 5/13/2025(Tue), 5/14/2025(Wed), 5/16/2025(Fri)

Claude Noel Y Zanetsie
Investigator
X Signed By: Claude Noel Zanetsie -S
Date Signed: 05-16-2025 09:44:36

Yaharn Su
Investigator
X Signed By: 2004003466
Date Signed: 05-16-2025 09:45:13

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Tekalign Wondimu, Investigator Claude Noel Y Zanetsie, Investigator Yaharn Su, Investigator	Tekalign Wondimu Investigator Signed By: TEKALIGN WONDIMU -S Date Signed: 05-16-2025 09:43:35 X	5/16/2025

Observations of objectionable conditions and practices listed on the front of this form is reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

(S·T·A·Q PHARMA)

Safety | Availability | Quality

15 August 2025

STAQ Pharma of Ohio, LLC.
255 Phillipi Rd.
Columbus, OH 43228

Compounding Facility Inspections Team
Center for Drug Evaluation and Research, Office of Compounding Quality and Compliance (CDER OCQC)

Subject: Response to FDA Form 483 dated May 16, 2025
FEI: 3025336457

Dear Compounding Facility Inspections Team,

This letter is STAQ Pharma's follow up response to the FDA Form 483 issued to STAQ Pharma of Ohio, LLC. at 255 Phillipi Rd. Columbus, OH 43228 on May 16, 2025; original response sent on June 06, 2025.

With respect to the May inspection observations, we appreciate the professionalism of Dr. Tekalign Wondimu, Dr. Yaharn Su, and Mr. Claude Noel Y Zanetsie. We acknowledge the FDA's inspectional observations in the FDA Form 483 issued on May 16, 2025. While this letter responds to the specific observations as noted in the FDA Form 483, we fully recognize that the FDA Form 483 addressed specific observations and that it is the responsibility of STAQ to be in full compliance with the regulations and relevant 503B guidance as issued by the FDA.

The following responds to the specific observations from the FDA Form 483 in the same order found in the FDA Form 483. The investigator's observation is restated in bold, followed by the STAQ initial response and any additional updates provided (in blue color).

Observation 1 –
There is a failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically, you did not perform an investigation to identify the root cause(s) for critical defects observed during the 100% visual inspection and the subsequent Accepted Quality Limit (AQL) inspection process.

You observed particulate matter that you determine to be critical and major defects during the visual inspection of Dexmedetomidine Hydrochloride 4 mcg/mL, 5mL in a 5mL syringe, Lot 42123092A. The initial 100% visual inspection identified 85 defects (74 critical, 9 major and 2 not classified). After this 100% visual inspection, followed by a failed AQL inspection which identified 1 critical defect. After you confirmed the AQL failure you did not initiate an investigation to determine the root cause of the critical defect. Instead, you performed a second 100% visual inspection for the same lot. The second 100% visual inspection identified 94 defects (87 critical and 7 major categories), which was more than the first 100% visual inspection. Even after observing the 94 defects (87 of which were determined to be critical) you released and distributed the lot. In addition, the particulate (orange particle inside syringe barrel) discovered during the AQL inspection was not characterized, and no corrective actions were implemented.

Dexmedetomidine Hydrochloride 4 mcg/mL, 5mL in a 5mL syringe, Lot 42123092A, exp. 06/08/2025, was deemed free from defective units and suitable for release. Lot 42123092A, was released by Quality Assurance on 01/30/2025.

STAQ's response to Observation 1:

- Dexmedetomidine Hydrochloride 4 mcg/mL, 5 mL fill in 5 mL syringe, Lot 42123092A which expires on 06/08/2025 was released after meeting quality standards. There is no concern for the product safety, quality, identity, purity, or potency.
    - STAQ Pharma has revised Visual Inspection Procedure SOP-0009 to create a company-wide SOP applicable to both the STAQ Pharma of Ohio (Columbus, OH) and the STAQ Pharma, Inc. (Denver, CO) facilities.
        - See STAQ's response to Observation 2 for full details on the updates for the Visual Inspection Procedure SOP-0009.
    - STAQ Pharma has revised Sampling Plans SOP-0052 to require the initial investigation be performed per the Deviations and Investigations SOP-0042 and that AQL be performed following secondary 100% inspection at a tightened level.
        - See STAQ's response to Observation 2 for full details on the updates for the Sampling Plans SOP-0052.
- STAQ Pharma, Inc., our FDA registered 503B Outsourcing Facility in Denver, CO, had previously identified the orange particle in the syringe barrel. STAQ Pharma of Ohio had conferred with STAQ Denver that an orange particle in the syringe barrel had been evaluated by the third-party laboratory, McCrone Associates.
    - See Attachment #2 for the report from McCrone Associates which discusses the results from the particle evaluation.
- STAQ Pharma evaluated all other batches that had been commercially produced from 07NOV2024 until the time of this response, as these were the commercial lots still within expiration.
    - 50 commercial batches were produced during this time frame and no other batches had a failed AQL inspection.
- Please see Attachment #3 for the defect evaluation of Dexmedetomidine Hydrochloride 4 mcg/mL, 5 mL fill in 5 mL syringe, Lot 42123092A which expires on 06/08/2025.
    - The additional defects that were seen during the second inspection were classified at the time as particle adhered to container and were later determined by laboratory identification to be ink-like stearate marks embedded in the barrel of the syringe.
    - During the first 100% inspection there was one particle in solution found and no particles in solution found during the second 100% inspection
    - During the second 100% inspection there were no particles adhered to container that were found which were not ink or silicone, which are native and common features of the syringe.

Observation 2 –

Your firm failed to establish adequate written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Specifically,

A-The acceptance sampling inspection governed by procedure SOP-0052 "Sampling Plans" Rev 2, Effective Date 09 Feb 2024 does not clearly define reinspection parameters, fails to establish scientifically sound acceptance criteria following reinspection, or require lots that fail to meet initial Acceptable Quality Limits (AQL) to be rejected.

B-The 100% visual inspection program governed by procedure OH-SOP-0012 "Visual Inspection- OH" Rev 5, Effective Date 26 Mar 2025 does not establish acceptance criteria for each defect categories (critical, major, or minor defects), and does not require trending of the different defect categories.

C-The use of brighter light for inspecting colored vials is not established. Your firm produces methotrexate drug product that are dispensed in amber (colored) vials. Additionally, there is no documentation of under what light intensity setting the product is inspected. Dabrico DIH-15 Manual Inspection Hood used in visual inspection of amber vials are qualified at lower light intensity.

On 15 Jan 2025, you released 1017 vials of Methotrexate 25 mg/mL, 40 mL in 50 mL, lot 42168075A out of which 12 vials were distributed to a customer.

STAQ's response to Observation 2:

06JUN2025 – Initial Response

- A
  - STAQ Pharma has revised the Sampling Plans SOP-0052 to require the investigation be performed per the Deviations and Investigations SOP-0042 if there is a failure of the first AQL. The Acceptance Sampling (AQL) FORM-0140 has been updated to require an investigation per SOP-0042 and that AQL be performed following secondary 100% inspection at a tightened level noted in SOP-0052 and Additional Acceptance Sampling (AQL) Inspection FORM-0012.
    - See Attachment #4 for the revised Sampling Plans SOP-0052
      - See Attachment #5 for Sampling Plans SOP-0052 training record
    - See Attachment #6 for the revised Acceptance Sampling (AQL) Inspection Form, FORM-0140
    - See Attachment #7 for the new Additional Acceptance Sampling (AQL) Inspection Form, FORM-0012
- B
  - STAQ Pharma has revised Visual Inspection Procedure SOP-0009 to create a global SOP applicable to both the STAQ Pharma of Ohio and the STAQ Pharma, Inc. facilities.
    - See Attachment #8 for the Visual Inspection Procedure SOP-0009. The updates to the SOP include:
      - A shared defect library.
      - That if a lot fails AQL following the first 100% inspection, it may only be 100% re-inspected with appropriate investigation, retraining, and scientific justification per SOP-0052.
      - A re-training step of visual inspection operators will follow AQL failure based on the AQL failure type.
      - That product and defect risk assessments must be reviewed during the investigation to determine the criticality and risk of performing additional inspection.
      - That re-inspection can only be performed one and only one time.
      - The establishment of limits of each defect criticality to evaluate on a per batch basis and to be evaluated during quarterly trending.
    - The SOP will be effective in July 2025 and training records will be provided in the next response.
  - STAQ Pharma has revised Quality Trending SOP-0051 to incorporate the review of visual inspection defect rates for commercial batches on a quarterly basis.
    - See Attachment #9 for Quality Trending SOP-0051

- Training records will be provided at the next response as the SOP will be effective 30 June 2025.

- STAQ Pharma is conducting and documenting risk assessments for each container type and known defect and will be provide the risk assessment documents at the next response.
  - See Attachment #10 for Quality Risk Management SOP-0007

- C
  - STAQ Pharma executed addenda to all Dabrico Manual Inspection Hood qualifications which established a designated inspection area within the hoods that meets increased light intensity requirements for amber (colored) vials. The designated inspection area within each inspection hood exhibits a minimum light intensity of 8000 lux (USP <1790>) and is reflected in OH-WI-0021 Use of Dabrico Manual Inspection Hood-OH Section 1.3.
    - See Attachment #11 – Dabrico Manual Inspection Hood qualification addendum documentation which captures the testing and results of inspection hood qualification for higher light intensity for visual inspection of amber vials.
    - See Attachment #12 – revised OH-WI-0021 Use of Dabrico Manual Inspection Hood-OH.

- STAQ has executed a study to determine the manual inspection baseline for particulate observed in amber vials. The (baseline) study utilized a standardized set of seeded defect containers and acceptable containers to determine the probability of detection (PoD) of each container in the set. The results of the baseline study were the disposition of twelve particulate defect types which meet the criteria for a reject unit under STAQ visual inspection procedures. The results and conclusions of the baseline study were used to define the minimum particle size an inspector must be able to detect in the amber vial qualification set for inspector qualifications. The qualification set also includes representations of other defects expected for the product.
  - See Attachment # 13 – determination of manual inspection baseline study for particulate in amber glass vials and the associated final report.
  - STAQ Pharma of Ohio Visual Inspection personnel have undergone visual inspection qualifications using the established amber vial qualification set which contained critical and major defects.
    - See Attachment #14 – contents of the amber vial qualification set, VTS-101.
    - See Attachment #15 – visual inspection operator qualification documentation.

15AUG2025 – Response

- STAQ Pharma has completed Risk Assessment documentation which includes the established acceptance criteria for each defect category.
  - See Attachment #17 for the risk assessment for polypropylene syringes.
  - See Attachment #18 for the risk assessment for glass vials.
- STAQ Pharma has provided the training records for the Visual Inspection Procedure SOP-0009 and Quality Trending SOP-0051.
  - See Attachment #19 for the training records for Visual Inspection Procedure SOP-0009.
  - See Attachment #20 for the training records for Quality Trending SOP-0051.

Observation 3 –

The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(I0)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically, your labels do not include the following information:

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Subject to paragraph (B)(i), a list of active ingredient(s), identified by established name and the quantity or proportion of the active ingredient(s).

Examples of your drug product labels that do not contain this information include, but are not limited to:

- **Phenylephrine HCl 100 mcg/5 mL**
- **Succinylcholine Cl 100 mg/5 mL**
- **Succinylcholine Cl 200 mg/10 mL**

STAQ's response to Observation 3:

- STAQ Pharma evaluated all secondary labels, and while the active ingredients were listed at the top of the label, STAQ Pharm has added the active ingredients listed on the label to the list of active and inactive ingredients so that they are located in the same location to provide better clarity.
    - See Attachment #16 for updated secondary labels.

Summary relating to the Inspection Response

Observation 1 – STAQ Pharma evaluated lot 42123092A discussed during the inspection and ensured the evaluation included an expanded scope for all batches within expiry.
Observation 2 – STAQ Pharma also updated and created Standard Operating Procedures, forms, and Risk Assessments to further improve our visual inspection program and associated written procedures. Operators were trained on the new procedures.
Observation 3 – STAQ Pharma updated labeling to provide further clarity for all components of our drug products.

STAQ Pharma will remain focused on continuous improvement, ensuring compliance with regulations and relevant guidance, and appreciates the opportunity to work with the Agency to better STAQ Pharma's processes. STAQ Pharma believes the corrective actions that have been implemented address the FDA's observations on the Form 483 issued on May 16, 2025. This will be STAQ Pharma's final response to the FDA Form 483 unless otherwise requested or directed by the FDA.

Sincerely,

15AUG2025

Emily Reyes
Vice President of Quality and Regulatory Affairs

Copies:
Joe Bagan – Chief Executive Officer

Jon Hicks – Director of Pharmacy – Columbus OH

Dr. Tekalign Wondimu, PharmD, MHA, BCPS- Lieutenant Commander, U.S. Public Health Service – Drug Investigator – Office of Human and Animal Drug Inspectorate II, Investigations Branch 4

Dr. Yaharn Su, PharmD – Consumer Safety Officer, Investigator

Mr. Claude Noel Y Zanetsie, MSBME – Consumer Safety Officer, Investigator

U.S. Food and Drug Administration
Division of Pharmaceutical Quality Operations III
300 River Place, Suite 5900
Detroit, MI 48207
Telephone: (313) 393-8100
Fax: (313) 393-8139
www.fda.gov

March 20, 2024

UPS NEXT DAY
SIGNATURE REQUIRED

Joseph Bagan
CEO
STAQ Pharma of Ohio, LLC
255 Phillipi Road
Columbus, Ohio 43228-1307

Dear Mr. Bagan:

We are enclosing a copy of the Establishment Inspection Report (EIR) for the inspection conducted at your facility, STAQ Pharma of Ohio, LLC, located at 255 Phillipi Road, Columbus, Ohio 43228-1307, from September 18, 2023, to October 4, 2023, by the U.S. Food and Drug Administration (FDA).

When the Agency concludes that an inspection is "closed" under 21 C.F.R. 20.64(d)(3), it will release a copy of the EIR to the inspected establishment.

The Agency continually works to make its regulatory process and activities more transparent for regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 C.F.R. Part 20. This, however, does not preclude you from requesting and possibly obtaining any additional information under FOIA.

If there are any question about the released information, please feel free to contact myself at (312) 596-4220 or send an email to my attention at ORAPHARM3_Responses@fda.hhs.gov.

Sincerely,

Nicholas F. Lyons - S

Digitally signed by Nicholas F. Lyons -S
Date: 2024.03.20 12:24:18 -05'00'

Nicholas F. Lyons
Director of Compliance
Office of Pharmaceutical Quality Operations
Division III

Enclosure: EIR

Cc: Steven W Schierholt, Esq. (cover letter only)
Executive Director
State of Ohio Board of Pharmacy
77 South High Street, Room 1702
Columbus, Ohio 43215-6126

eLicense Ohio
Professional Licensure

License Look Up

11/5/2025 10:36 AM

STAQ Pharma of Ohio, LLC

License Number	0162000021
Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Outsourcer - Category 3
License Issue Date	3/30/23
License Expiration Date	6/30/27
License Effective Date	7/1/25
Street Address	255 Phillipi Rd
City	Columbus
State	OH
Zipcode	43228-1307
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
JON HICKS	03331309	Active	Wed Feb 01 00:00:00 GMT 2023	

Current date & time: **11/5/2025 10:36 AM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

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ANNUAL DISCIPLINE CASES Reporting Period: January 2025 – December 2025			
FINDING	**HARM**	**DISCIPLINE INDIVIDUAL**	**DISCIPLINE FACILITY**
SY was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.	No	Certificate of Registration No. CS27231, is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs.	N/A
MH was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.	No	Certificate of Registration No. CS22622 is suspended. The suspension is stayed, and Respondent is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs.	N/A
JG pled guilty pursuant to a plea agreement and was convicted on one felony count of conspiracy in United States of America v. Jeffrey Dave Gress, United States District Court for Central District of California, Case 8:18-cr-00014-JLS. Respondent subsequently surrendered his DEA Registration No. FG3245455 by executing a DEA Form 104	No	Certificate of Registration No. CS20182 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $5,000and assessed $1,000 for attorney's fees and costs.	N/A
WP dispensed a prescription with erroneous directions for use which resulted in negative outcome to patient and failed to properly document medication counseling.	Yes	N/A	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.
WH performed data entry review and final product verification of a prescription and failed to detect erroneous directions for use which resulted in a negative outcome to the patient.	Yes	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.	N/A

HB failed to properly document medication counseling for a prescription.	Yes	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.	N/A
NSP compounded and dispensed drug products for 64 patients located in Nevada without holding a Nevada Pharmacy license, and the prescriptions dispensed may not have been compounded in compliance with Nevada Law.	No	N/A	Respondent fined $25,000 for the violations.
JK surrendered his Neveda Medical License No. 15386 to practice medicine for cause and no longer qualifies as a practitioner for registration to dispense controlled substances, and he committed acts that render his registration inconsistent with the public interest.	No	Certificate of Registration No. CS24228 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $2,000 and assessed $1,880.42 for attorney's fees and costs.	N/A
JB failed to disclose arrests and/or convictions on his original Pharmaceutical Technician in Training application. The Board held a hearing to address the charges against him on January 15, 2025, where he failed to appear, and a default order was taken.	No	Certificate of Registration No. PT28790 was revoked for a period of one year and assessed $511.46 in attorney's fees and costs.	N/A
YS failed to secure dangerous drugs in a locked cabinet thereby allowing access to dangerous drugs by unlicensed personnel and administered drug products to a patient that were not acquired in compliance with Nevada Law.	No	YS accepts the Stipulation and Order as a public reprimand; fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A

AL transported a supply of controlled substances between his home/vehicle/office and various hospital operating rooms and/or surgery centers in a location other than a registered office in violation of Nevada Law. In addition, he knowingly or intentionally acquired controlled substances and/or dangerous drugs without a prescription and failed to query the controlled substance information in the PMP in violation of Nevada Law.	No	Certificate of Registration No. CS18089 is revoked. The revocation is stayed and placed on probation for a period of five years from the effective date of the Order. Respondent Lee shall not possess controlled substances except while on the premises of a hospital, a surgery center for ambulatory patients, or another medical facility where respondent is treating or caring for a surgical patient. Respondent Lee shall participate in four quarterly inspections from the effective date of the Order to January 14, 2026. Respondent fined $10,000 for the violations; and assessed $5,000 in attorney's fees and costs.	N/A
RR worked as a pharmaceutical technician in training without obtaining a certificate of registration from the Board for the work location.	No	Certificate of Registration No. PT28825 is revoked, and Respondent may not petition for reinstatement for a period of one year from the effective date of the Order; and assessed $1,222.85 in attorney's fees and costs.	N/A
JS failed to disclose disciplinary order on his 2022 biennial renewal application for his Certificate of Registration No. CS09874. Respondent JS issued sixty-eight controlled substance prescriptions on a suspended registration and permitted his medical assistants to forge and issue prescriptions for controlled substances.	No	Respondent's Certificate of Registration No. CS09874 is revoked, and Respondent may not petition for reinstatement for a period of two years from the effective date of the Order; Respondent fined $5,000 for the violations; and assessed $2,968.64 in attorney's fees and costs.	N/A

SCS engaged in the sale and or distribution of counterfeit HIV-1 drugs and transmitted falsified transaction records.	No	N/A	Respondent's License No. WH02131 is revoked, the revocation is stayed and Respondent placed on probation for a period of three years subject to the following conditions: a) Respondent shall pay a fine of $5,000 for the violations; b) assessed $3,584.10 in attorney's fees and costs; and c) Respondent shall be subject to an inspection by Board staff at respondent's expense.
WP is responsible for the acts of its employees who made an error in a prescription and failed to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024.	No	N/A	Respondent fined $2,000 for the violations; and assessed $500 in attorney's fees and costs.
JE failed to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024.	No	Respondent fined $500 for the violations; and assessed $500 in attorney's fees and costs.	N/A
CQ fined $500 for the violations; and assessed $500 in attorney's fees and costs.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

OM billed insurers for products that were never delivered to patients, failed to maintain an adequate system to resolve complaints by these patients, and failed to notify the Board of the departure of its facility administrator within three business days.	No	N/A	Respondent is not eligible to apply for a license or engage in business as a medical products provider or medical products wholesaler for a period of two years after the effective date of this Stipulation; Respondent shall notify the Board in writing if it becomes aware that any of its current officers, directors, shareholders, partner, or members have applied in an individual or representative capacity for a license to conduct business as a medical products provide or medical products wholesaler; Respondent shall accept this Stipulation as a public reprimand; Respondent shall refund payments or deposits as described in sections 1a, 1b, 1c, 1d, and 1f of the Investigate Report by June 30, 2025; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.
WP is responsible for the acts of an employee who accessed protected health information for the purpose of learning personal information about a patient.	No	N/A	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.
MR accessed protected health information for the purpose of learning personal information about a patient.	No	Certificate of Registration No. PT28786 is revoked retroactively to October 31, 2024, and may not petition the Board for reinstatement for a period of one year from the effective date of the revocation; and assessed $500 in attorney's fees and costs.	N/A

EC diverted controlled substances from her place of employment at CVS Pharmacy.	No	Certificate of Registration No. PT18610 is revoked and may not petition for reinstatement for a period of one year.	N/A
LI failed to properly service the respiratory equipment furnished to a patient at least every 24 months as required by the manufacturer's product manual.	N/A	N/A	Respondent fined $1,000 for the violations; and assessed $1,000 in attorney's fees and costs.
HM failed to pay the $10,000 fine and $544.55 in attorney's fees and costs in Case No. 20-070-PR-N ordered on April 17, 2024. The Board filed an Order to Show Cause due to non-compliance with the Order, and HM petitioned the Board to vacate the disciplinary actions in the case.	No	The Board denied the request to vacate the decision and upheld the $10,000 fine and $544.55 in attorney's fees and costs.	N/A
MPS is responsible for the acts of its employees who filled and dispensed unlawful prescriptions for controlled substances and compounded semiglutide, employed one pharmaceutical technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at Meta Pharmacy.	No	N/a	Respondent fined $10,000 for the violations; $2,000 in attorney's fees and costs; and quarterly inspections for a period of one year not to exceed $500 at owner's expense.

SB Respondent filled and dispensed unlawful prescriptions for controlled substances and compounded semiglutide, employed one pharmaceutical technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at MPS.	No	Certificate of Registration No. 17303 is revoked, the revocation is stayed, and respondent is placed on probation for a period of ten years subject to the following conditions: a) a public reprimand; b) pay a $10,000 fine for the violations; c) pay $2,000 in attorney's fees and costs; d) 12 additional continuing education on pharmacy law and ethics within six months of the Order date; e) shall not be a managing pharmacist at Meta Pharmacy or any pharmacy licensed by the Board during the probation period; f) shall divest himself of any ownership interest in Meta Pharmacy within 90 days of the Order and shall not hold any ownership in any pharmacy licensed by the Board during the probation period; and g) shall not work as a pharmacist for Meta Pharmacy for a period of two years from the effective date of the Order.	N/A
MB knowingly filled and dispensed unlawful prescriptions for controlled substances.	No	Certificate of Registration No. 14966-B is suspended, the suspension is stayed, and respondent is placed on probation for a period of one year subject to the following conditions: a) a public reprimand; b) pay a $1,000 fine for the violations; c) pay $1,000 in attorney's fees and costs	N/A

CP in Case No. 23-175-RPH-S refused to transfer a prescription as requested by a patient and engaged in unprofessional conduct, and he knowingly filled and dispensed unlawful prescriptions for controlled substances in Case No. 24-125-RPH-B-S.	No	Certificate of Registration No. 16325 is suspended, the suspension is stayed, and respondent is placed on probation for a period of two years subject to the following conditions: a) a public reprimand; b) pay a $2,000 fine for the violations; c) pay $2,000 in attorney's fees and costs; and d) shall complete ten additional continuing education (CE) hours on pharmacy law and ethics within six months of the effective date of the Order.	N/A
UAK has failed to pay the fine payment of $1,300 and $749 in attorney's fees and costs ordered December 1, 2021. The Board filed an Order to Show Cause due to non-compliance with the Order, and a default hearing was heard on April 16, 2025, due to his failure to appear.	No	The Board upheld the fine payment of $1,300 and $749 in attorney's fees and costs.	N/A
EM has failed to pay the fine payment of $5,000 and $812.50 in attorney's fees and costs ordered April 21, 2021. The Board filed an Order to Show Cause due to non-compliance with the Order, and a default hearing was heard on April 16, 2025, due to his failure to appear.	No	The Board upheld the fine payment of $5,000 and $812.50 in attorney's fees and costs.	N/A
The Board filed an Order of Summary Suspension based upon the preliminary findings that AG diverted controlled substances. AG failed to appear, and a default hearing was heard on April 16, 2025.	No	The Board upheld the summary suspension for AG's Certificate of Registration No. PT20499 pending the filing of charges.	N/A

As pharmacy/pharmacy owner, PSP is responsible for the acts of its employee in Case No. 23-175-PH-S who refused to transfer a prescription at the request of the patient. PSP is responsible for the acts of its employees in Case No. 23-239-PH-S who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy. PSP is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the "COVID Kits". PSP is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.	No	N/A	Respondent PSP shall be revoked effective December 31, 2025. Before the revocation, PSP License No. PH02028 shall be placed on probation, effective immediately, and is subject to the following conditions of probation: 1) Respondent fined $10,000; 2) Respondent assessed $3,000 in attorney's fees and costs; 3) Respondent shall comply with all federal and state statutes and regulations concerning controlled substance and dangerous drugs and shall have no additional charges filed against it during the period of probation; and 4) Respondent shall submit to monthly inspections at its own expense during the probation period.
Respondent MB failed to complete his 2019 and 2021 continuing education hours as required by Nevada Law. Respondent's Certificate of Registration No. 18710 is placed on probation until July 18, 2025. He must produce proof of two and one-half continuing education credits and one law continuing education credit.	No	If he fails to provide proof, his Certificate of Registration No. 18710 will be suspended for a period of time not to exceed five months; any suspension will be lifted upon proof of his completed required continuing education credit. Respondent fined $1,000; and assessed $500 in attorney's fees and costs.	N/A

As managing pharmacist during the times of the events, Respondent JL is responsible for the acts of its employees who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy.	No	Respondent JL, Certificate of Registration No. 17503, is revoked, effective immediately. The revocation is stayed and is placed on probation for a period of five years subject to the following conditions: 1) Respondent fined $10,000; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent shall complete twelve additional hours of continuing education on pharmacy law and ethics; During the period of probation, Respondent shall not work as a managing pharmacy for or hold an ownership in any pharmacy licensed by the Board other than EliteRx (License No. PH04615).; 4) Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and have no additional charges filed against him during the probation; and 5) Respondent shall not engage in the practice of compounding "sterile compounded drug products" for a period of two years after the approval of the Stipulation.	N/A

As pharmacy owner and managing pharmacist during the times of the events, Respondent RS is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the "COVID Kits". Respondent RS is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.	No	Respondent RS, Certificate of Registration No. 13574, shall be revoked effective August 1, 2025. The revocation shall be stayed and is placed on probation for a period of five years subject to the following conditions: 1) Respondent shall pay a fined $10,000; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent shall complete twelve addition hours of continuing educations on pharmacy law and ethics; 4) On or after August 1, 2025, and through the end of probation, Respondent shall not work as a managing pharmacist for any pharmacy licensed by the Board; 5) On and after December 31, 2025, Respondent shall not hold an ownership in any pharmacy licensed by the Board; 6) On and after the entry of this Stipulation through the end of the period of probation, Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him; and 7) On and after the entry of this Stipulation through the end of the period of probation, Respondent shall not engage in the practice of compounding drug products.	N/A

Respondent GD entered a Settlement Agreement with the Osteopathic Board's Case No. PN1407002 and voluntarily surrendered his license. The Nevada Board of Pharmacy took reciprocal action on Certificate of Registration No. CS03830 due to violations relating to controlled substances, engaging in unprofessional conduct, and acts committed that render his registration inconsistent with the public interest.	No	Respondent's Certificate of Registration No. CS03830 is revoked retroactively to October 31, 2024, and may not petition for reinstatement for a period of one year.	N/A
Respondent MC diverted controlled substances for 863 Alprazolam and 2,057mg of promethazine with codeine syrup.	No	Respondent's Certificate of Registration No. PT16852 is revoked and cannot petition for reinstatement for a period of one year. Respondent fined $1,000; and assessed $638.97 in attorney's fees and costs.	N/A
CVS is responsible for the acts of its employees who made an error in a prescription and failed to provide medication counseling to a patient.	No	N/A	Respondent fined $3,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent KK made an error in a prescription and failed to provide medication counseling to a patient.	No	Respondent fined $1,500 for the violations; and assessed $500 in attorney's fees and costs.	N/A
Respondent HR engaged in the business of selling, leasing, supply and/or distributing medical devices to hospitals and other licensed care facilities without a license to engage in business as a wholesaler.	No	N/A	Respondent fined $2,500 for the violations; and assessed $500 in attorney's fees and costs.
AA had was in violation of Board order for failing to pay $5,000 fine and $4,065.51 in attorney's fees and costs.	No	Respondent must pay $5,000 fine and $4,065.51 in attorney's fees and costs.	N/A
Respondent WP compounded essential copies of commercially available drugs without a "statement of significant difference" for each prescription documenting a medical need specific to the patient for the compounded product.	No	Respondent fined $2,500 for the violations; assessed $3,884.85 in attorney's fees and costs; and shall be subject to a Board inspection within the next six months at respondent's expense.	N/A

Respondent PS engaged in the business as a medical products provider and failed to service and communicate with a patient who needed emergency oxygen equipment and supplies.	Yes	N/A	Respondent accepts this Stipulation as a public reprimand; Previous License No. MP02951 is forfeited; Respondent fined $8,000 fine for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent MVL allowed a non-practitioner to receive, possess, store and/or administer dangerous drugs outside of respondent's presence.	No	Respondent accepts this Stipulation as a public reprimand; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
MS falsely stated on her renewal application that she had not been convicted of any felony or misdemeanor offenses since her last renewal. However, she was convicted of two felony offenses in July 2022. A default hearing was heard on July 16, 2025, due to her failure to appear.	No	Certificate of Registration No. PT17066, is retroactively revoked to October 31, 2024, and may not petition the Board for reinstatement of her registration for a period of one year from the date of the Order. Respondent fined $500 for the violations and assessed $757.41 in attorney's fees and costs, payable if Respondent ever petitions for reinstatement of her registration.	N/A
Respondent MO issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances while travelling out of country which is in violation of Nevada Law. In addition, respondent participated in deceitful transactions and billed Medicaid for services that respondent did not provide. Additionally, The Board took reciprocal action based on discipline that the Nevada State Board of Medical Examiners took for numerous findings of professional misconduct.	No	Certificate of Registration No. CS10934, is revoked, effective immediately, and may not petition the Board for reinstatement for a period of one year from the date of the Order. Respondent fined $10,000 for the violations; and assessed $3,000 in attorney's fees and costs.	N/A

Respondent KF stole $320 from her place of employment at Walgreen's Pharmacy #5862. A default hearing was heard on July 16, 2025, due to her failure to appear.	No	Certificate of Registration No. PT26333 is retroactively revoked to October 31, 2022, and may not petition for reinstatement for a period of one year from the date of the Order. Respondent fined $500 for the violations; and assessed $482.27 in attorney's fees and costs and must reimburse the Board if she ever petitions for reinstatement of her registration.	N/A
Respondent RI allowed his medical assistants to use his credentials to issue prescriptions for controlled substances and failed to query the PMP as required by Nevada Law. A default hearing was heard on July 16, 2025, due to his failure to appear.	No	Respondent is publicly reprimanded; Respondent fined $5,000 for the violations; and assessed $691.46 in attorney's fees and costs.	N/A
The California State Board of Pharmacy entered an Order in approving a stipulated settlement for voluntary surrender of Respondent MCP'S California licenses for numerous violations of federal and California state law related to compounding drug products, and the Board took reciprocal action.	No	N/A	Respondent's expired Pharmacy License No. PH01563 is revoked; pay a fine of $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.
IWP engaged in unprofessional conduct and violations of federal law related to dispensing controlled substances.	No	N/A	Respondent's Pharmacy License No. PH02281 is suspended for a period of one year. The suspension is stayed, and respondent is placed on probation subject to the following terms: 1) pay a $10,000 fine for the violations; 2) pay $1,000 in attorney's fees and costs; and 3) Respondent shall have no new charges filed against them while on probation.

FS unlawfully prescribed a controlled substance for his own personal use in violation of state law, engaged in unprofessional conduct and committed acts that render registration inconsistent with the public interest, and failed to properly disclose reportable discipline on his 2024 biennial renewal application for his controlled substance registration.	No	Certificate of Registration No. CS20566 is suspended for a period of one year. The suspension is stayed and respondent is placed on probation subject to the following terms: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) pay a $5,000 fine for the violations; 3) pay $1,000 in attorney's fees and costs; and 4) Respondent shall comply with all federal and state statutes regarding controlled substances and dangerous drugs, and have no additional charges filed against them while on probation.	N/A
AG diverted 9,515 Alprazolam 1mg tablets, 19,908 2mg tablets, and 1,018 Tramadol 50mg tablets. A default hearing was heard on September 4, 2025, due to her failure to appear.	No	Respondent's Certificate of Registration No. PT20499 is revoked, and respondent cannot petition for reinstatement for a period of five years from the effective date of the Order; and assessed $2,277.45 in attorney's fees and costs.	N/A
APAON failed to notify the Board of a change in the authorized administrator and controlling interest of the business.	No	N/A	License No. MP01037 is forfeited. Respondent fined $4,000 for the violations; and assessed $500 in attorney's fees and costs.

The California Board of Nursing entered an Order revoking Respondent DM's California license to practice nursing for numerous violations of federal and state law, and the Board took reciprocal action. Respondent's DEA registration and license with the Nevada State Board of Nursing (NSBN) are no longer remaining active in good standing, and the Respondent violated state law, engaged in unprofessional conduct and committed acts that render registration inconsistent with the public interest. A default hearing was heard on September 4, 2025, due to her failure to appear.	No	Respondent's Certificate of Registration No. CS31659 is revoked, and respondent cannot petition for reinstatement for a period of five years from the effective date of the Order; and assessed $1,590.55 in attorney's fees and costs.	N/A
QT failed to comply with the PMP requirements as required by Nevada Law.	No	Respondent accepts this Stipulation and Order as public reprimand; Respondent agrees to continue with all PMP-related laws and regulations; Respondent agrees to participate in training with Board staff on the use of the PMP system within 60 days of the effective date of the Order and will participate in a follow-up training six months after the initial training. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, EP is responsible for recordkeeping violations, pharmacist/technician ratio violations, and violations by the managing pharmacist.	No	N/A	Respondent fined $5,000 for the violations; assessed $1,000 in attorney's fees and costs.
As managing pharmacist, PS is responsible for recordkeeping violations and pharmacist/technician ratio violations.	No	Respondent fined $1,500 for the violations; and assessed $500 in attorney's fees and costs.	N/A

AA failed to secure her inventory of dangerous drugs and properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs.	No	Public reprimand; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, WP #3844 is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	No	N/A	Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
KO made an error in a prescription that resulted in a negative outcome to the patient	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
KL made an error in a prescription that resulted in a negative outcome to the patient.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, WP #7841 is responsible for the acts of its employees who made an error in a prescription.	No	N/A	Respondent fined $2,000 for the violations; and assessed $1,0000 in attorney's fees and costs.
As managing pharmacist, JF is responsible for an error in a prescription.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
KH violated a Board order and no longer qualifies for registration to dispense controlled substances.	No	Respondent's Certificate of Registration No. CS38528 is revoked; assessed $1000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, SP #315 is responsible for the diversion of controlled substances by an employee and errors and omissions of the managing pharmacist.	No	N/A	Respondent fined $2,500 for the violations; and assessed $1,000 in attorney's fees and costs. In addition, Smith's Pharmacy #315 will implement policies, procedures and training to prevent and detect diversion within 60 days of the Order.

As managing pharmacist, OB is responsible for the diversion of controlled substances by an employee.	No	Respondent's Certificate of Registration No. 20950 is placed on probation for a period of five years subject to the following conditions: 1) Respondent fined $2,500 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs; and 3) Respondent cannot be a managing pharmacist during probationary period.	N/A
BB performed his duties as managing pharmacist while impaired.	No	Certificate of Registration No. 20571 is revoked. The suspension is stayed, and respondent is placed on probation for a period of five years subject to the following conditions: 1) Respondent fined $5,000 for violations; 2) Respondent assessed $6,656.06 in attorney's fees and costs; 3) Respondent shall remain in a treatment for alcohol use disorder by evaluator/practitioner and shall comply with all treatment/counseling for the full term of probation; 4) The evaluator/practitioner shall provide quarterly reports to the Board for the full term of probation; and 5) Other than his current employment Respondent shall not work as a managing pharmacist of any pharmacy licensed by the Board while on probation without prior approval.	N/A

GSP engaged in unprofessional conduct when it purchased prescription drugs from a wholesaler not licensed in the state of Nevada. GSP subsequently dispensed the drugs despite concerns that they were potentially counterfeit.	No	N/A	Respondent is placed on probation for a period of one year subject to the following conditions: 1) pay a fine of $10,000 for the violations; and 2) pay $1,000 in attorney's fees and costs.
KK failed to disclose administrative action by the Neveda State Board of Osteopathic Medicine on his 2022 controlled substance renewal application.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
AS failed to review the PMP and did not personally evaluate patients for controlled substance prescriptions.	No	Certificate of Registration No. CS36319 is revoked, but the revocation is stayed and Respondent is placed on probation for a period of one year subject to the following conditions: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $1,250 in attorney's fees and costs; 3) Respondent shall continue to comply with all PMP related laws and regulations; 4) Respondent agrees to participate in training with Board staff on use of the PMP system, and 5) Respondent shall not engage in any conduct for which disciplinary action may be imposed.	N/A
CVS#9981 is responsible for the acts of its employees who dispensed an expired prescription to a patient.	No	Respondent fined $5,000 for the violations; and assed $500 in attorney's fees and costs.	N/A

JD dispensed an expired description to a patient.	No	Certificate of Registration No. 18429 is revoked for a period of three years. The suspension is stayed and is placed on probation subject to the following conditions: 1) Respondent cannot be a managing pharmacist for any pharmacy licensed by the Board during his probation period. Respondent shall have sixty days to discontinue employment as managing pharmacist to allow respondent's current employer time to find a replacement; 2) Respondent shall complete ten additional hours of CE's related to error prevention within 180 days of the Stipulation; 3) Respondent fined $4,000 for the violations; 4) Respondent assessed $500 in attorney's fees and costs; and 5) Respondent shall not engage in conduct for which disciplinary action may be imposed during probation period.	N/A
SH made an error in a prescription that resulted in a negative outcome to the patient.	Yes	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
CVS Pharmacy #6625 is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	Yes	N/A	Respondent accepts the Stipulation and Order as public reprimand. Respondent fined $1,500 for the violations; and assessed $1,000 in attorney's fees and costs.

CVS Pharmacy #8787 is responsible for the acts of its employees who allowed an employee to perform pharmaceutical technician duties without a registration.	No	N/A	Respondent fined $1,500 for the violations; and assessed $1,000 in attorney's fees and costs.
SP allowed an employee to perform pharmaceutical technician duties without a registration.	No	Respondent's Certificate of Registration No. 20433 is suspended for a period of two years. The suspension is stayed and is placed on probation subject to the following conditions: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) Respondent shall complete two additional CE's on ethics and two additional CE's on duties of a managing pharmacist and shall provide certificates demonstrating completion; and 4) Other than her current position as managing pharmacist at Walgreens Pharmacy #11668, Respondent Pascual shall not work as a managing pharmacist of any pharmacy licensed by the Board while on probation without prior approval from the Board.	N/A
ES (**PH01376)** is responsible for the acts of its employees who made an error in a prescription and allowed personnel not registered in Nevada to perform tasks necessary for filling and dispensing the prescription.	No	N/A	Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.

ES (**PH01812)** is responsible for the acts of its employees who made an error in a prescription and allowed personnel not registered in Nevada to perform tasks necessary for filling and dispensing the prescription.	No	N/A	Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.
SC due to revocation of his License No. 9105 to practice medicine.	No	Respondent no longer qualifies as a practitioner for registration to dispense controlled substances. Respondent's Certificate of Registration No. CS0573 is revoked; Respondent may not possess (except pursuant to a lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement, and the Board reinstates his certificate of registration; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order; Respondent shall pay a fine of $2,500 for the violations; and Respondent assessed $500 in attorney's fees and costs.	N/A
TM dispensed controlled substances without a valid dispensing practitioner registration and failed to disclose disciplinary action from the Nevada State Board of Medical Examiners (NSBVME) on his 2024 biennial renewal application for Certificate of Registration No. CS03534.	No	Respondent shall accept the Stipulation and Order as public reprimand. Respondent fined $5,000 for the violations; and assessed $2,000 in attorney's fees and costs.	N/A

DI allowed non-Nevada licensed practitioners to have access to the medications containing an inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision. Respondent did not establish a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary. Respondent permitted administration of patient-specific prescription medications to multiple patients and failed to properly label, segregate, and/or dispose of adulterated and/or dangerous drugs. Lastly, Respondent issued prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying the patient in the order to obtain those drugs for office administration.	No	Certificate of Registration No. CS22888 is suspended for a period of one year. The suspension is stayed and is placed on probation subject to the following terms: a) Respondent accept the Stipulation and Order as a public reprimand; b) Respondent shall pay a $5,000 for the violations; c) Respondent assessed $1,000 in attorney's fees and costs; and d) Respondent shall comply with all federal and statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A
CVS Pharmacy #6867 is responsible for the acts of its employees who administered the COVID-19 vaccine in error to a patient who had not consented to be vaccinated. Respondent accepts the Stipulation and Order as public reprimand.	No	N/A	Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
OB administered a COVID-19 vaccine in error to a patient who had not consented to be vaccinated.	No	Respondent accepts the Stipulation and Order as public reprimand. Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
YZ was disciplined by the Nevada Board of Medical Examiners (NSBME), and the Nevada Board of Pharmacy took reciprocal action.	No	Certificate of Registration No. CS08479 is revoked, effective immediately. Respondent shall be ineligible to petition for reinstatement for a period of one year. As a condition for submitting any petition for reinstatement in the future, Respondent shall pay a fine of $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A

RR compounded and dispensed drug products to Nevada using category 2 bulk substances in violation of federal and state law.	No	N/A	The Board is suspending judgement and is placing RR on probation for a period of one year subject to the following conditions: 1) Respondent shall pay a fine of $5,000 for the violations; 2) Respondent assessed $4,000 in attorney's fees and costs; 3) the managing pharmacist, every pharmacist and pharmaceutical technician engaged in the practice of compounding sterile drug products shall complete sufficient training to maintain competency and proficiency. Respondent will provide Board staff with training records for every pharmacist and pharmaceutical technician engaged in the practice of compounding sterile drugs within 30 days of the effective date of the Order; 4) During probation, Respondent shall be subject to quarterly inspections at respondent's expense; 5) Respondent shall undergo one inspection by the National Association of Board of Pharmacy (NABP) with all findings provided directly to Board staff; 5) Respondent shall establish and put into practice any necessary policies and procedures for compounding and dispensing drug products in conformance with federal and state law; and 6) Respondent shall have no new charges filed against Revive Rx while on probation.

AA failed to disclose pending charges by the Nevada Board of Medical Examiners on his 2024 biennial renewal for Certificate of Registration No. CS12432. In addition, he failed to review the patient utilization report in the PMP database prior to issuing a controlled substance prescription for a patient. Due to revocation of his License No. 10883 to practice medicine. Respondent no longer qualifies as a practitioner for registration to dispense controlled substances.	No	Certificate of Registration No. CS12432 is revoked; Respondent may not possess (except pursuant to a lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement and the Board reinstates his certificate of registration. Respondent may not petition for reinstatement for a period of two years from the effective date of the Order and if he applies for reinstatement he must appear before the Board to answer questions and give testimony on his application. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A

OW was disciplined by California Board of Pharmacy related to compounding activity, and the Nevada Board of Pharmacy took reciprocal action.	No	Certificate of Registration No. CS08479 is revoked, effective immediately. The revocation is stayed and is placed on probation for a period of two years subject to the following conditions: a) Respondent assessed $500 in attorney's fees and costs; b) During probation, Respondent shall not perform sterile or non-sterile compounding; c) During probation, Respondent shall complete two additional continuing education related to ethics in the practice of pharmacy and must provide certificate of completion to Board staff; d) During probation, Respondent shall not hold an ownership interest in or serve as an officer, director, manager, or partner of any pharmacy license in Nevada; and e) Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him during the probation period.	N/A

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FILED
APR 22 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8824,** **Pharmacy License No. PH00947, and** **KARLO NIKKO ARCEO, RPH,** **Certificate of Registration No. 19679,** **Respondents.**	**CASE NOS. 22-509-PH-S** **22-509-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Karlo Nikko Arceo, RPh (Arceo), Certificate of Registration No. 19679, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8824, Pharmacy License No. PH00947, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Arceo was employed as a staff pharmacist by CVS Pharmacy #8824 at the time of the events alleged herein.

3. On or about November 27, 2022, patient K.M. requested that two existing prescriptions for cephalexin 500mg capsules and ondansetron 4mg tablets be transferred to CVS Pharmacy #8824. The pharmacy instead erroneously transferred one prescription for cephalexin 500mg capsules, designated prescription no. 2554970, and one prescription for misoprostol 200mcg tablets, designated prescription no. 2554971.

4. On or about November 27, 2022, Arceo filled and dispensed both prescription no. 2554970 and prescription no. 2554971 from CVS Pharmacy #8824; no counseling was performed for either prescription although neither prescription had previously been dispensed from CVS Pharmacy #8824.

5. Misoprostol may be prescribed off-label to induce a medical abortion. K.M. was pregnant at the time and after ingesting one misoprostol tablet orally experienced discomfort but did not require intervention or treatment.

COUNT ONE

Failure to Provide Medication Counseling to Patient/Unprofessional Conduct
(Respondent Arceo)

6. A pharmacist shall provide medication counseling to a patient when dispensing a prescription that has not been previously dispensed to the patient from that pharmacy and shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness. NRS 639.266; NAC 639.707(1) and (4).

7. Unprofessional conduct includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Respondent Arceo violated NRS 639.266 and/or NAC 639.707(1) and/or (4) and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he failed to provide medication counseling to K.M. for prescription nos. 2554970 and 2554971, neither of which had previously been dispensed from CVS Pharmacy #8824, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS Pharmacy #8824)

9. 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(3).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8824 is responsible for those violations, including all errors and omissions of Respondent Arceo, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificate of registration of these Respondents.

Signed this 22nd day of April 2025

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8824,** **Pharmacy License No. PH00947,** **Respondent.**	**Case No. 22-509-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, June 4, 2025, 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 22nd day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8824,** **Pharmacy License No. PH00947,** **Respondent.**	**Case No. 22-509-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #8824

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Karlo Nikko Arceo
[redacted]
Las Vegas, NV [redacted]

Karlo Nikko Arceo
[redacted]
Henderson, NV [redacted]

CVS Pharmacy #8824
4411 E Bonanza Rd
Las Vegas, NV 89110

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8824,** **Pharmacy License No. PH00947, and** **KARLO NIKKO ARCEO, RPH,** **Certificate of Registration No. 19697,** **Respondents.**	**CASE NOS. 22-509-PH-S** **22-509-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Karlo Nikko Arceo, RPh (Arceo), Certificate of Registration No. 19697, and Respondent CVS Pharmacy #8824, Pharmacy License No. PH00947, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about April 22, 2025, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Respondent Arceo violated NRS 639.266 and/or NAC 639.707(1) and/or (4) and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he failed to provide medication counseling to K.M. for prescription nos. 2554970 and 2554971, neither of which had previously been dispensed from CVS Pharmacy #8824; resulting in the erroneous dispensing of prescription no. 2554971 - misoprostol 200mg, a drug that can induce a medical abortion – to a pregnant patient, and Arceo and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8824 is responsible for those violations, including all errors and omissions of Respondent Arceo, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. 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. The certificate of registration of Karlo Nikko Arceo, RPh, Certificate of Registration No. 19697, is suspended for a

period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Arceo shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations;

B. Pursuant to NRS 622.400, Arceo shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

C. Respondent shall comply with all federal and state statutes and regulations regarding the practice of pharmacy, and have no additional charges filed against him while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. 19697 will be fully restored.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #8824, Pharmacy License No. PH00947, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #8824 shall pay a fine of Ten Thousand Dollars ($10,000.00) for the violations; and

B. Pursuant to NRS 622.400, CVS Pharmacy #8824 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2028. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 1, 2026.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 1, 2026.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in

the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2026

CVS PHARMACY #8824
Pharmacy License No. PH00947

Signed this ___ day of _____ 2026

KARLO NIKKO ARCEO, RPH
Certificate of Registration No. 19697

Signed this ___ day of _____ 2026

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Karlo Nikko Arceo, RPh, Certificate of Registration No. 19697, and Respondent CVS Pharmacy #8824, Pharmacy License No. PH00947, in Case Nos. 22-509-PH-S and 22-509-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
APR 22 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8824,** **Pharmacy License No. PH00947, and** **KARLO NIKKO ARCEO, RPH,** **Certificate of Registration No. 19679,** **Respondents.**	**CASE NOS. 22-509-PH-S** **22-509-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Karlo Nikko Arceo, RPh (Arceo), Certificate of Registration No. 19679, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8824, Pharmacy License No. PH00947, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Arceo was employed as a staff pharmacist by CVS Pharmacy #8824 at the time of the events alleged herein.

3. On or about November 27, 2022, patient K.M. requested that two existing prescriptions for cephalexin 500mg capsules and ondansetron 4mg tablets be transferred to CVS Pharmacy #8824. The pharmacy instead erroneously transferred one prescription for cephalexin 500mg capsules, designated prescription no. 2554970, and one prescription for misoprostol 200mcg tablets, designated prescription no. 2554971.

4. On or about November 27, 2022, Arceo filled and dispensed both prescription no. 2554970 and prescription no. 2554971 from CVS Pharmacy #8824; no counseling was performed for either prescription although neither prescription had previously been dispensed from CVS Pharmacy #8824.

5. Misoprostol may be prescribed off-label to induce a medical abortion. K.M. was pregnant at the time and after ingesting one misoprostol tablet orally experienced discomfort but did not require intervention or treatment.

COUNT ONE

Failure to Provide Medication Counseling to Patient/Unprofessional Conduct

(Respondent Arceo)

6. A pharmacist shall provide medication counseling to a patient when dispensing a prescription that has not been previously dispensed to the patient from that pharmacy and shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness. NRS 639.266; NAC 639.707(1) and (4).

7. Unprofessional conduct includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Respondent Arceo violated NRS 639.266 and/or NAC 639.707(1) and/or (4) and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he failed to provide medication counseling to K.M. for prescription nos. 2554970 and 2554971, neither of which had previously been dispensed from CVS Pharmacy #8824, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS Pharmacy #8824)

9. 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(3).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8824 is responsible for those violations, including all errors and omissions of Respondent Arceo, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificate of registration of these Respondents.

Signed this 22nd day of April 2025

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KARLO NIKKO ARCEO, RPH,** **Certificate of Registration No. 19679,** **Respondent.**	**Case No. 22-509-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, June 4, 2025, 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 22nd day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KARLO NIKKO ARCEO, RPH,** **Certificate of Registration No. 19679,** **Respondent.**	**Case No. 22-509-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

KARLO NIKKO ARCEO, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Karlo Nikko Arceo
[redacted]
Las Vegas, NV [redacted]

Karlo Nikko Arceo
[redacted]
Henderson, NV [redacted]

CVS Pharmacy #8824
4411 E Bonanza Rd
Las Vegas, NV 89110

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8824,** **Pharmacy License No. PH00947, and** **KARLO NIKKO ARCEO, RPH,** **Certificate of Registration No. 19697,** **Respondents.**	**CASE NOS. 22-509-PH-S** **22-509-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Karlo Nikko Arceo, RPh (Arceo), Certificate of Registration No. 19697, and Respondent CVS Pharmacy #8824, Pharmacy License No. PH00947, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about April 22, 2025, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Respondent Arceo violated NRS 639.266 and/or NAC 639.707(1) and/or (4) and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he failed to provide medication counseling to K.M. for prescription nos. 2554970 and 2554971, neither of which had previously been dispensed from CVS Pharmacy #8824; resulting in the erroneous dispensing of prescription no. 2554971 - misoprostol 200mg, a drug that can induce a medical abortion – to a pregnant patient, and Arceo and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8824 is responsible for those violations, including all errors and omissions of Respondent Arceo, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. 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. The certificate of registration of Karlo Nikko Arceo, RPh, Certificate of Registration No. 19697, is suspended for a

period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Arceo shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations;

B. Pursuant to NRS 622.400, Arceo shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

C. Respondent shall comply with all federal and state statutes and regulations regarding the practice of pharmacy, and have no additional charges filed against him while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. 19697 will be fully restored.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #8824, Pharmacy License No. PH00947, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #8824 shall pay a fine of Ten Thousand Dollars ($10,000.00) for the violations; and

B. Pursuant to NRS 622.400, CVS Pharmacy #8824 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2028. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 1, 2026.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 1, 2026.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in

the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2026

CVS PHARMACY #8824
Pharmacy License No. PH00947

Signed this ___ day of _____ 2026

KARLO NIKKO ARCEO, RPH
Certificate of Registration No. 19697

Signed this ___ day of _____ 2026

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Karlo Nikko Arceo, RPh, Certificate of Registration No. 19697, and Respondent CVS Pharmacy #8824, Pharmacy License No. PH00947, in Case Nos. 22-509-PH-S and 22-509-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RODELYN ARCEO, APRN,** **Certificate of Registration No. CS30228,** **Respondent.**	**CASE NO. 23-353-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Rodelyn Arceo, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS30228, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent served as medical director of Natural Beauty International LLC, DBA New U Natural Beauty (Natural Beauty), located at 4860 W Desert Inn Rd #1, in Las Vegas, Nevada, during the relevant times frames herein. Olivia Pernsteiner and Jiwen He owned Natural Beauty and are not Nevada-licensed practitioners.

3. A Board investigation in August 2023 revealed that Respondent permitted Pernsteiner and registered nurses (RNs) at both Natural Beauty to have independent access to the

3. A Board investigation in August 2023 revealed that Respondent permitted Pernsteiner and registered nurses (RNs) at both Natural Beauty to have independent access to the medication storage containing dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision.

4. The investigation revealed that Respondent permitted RNs at Natural Beauty to independently access, possess, furnish and administer dangerous drugs to patients, to provide on-site medical treatment at Natural Beauty, including the administration of dangerous drugs by injection, specifically cosmetic injectable fillers, including, without limitation, Botox and Dysport, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

APPLICABLE LAW

5. No person may possess, furnish or administer a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356; NRS 639.100(1).

6. A practitioner may give an RN limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), which states in relevant part:

> A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

Chart orders are patient-specific and medication-specific. *See* NRS 454.0041; NRS 639.004.

7. All controlled substances and dangerous drugs in the possession of an advanced practice registered nurse must be kept in a locked storage area with access restricted to authorized persons. NAC 639.898(1).

8. The Board may suspend or revoke the certificate of registration of an advanced practice registered nurse that has failed to maintain the security of his or her drug supply. NAC 639.900(12).

9. 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); NAC 639.900(4).

10. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

11. Dispensing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454,585 or 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12); NAC 639.900(14).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

14. By permitting Pernsteiner and RNs to have unrestricted access to her inventory of dangerous drugs at Natural Beauty as alleged in paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(12) and (14) and/or NRS 639.210(12).

COUNT TWO

Violations of State Law - Unlawful Possession & Administration of Dangerous Drugs

15. By permitting RNs at Natural Beauty to independently access, possess, furnish and administer dangerous drugs without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug medically was medically necessary, as alleged in paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NAC 639.900(14) and/or NRS 639.210(12).

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COUNT THREE

Unprofessional Conduct - Unlawful Possession & Administration of Dangerous Drugs

16. By her conduct as alleged in paragraphs 3-4 herein, Respondent performed her duties as the holder of a controlled substance registrations in an incompetent, unskillful or negligent manner, aided and abetted unlicensed practice, and engaged in, or aided and abetted others to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n), and is subject to discipline pursuant to NRS 639.210(4) and/or NAC 639.900(4).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By her conduct as alleged in paragraphs 3-4 herein, Respondent has committed acts that render registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 22nd day of APRIL 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RODELYN ARCEO, APRN,** **Certificate of Registration No. CS30228,** **Respondent.**	**Case No. 23-353-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, June 4, 2025, 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 22nd day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RODELYN ARCEO, APRN,** **Certificate of Registration No. CS30228,** **Respondent.**	**Case No. 23-353-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

RODELYN ARCEO, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Rodelyn Arceo
[redacted]
Las Vegas, NV [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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FILED
JUN 13 2025
NEVADA STATE BOARD OF PHARMACY

MICHAEL M LIN, ESQ.
Nevada Bar No. 010392
LIN LAW GROUP
5288 Spring Mtn. Rd, Ste 103
Las Vegas, Nevada 89146
(702) 871 9888
ml@linlawgroup.com
Attorneys for Respondent
Rodelyn Arceo, APRN

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. RODELYN ARCEO, APRN, Certificate of Registration No. CS30228, Respondent.	Case No. 23-353-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent Rodelyn Arceo, APRN ("Respondent"), by and through her undersigned counsel, Michael M. Lin, Esq. of Lin Law Group, hereby submits the following Answer and Notice of Defense in response to the Notice of Intended Action and Accusation ("Accusation") filed by the Nevada State Board of Pharmacy ("Board").

I. JURISDICTION

1. Respondent admits the jurisdictional allegations set forth in Paragraph 1 of the Accusation.

II. FACTUAL ALLEGATIONS

2. Respondent admits the allegations in Paragraph 2 in part. She entered into an independent contractor agreement with Natural Beauty International LLC ("Natural Beauty") on or about March 11, 2021, to serve as its Medical Director and served in that role during the relevant time period.

LIN LAW GROUP
5288 Spring Mtn Rd., Ste 103
Las Vegas, NV 89146
(702) 871-9888 FAX: (702) 648-0888

Docusign Envelope ID: 8394FCF1-42B0-492C-BBC0-31E967484C13

LIN LAW GROUP
5288 Spring Mtn Rd., Ste 103
Las Vegas, NV 89146
(702) 871-9888 FAX: (702) 648-0888

3. Respondent denies the allegations in Paragraph 3 in part. While both Respondent and Olivia Pernsteiner had physical keys to the secured medication storage, Ms. Pernsteiner was permitted access only upon Respondent's express authorization, typically when Respondent was offsite. On August 17, 2023, during an unannounced inspection, Ms. Pernsteiner mistakenly believed she was required and authorized to comply with the Board investigator's request. This isolated incident was contrary to standing protocol and has since been corrected through additional staff training and written clarification of access policies.

4. Respondent denies the allegations in Paragraph 4. At all relevant times, Respondent maintained direct clinical oversight of all patient care. Registered nurses ("RNs") at Natural Beauty were not authorized to independently diagnose, prescribe, or determine medical necessity. All treatments were preceded by in-person or telemedicine consultations conducted by Respondent, followed by patient-specific medical orders. Patients completed intake documentation and informed consents. While occasional EMR technical issues may have impaired signature capture, the electronic records confirm that all medical encounters occurred under Respondent's supervision, consistent with legal requirements. Complete electronic records substantiate the existence of bona fide therapeutic relationships prior to any drug administration.

APPLICABLE LAW

5. Respondent acknowledges the statutory and regulatory provisions referenced in Paragraphs 5 through 13 of the Accusation but denies any violation thereof. Respondent asserts compliance with all applicable provisions of NRS Chapters 453, 454, and 639, and NAC Chapter 639.

COUNT ONE

Violations of State Law – Failure to Maintain Security of Dangerous Drugs

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6. Respondent denies the allegations in Paragraph 14. She took reasonable precautions to maintain security and restrict access to dangerous drugs pursuant to NAC 639.898(1). The single incident on August 17, 2023, was an isolated misunderstanding, not reflective of regular practice or policy. To prevent recurrence, Respondent has since implemented corrective measures including additional staff training and documented reaffirmation of medication security policies.

COUNT TWO

Violations of State Law – Unlawful Possession & Administration of Dangerous Drugs

7. Respondent denies the allegations in Paragraph 15. All dangerous drugs were possessed and administered in accordance with NRS 454.213(1)(c). Respondent conducted a good faith examination, issued individualized treatment orders, and maintained oversight of RNs who operated within the bounds of delegated authority. Respondent never authorized RNs to act autonomously in diagnosing or initiating treatment.

COUNT THREE

Unprofessional Conduct – Unlawful Possession & Administration of Dangerous Drugs

8. Respondent denies the allegations in Paragraph 16. Her conduct did not constitute incompetence, unskillfulness, negligence, or facilitation of unlicensed practice. Respondent actively managed patient care, and her supervision was documented through EMR entries and telemedicine encounters. Any misperception created by limited chart access during the inspection has been clarified with supporting EMR records.

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

9. Respondent denies the allegations in Paragraph 17. She has no prior disciplinary history and has taken affirmative steps to correct any procedural lapses. She maintains a strong

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professional reputation and has demonstrated a continued commitment to patient safety, documentation integrity, and lawful practice. She has continuously acted in good faith, with diligence and integrity, to safeguard public health and comply with Board standards. Continued registration is consistent with the public interest under NRS 453.236 and 453.241.

PRAYER FOR RELIEF

WHEREFORE, Respondent respectfully requests that the Nevada State Board of Pharmacy:

1. Find that Respondent has not violated the provisions of NRS Chapters 453, 454, or 639, or NAC Chapter 639 as alleged;
2. Dismiss the Notice of Intended Action and Accusation in its entirety;
3. Permit Respondent to retain her controlled substance registration without restriction; and
4. Grant such other and further relief as the Board deems just and proper.

DATED this 6/13/2025 | 1:47:16 PM PDT

LIN LAW GROUP, PC

By: */s/ Michael M Lin*

MICHAEL M LIN, ESQ.
Nevada Bar No. 010392
5288 Spring Mtn. Rd, Ste 103
Las Vegas, Nevada 89146
(702) 871 9888
Attorneys for Respondent
Rodelyn Arceo, APRN

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VERIFICATION

I, Rodelyn Arceo, APRN, declare under penalty of perjury under the laws of the State of Nevada that I have read the foregoing Answer and Notice of Defense and that the factual matters stated therein are true and correct to the best of my knowledge.

DATED: 6/13/2025 | 2:57:01 PM PDT

DocuSigned by:

E13D01858B21476...

Rodelyn Arceo, APRN
Respondent

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CERTIFICATE OF SERVICE

I certify that I am an employee of Lin Law Group, and that on this 6/13/2025 | 1:47:16 PM PDT, I served a true and correct copy of the foregoing document by emails below:

TeamBC@Pharmacy.nv.gov

And

bkandt@pharmacy.nv.gov

DocuSigned by:
Michael Lin
48BAED275F634E5...

An employee of Lin Law Group

LIN LAW GROUP
5288 Spring Mtn Rd., Ste 103
Las Vegas, NV 89146
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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RODELYN ARCEO, APRN,** **Certificate of Registration No. CS30228,** **Respondent.**	**CASE NO. 23-353-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Rodelyn Arceo, APRN, Certificate of Registration No. CS30228, by and through counsel, Michael M. Lin, Esq., **HEREBY STIPULATE AND AGREE THAT**:.

1. On or about April 22, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about June 13, 2025, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded 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 this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent contests the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Respondent permitted unauthorized persons to have unrestricted access to her inventory of dangerous drugs at Natural Beauty for administration to patients without direct practitioner supervision, conduct that Respondent represents she discontinued and for which instruction and reeducation measures were implemented prior to the filing of the Accusation; and

B. Such conduct, if proven, could be found by the Board to constitute a violation of NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.100(1) and/or NAC 639.898(1), could be found by the Board to constitute unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) and (j), and could be found by the Board to constitute acts that render registration inconsistent with the public interest pursuant to NRS 453.231(1).

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210, NRS 639.255 and/or NAC 639.900.

8. 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. The controlled substance registration of Respondent Rodelyn Arceo, APRN, Certificate of

Registration No. CS30228, is suspended for a period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 3, 2026;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 3, 2026; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS30228 will be fully restored.

9. 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 lift the stay and immediately suspend Respondent's Certificate of

Registration No. CS30228 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. 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 knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this Nov **day of** 17 **2025**

RODELYN ARCEO, APRN
Certificate of Registration No. CS30228

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 11/26/2025 **day of** 4:05:04 PM **2025**

DS

DocuSigned by:
Michael M Lin
18BAED215F634E6...

MICHAEL M. LIN, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Rodelyn Arceo, APRN, Certificate of Registration No. CS30228, in Case No. 23-353-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5D

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRISTOPHER LIPANA, APRN,** **Certificate of Registration No. CS31815,** **Respondent.**	**CASE NO. 23-422-CS-S** **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, 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 and this Respondent because, at the time of the events alleged herein, Respondent Cristopher Lipana, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS31815, issued by the Board.

FACTUAL ALLEGATIONS

2. Throughout 2022 and 2023 Respondent routinely prescribed Mounjaro (tirzepatide) to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

3. On or about January 16, 2025, the Nevada State Board of Nursing (NSBN) and Respondent entered a settlement agreement and order in Case No. 2023100094, imposing discipline on Respondent's NSBN License No. 839429 to practice nursing for engaging in

conduct in violation of the standards of practice established by the NSBN, specifically for violation of NRS 632.347(1)(g) and NAC 632.890(26) related to unlawful prescribing.

4. Respondent failed to timely report to the Board the disciplinary action in NSBN Case No. 2023100094.

APPLICABLE LAW

5. A dangerous drug must be dispensed by a registered pharmacist pursuant to a legal prescription from a practitioner. NRS 454.215(1); NRS 454.221(1); NRS 454.316(1).

6. The holder of any license or registration shall report any administrative action taken against the holder by any professional licensing board not later than 30 days after the final disposition of the administrative action. NAC 639.229(1)(b).

7. 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); NAC 639.900(4).

8. Prescribing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)(2) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

9. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454,585 or 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of a registration issued by the Board. NRS 639.210(12); NAC 639.900(14).

10. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has

committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violation of State Law - Unlawfully Issued Prescriptions

11. By unlawfully prescribing dangerous drugs to patients with whom he did not have a bona fide therapeutic relationship as alleged in Paragraph 2 herein and as detailed in the NSBN's order in Case No. 2023100094, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.215(1), NRS 454.221(1) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(4) and/or (12) and/or NAC 639.900(4) and/or (14).

COUNT TWO

Violation of State Law – Failure to Report

12. By failing to timely report to the Board the disciplinary action in NSBN Case No. 2023100094, as alleged in paragraph 4 herein, Respondent violated NAC 639.229(1)(b) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(12) and/or NAC 639.900(14).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

13. By unlawfully prescribing dangerous drugs to patients with whom he did not have a bona fide therapeutic relationship as alleged in Paragraph 2 herein and as detailed in the NSBN's order in Case No. 2023100094, and by failing to timely report to the Board the NSBN's disciplinary action as alleged in paragraph 4 herein, 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), NRS 639.210(4) and NAC 639.900(4).

COUNT FOUR

Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship

15. By unlawfully prescribing dangerous drugs to patients with whom he did not have a bona fide therapeutic relationship as alleged in paragraph 2 herein and as detailed in the NSBN's order in Case No. 2023100094,, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(n)(2), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(4) and NAC 639.900(4).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By his conduct as alleged herein, Respondent has committed acts that render registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 13th day of October 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRISTOPHER LIPANA, APRN,** **Certificate of Registration No. CS31815,** **Respondent.**	**Case No. 23-422-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended 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, January 14, 2026, 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, 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 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRISTOPHER LIPANA, APRN,** **Certificate of Registration No. CS31815,** **Respondent.**	**Case No. 23-422-CS-S** **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 _____ 2025.

CRISTOPHER LIPANA, APRN

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 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Cristopher Lipana, APRN c/o
Steven J. Karen, Esq.
2810 W. Charleston Blvd., Suite 82
Las Vegas, NV 89102

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
JUL 25 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRISTOPHER LIPANA, APRN, Certificate of Registration No. CS31815,** **Respondent.**	**CASE NO. 23-422-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Cristopher Lipana, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS31815, issued by the Board.

FACTUAL ALLEGATIONS

2. Throughout 2022 and 2023 Respondent routinely prescribed Mounjaro (tirzepatide) to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

APPLICABLE LAW

3. A dangerous drug must be dispensed by a registered pharmacist pursuant to a legal prescription from a practitioner. NRS 454.215(1); NRS 454.221(1); NRS 454.316(1).

4. 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); NAC 639.900(4).

5. Prescribing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)(2) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454,585 or 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of a registration issued by the Board. NRS 639.210(12); NAC 639.900(14).

7. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Unlawfully Issued Prescriptions/Unprofessional Conduct

8. By unlawfully prescribing dangerous drugs to patients with whom he did not have a bona fide therapeutic relationship as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.215(1), NRS 454.221(1) and/or NRS 454.316(1), has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) and (n)(2), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(4) and/or (12) and/or NAC 639.900(4) and/or (14).

COUNT TWO

Commission of Acts that Render Registration Inconsistent with the Public Interest

9. By his conduct as alleged in Paragraph 2 herein, Respondent has committed acts that render registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 25th day of JULY 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRISTOPHER LIPANA, APRN,** **Certificate of Registration No. CS31815,** **Respondent.**	**Case No. 23-422-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, October 15, 2025, 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, 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 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRISTOPHER LIPANA, APRN,** **Certificate of Registration No. CS31815,** **Respondent.**	**Case No. 23-422-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

CRISTOPHER LIPANA, APRN

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 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Cristopher Lipana, APRN c/o
Dr. Israel J Alvarado
2031 N McDaniel Street #230
Las Vegas, NV 89030

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
SEP 21 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY	)	Case No. 23-422-CS-S
	)	
CRISTOPHER LIPANA, APRN,	)	
Certificate of Registration No. CS31815,	)	
	)	
Respondent.	)	

ANSWER AND NOTICE OF DEFENSE

I. Preliminary Objections

1. Respondent objects to the Notice of Intended Action and Accusation as incomplete, vague, and lacking in factual detail sufficient to provide constitutionally adequate notice.

2. Respondent objects on due process grounds, as the Nevada State Board of Pharmacy failed to respond to counsel's April 19, 2024 written response and follow-up emails in May 2024, which expressly requested the complaint, investigative file, and an extension. The Board's failure to provide timely disclosure prejudiced Respondent's ability to file an Answer within the original deadline.

3. Respondent further objects that duplicative discipline by both the Board of

Pharmacy and the Nevada State Board of Nursing for the same conduct violates principles of fairness and proportionality.

II. General Denials

4. Respondent denies each and every allegation not specifically admitted herein.

III. Specific Responses

5. Respondent admits that during 2022–2023 he wrote prescriptions for Mounjaro (tirzepatide).

6. Respondent denies that these prescriptions were issued without legitimate medical purpose. Only two patients (Beverly Garman and Loida Merida) filled prescriptions, both for legitimate treatment purposes.

7. The remaining seven individuals, primarily family and friends, never filled prescriptions due to insurance denials, thereby negating any theory of diversion or resale.

8. Respondent admits he no longer has access to certain patient records due to change of employment, but these records remain in the custody of prior employers or Trinity Pharmacy.

IV. Affirmative Defenses

9. Due Process: The Board failed to provide timely notice and disclosures despite Respondent's counsel's April 19, 2024 appearance and follow-up communications.

10. Duplicative Discipline: Respondent has already entered into a negotiated Agreement for Reprimand and Continuing Education with the Nevada State Board of Nursing (Case No. 2023100094), resolving the same factual allegations. Additional discipline would be disproportionate and duplicative.

11. Legitimate Medical Purpose: Prescriptions were written for valid clinical reasons, including diabetes treatment and weight management consistent with FDA-approved tirzepatide formulations.

V. Request for Relief

12. Respondent respectfully requests that the Nevada State Board of Pharmacy accept this late-filed Answer pursuant to stipulation and order of counsel.

13. Respondent further requests that the Board permit him to fully defend against the charges.

14. Respondent further requests that the Board consider the prior resolution with the Board of Nursing as a mitigating factor and avoid duplicative discipline.

15. Respondent requests such other and further relief as is just and proper.

DATED this **21st** day of **September 2025.**

Steven Karen

STEVEN J. KAREN, ESQ.

Nevada Bar 004651

2810 West Charleston Boulevard, Suite 82

Las Vegas, Nevada 89102

Telephone: (702) 382-9307

Facsimile: (702) 382-1836

Email: stevenjkaren@gmail.com

DECLARATION OF RESPONDENT

I, Cristopher Lipana, APRN, declare under penalty of perjury under the laws of the State of Nevada that the factual statements made in paragraphs 6 through 8 above are true and correct to the best of my knowledge and belief.

Dated this 21st day of September, 2025.

cristopher Lipana Verified by pdfFiller 09/21/2025

Cristopher Lipana, APRN
Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRISTOPHER LIPANA, APRN,** **Certificate of Registration No. CS31815,** **Respondent.**	**CASE NO. 23-422-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Cristopher Lipana, APRN, Certificate of Registration No. CS31815, by and through counsel, Steven J. Karen, Esq., **HEREBY STIPULATE AND AGREE THAT**:.

1. On or about October 23, 2025, Respondent was served with the Frist Amended Notice of Intended Action and Accusation (Amended Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about December 5, 2025, Respondent filed an Answer and Notice of Defense to the Amended Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Amended Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

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 this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. By unlawfully prescribing dangerous drugs to patients with whom he did not have a bona fide therapeutic relationship as detailed in the NSBN's order in Case No. 2023100094, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.215(1), NRS 454.221(1) and/or NRS 454.316(1;

B. By failing to timely report to the Board the disciplinary action in NSBN Case No. 2023100094, Respondent violated NAC 639.229(1)(b); and

C. By his conduct Respondent has engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (n)(2) and committed acts that render registration inconsistent with the public interest.

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210, NRS 639.255 and/or NAC 639.900.

8. 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. The controlled substance registration of Respondent Cristopher Lipana, APRN, Certificate of Registration No. CS31815, is suspended for a period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 3, 2026;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 3, 2026; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS31815 will be fully restored.

9. 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 lift the stay and immediately suspend Respondent's Certificate of Registration No. CS31815 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. 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 Amended 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 *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025
11/26/2025

cristopher Lipana

CRISTOPHER LIPANA, APRN
Certificate of Registration No. CS31815

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025
12/15/2025

Steven Karen

STEVEN J. KAREN, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Cristopher Lipana, APRN, Certificate of Registration No. CS31815, in Case No. 23-422-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
SEP 30 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **NATALIE NHU NGUYEN, RPH, Certificate of Registration No. 18735, and** **ALI MACINTOSH, PT Certificate of Registration No. PT26920,** **Respondents.**	**CASE NOS. 24-133-PH-S** **24-133-RPH-S** **24-133-PT-S** **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 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 jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Las Vegas Community Pharmacy, License No. PH04396, was a pharmacy licensed by the Board, Natalie Nhu Nguyen, RPh (Nguyen), Certificate of Registration No. 18735, was a pharmacist registered with the Board, and Ali Macintosh, PT (Macintosh), Certificate of Registration No. PT26920, was a pharmaceutical technician registered with the Board.

FACTUAL ALLEGATIONS

2. Macintosh owned Las Vegas Community Pharmacy at the time of the events alleged herein.

3. Nguyen was employed as managing pharmacist by Las Vegas Community Pharmacy from August 31, 2023, until approximately October 14, 2024; however, Nguyen was

employed on a part-time basis and not on duty in the pharmacy and active in the management of the pharmacy full-time.

4. On or about April 10, 2024, an annual inspection of Las Vegas Community Pharmacy revealed evidence in the form of supplier invoices and shipping confirmations that the pharmacy purchased drug products through MatchRX.

5. MatchRX, located in Michigan, is not licensed to engage in business as a wholesaler in Nevada.

6. Macintosh placed the orders with MatchRX in Nguyen's absence.

7. On or about October 10, 2024, the Board issued and served upon MatchRX an Order to Cease-and-Desist together with Citation and Fine for unlicensed wholesale distribution into Nevada.

APPLICABLE LAW

8. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-1) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

9. Any person who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100; NRS 639.233(1). Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

10. Every wholesale distributor who engages in wholesale distributions of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

11. Purchasing a drug from an unlicensed wholesaler does not constitute a bona fide transaction. NRS 639.595.

12. Performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

13. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. 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 issued by the Board. NRS 639.210(11).

15. 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 issued by the Board. NRS 639.210(12).

16. 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. NRS 639.210(12) and (15); NRS 639.220(1); NAC 639.702.

17. A managing pharmacist shall be on duty in the pharmacy and active in the management of the pharmacy full-time. NRS 639.220(3)(b).

18. A managing pharmacist of a pharmacy shall be responsible for, and must have knowledge and control of, the acquisition and disposition by the pharmacy of the stock of the pharmacy and shall ensure that the records relating to the acquisition or disposition of the stock of the pharmacy are maintained as required by law. NAC 639.510(2).

19. A pharmaceutical technician may only performs those functions permitted by law. NRS 639.1371(5); NAC 639.245; NAC 639.700; NAC 639.702.

20. 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(3).

COUNT ONE

Violation of Federal Law - Aiding and Abetting Unlicensed Wholesale Distribution

21. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 360eee-1, 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A) and/or 21 CFR Part 205, and are subject to discipline pursuant to NRS 639.210(11).

COUNT TWO

Violation of State Law - Aiding and Abetting Unlicensed Wholesale Distribution

22. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100, NRS 639.233(1) and/or NRS 639.595, and are subject to discipline pursuant to NRS 639.210(12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

23. By their actions as alleged herein, Respondents, and each of them, performed their respective duties in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4).

COUNT FOUR

Unprofessional Conduct – Aiding and Abetting Unlicensed Wholesale Distribution

24. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, aided and abetted unlicensed wholesale distribution, engaged in unprofessional conduct as defined in NAC 639.945(1)((j), and are subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE

Violation of State Law –Managing Pharmacist Serving on Part-Time Basis

25. By employing Nguyen as a managing pharmacist on a part-time basis, who was not on duty in the pharmacy and active in the management of the pharmacy full-time, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.220(3)(b), and are subject to discipline pursuant to NRS 639.210(12).

COUNT SIX

Violation of State Law –Acquisition of Pharmacy Stock by Unauthorized Personnel

26. By permitting Macintosh as a pharmaceutical technician to place orders for pharmacy stock in Nguyen's absence, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.1371(5), NAC 639.245, NAC 639.510(2), NAC 639.700 and/or NAC 639.702, and are subject to discipline pursuant to NRS 639.210(12).

COUNT SEVEN

Managing Pharmacist Responsibility

(Respondent Nguyen)

27. As the managing pharmacist of Las Vegas Community Pharmacy at the time of the violations of law as alleged herein, Nguyen 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 EIGHT

Pharmacy/Pharmacy Owner Responsibility

(Respondents Las Vegas Community Pharmacy and Macintosh)

28. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondents Las Vegas Community Pharmacy and Macintosh are responsible for those violations and subject to discipline pursuant to NRS 639.210, NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to pharmacy license and registrations of these respondents.

Signed this 30th day of September 2025.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy,
for and on behalf of J. David Wuest, R.Ph.,
Executive Secretary of the
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). 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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **Respondent.**	**CASE NO. 24-133-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended 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, January 14, 2026, 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 30th day of September 2025.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy,
for and on behalf of J. David Wuest, R.Ph.,
Executive Secretary of the
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **Respondent.**	**CASE NO. 24-133-PH-S** **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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
Las Vegas Community Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Las Vegas Community Pharmacy
3200 N Soaring Gulls Dr., Suite 101
Las Vegas, NV 89129

Natalie Nguyen, RPh
[redacted]
Las Vegas, NV [redacted]

QHR Pharmacy
c/o Natalie Nguyen, RPh
3375 E Russell Rd 1G
Las Vegas, NV 89120

Ali Macintosh, PT
[redacted]
Las Vegas, NV [redacted]

Evergreen Pharmacy
c/o Ali Macintosh, PT
4110 S Maryland Pkwy Unit #17
Las Vegas, NV 89119

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
JUL 25 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **Respondent.**	**CASE NO. 24-133-PH-S** **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 jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Las Vegas Community Pharmacy, License No. PH04396, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. On or about April 10, 2024, an annual inspection of Las Vegas Community Pharmacy revealed evidence in the form of supplier invoices and shipping confirmations that Respondent purchased drug products through MatchRX.

3. MatchRX, located in Michigan, is not licensed to engage in business as a wholesaler in Nevada.

4. On or about October 10, 2024, the Board issued and served upon MatchRX an Order to Cease-and-Desist together with Citation and Fine for unlicensed wholesale distribution into Nevada.

APPLICABLE LAW

5. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-1) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

6. Any person who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100; NRS 639.233(1). Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

7. Every wholesale distributor who engages in wholesale distributions of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

8. Purchasing a drug from an unlicensed wholesaler does not constitute a bona fide transaction. NRS 639.595.

9. Performing any duties as the owner of a business or an entity licensed by the Board in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

10. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. 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 issued by the Board. NRS 639.210(11).

12. 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 issued by the Board. NRS 639.210(12).

13. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 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). 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(3).

COUNT ONE

Violation of Federal Law - Aiding and Abetting Unlicensed Wholesale Distribution

14. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 360eee-1, 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A) and/or 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(11).

COUNT TWO

Violation of State Law - Aiding and Abetting Unlicensed Wholesale Distribution

15. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100, NRS 639.233(1) and/or NRS 639.595, and is subject to discipline pursuant to NRS 639.210(12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

16. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondent performed its duties as the owner of a pharmacy licensed by the Board in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT FOUR

Unprofessional Conduct – Aiding and Abetting Unlicensed Wholesale Distribution

17. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondent aided and abetted unlicensed wholesale distribution, engaged in unprofessional conduct as defined in NAC 639.945(1)((j), and is subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to pharmacy license of this Respondent.

Signed this 25th day of July 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **Respondent.**	**CASE NO. 24-133-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, October 15, 2025, 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 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **Respondent.**	**CASE NO. 24-133-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
Las Vegas Community Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Las Vegas Community Pharmacy
3200 N Soaring Gulls Dr., Suite 101
Las Vegas, NV 89129

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of August 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Las Vegas Community Pharmacy
c/o Ali Macintosh
[redacted]
Las Vegas, NV [redacted]

and via Electronic Mail:

Ali Macintosh – [redacted]@gmail.com

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of August 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Las Vegas Community Pharmacy
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
SEP 28 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **NATALIE NHU NGUYEN, RPH, Certificate of Registration No. 18735, and** **ALI MACINTOSH, PT Certificate of Registration No. PT26920,** **Respondents.**	**CASE NOS. 24-133-PH-S** **24-133-RPH-S** **24-133-PT-S** **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 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 jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Las Vegas Community Pharmacy, License No. PH04396, was a pharmacy licensed by the Board, Natalie Nhu Nguyen, RPh (Nguyen), Certificate of Registration No. 18735, was a pharmacist registered with the Board, and Ali Macintosh, PT (Macintosh), Certificate of Registration No. PT26920, was a pharmaceutical technician registered with the Board.

FACTUAL ALLEGATIONS

2. Macintosh owned Las Vegas Community Pharmacy at the time of the events alleged herein.

3. Nguyen was employed as managing pharmacist by Las Vegas Community Pharmacy from August 31, 2023, until approximately October 14, 2024; however, Nguyen was

employed on a part-time basis and not on duty in the pharmacy and active in the management of the pharmacy full-time.

4. On or about April 10, 2024, an annual inspection of Las Vegas Community Pharmacy revealed evidence in the form of supplier invoices and shipping confirmations that the pharmacy purchased drug products through MatchRX.

5. MatchRX, located in Michigan, is not licensed to engage in business as a wholesaler in Nevada.

6. Macintosh placed the orders with MatchRX in Nguyen's absence.

7. On or about October 10, 2024, the Board issued and served upon MatchRX an Order to Cease-and-Desist together with Citation and Fine for unlicensed wholesale distribution into Nevada.

APPLICABLE LAW

8. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-1) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

9. Any person who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100; NRS 639.233(1). Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

10. Every wholesale distributor who engages in wholesale distributions of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

11. Purchasing a drug from an unlicensed wholesaler does not constitute a bona fide transaction. NRS 639.595.

12. Performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

13. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. 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 issued by the Board. NRS 639.210(11).

15. 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 issued by the Board. NRS 639.210(12).

16. 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. NRS 639.210(12) and (15); NRS 639.220(1); NAC 639.702.

17. A managing pharmacist shall be on duty in the pharmacy and active in the management of the pharmacy full-time. NRS 639.220(3)(b).

18. A managing pharmacist of a pharmacy shall be responsible for, and must have knowledge and control of, the acquisition and disposition by the pharmacy of the stock of the pharmacy and shall ensure that the records relating to the acquisition or disposition of the stock of the pharmacy are maintained as required by law. NAC 639.510(2).

19. A pharmaceutical technician may only performs those functions permitted by law. NRS 639.1371(5); NAC 639.245; NAC 639.700; NAC 639.702.

20. 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(3).

COUNT ONE

Violation of Federal Law - Aiding and Abetting Unlicensed Wholesale Distribution

21. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 360eee-1, 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A) and/or 21 CFR Part 205, and are subject to discipline pursuant to NRS 639.210(11).

COUNT TWO

Violation of State Law - Aiding and Abetting Unlicensed Wholesale Distribution

22. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100, NRS 639.233(1) and/or NRS 639.595, and are subject to discipline pursuant to NRS 639.210(12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

23. By their actions as alleged herein, Respondents, and each of them, performed their respective duties in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4).

COUNT FOUR

Unprofessional Conduct – Aiding and Abetting Unlicensed Wholesale Distribution

24. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, aided and abetted unlicensed wholesale distribution, engaged in unprofessional conduct as defined in NAC 639.945(1)((j), and are subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE

Violation of State Law –Managing Pharmacist Serving on Part-Time Basis

25. By employing Nguyen as a managing pharmacist on a part-time basis, who was not on duty in the pharmacy and active in the management of the pharmacy full-time, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.220(3)(b), and are subject to discipline pursuant to NRS 639.210(12).

COUNT SIX

Violation of State Law –Acquisition of Pharmacy Stock by Unauthorized Personnel

26. By permitting Macintosh as a pharmaceutical technician to place orders for pharmacy stock in Nguyen's absence, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.1371(5), NAC 639.245, NAC 639.510(2), NAC 639.700 and/or NAC 639.702, and are subject to discipline pursuant to NRS 639.210(12).

COUNT SEVEN

Managing Pharmacist Responsibility

(Respondent Nguyen)

27. As the managing pharmacist of Las Vegas Community Pharmacy at the time of the violations of law as alleged herein, Nguyen 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 EIGHT

Pharmacy/Pharmacy Owner Responsibility

(Respondents Las Vegas Community Pharmacy and Macintosh)

28. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondents Las Vegas Community Pharmacy and Macintosh are responsible for those violations and subject to discipline pursuant to NRS 639.210, NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to pharmacy license and registrations of these respondents.

Signed this 26th day of September 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATALIE NHU NGUYEN, RPH,** **Certificate of Registration No. 18735,** **Respondent.**	**CASE NO. 24-133-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended 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, January 14, 2026, 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 2nd day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATALIE NHU NGUYEN, RPH,** **Certificate of Registration No. 18735,** **Respondent.**	**Case No. 24-133-RPH-S** **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 _____ 2025.

_____

Natalie Nhu Nguyen, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Las Vegas Community Pharmacy
3200 N Soaring Gulls Dr., Suite 101
Las Vegas, NV 89129

Natalie Nguyen, RPh
[redacted]
Las Vegas, NV [redacted]

QHR Pharmacy
c/o Natalie Nguyen, RPh
3375 E Russell Rd 1G
Las Vegas, NV 89120

Ali Macintosh, PT
[redacted]
Las Vegas, NV [redacted]

Evergreen Pharmacy
c/o Ali Macintosh, PT
4110 S Maryland Pkwy Unit #17
Las Vegas, NV 89119

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NOV 2 6 2025
NEVADA STATE BOARD
OF PHARMACY

Aniela K. Szymanski, Esq.
Nevada Bar No. 15822
3765 E. Sunset Rd. B9
Las Vegas NV 89120
702-899-8180
aniela@anielalaw.com
Attorney for Respondent, Natalie Nhu Nguyen, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. LAS VEGAS COMMUNITY PHARMACY, ET AL., Respondents.	Case No.: 24-133-PH-S 24-133-RPH-S 24-133-PT-S

RESPONDENT NATALIE NHU NGUYEN'S ANSWER AND NOTICE OF DEFENSE

COMES NOW NATALIE NHU NGUYEN, RPH, by and through counsel Aniela K. Szymanski, Esq., and hereby answers the First Amended Notice of Intended Action and Accusation on file as follows:

1. As to paragraphs 3, 21-28 the Respondent denies the allegations contained therein.
2. As to paragraphs 1, 2 the Respondent admits.
3. As to paragraphs 4-7, Respondent is without sufficient knowledge to admit or deny the allegations contained therein, and therefore denies the same.
4. Paragraphs 8-20 are purported statements of law and require no response.

Respondent Nguyen, places on notice the Petitioner that she intends to defend against said accusations.

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WHEREFORE, Respondent prays for the following relief:

1. That the Board hear Respondent's evidence and argument at a hearing;
2. That she be permitted to maintain her license in good standing;.
3. Any further relief as deemed appropriate by law or regulation.

DATED this 26th day of November 2025.

/s/ Aniela K Szymanski
ANIELA K SZYMANSKI
Attorney for Respondent
Natalie Nhu Nguyen

CERTIFICATE OF SERVICE

I hereby certify that on November 26, 2025, I caused this Answer and Notice of Defense to be e-served on all relevant parties to this case via email including:

TeamBC@pharmacy.nv.gov

bkandt@pharmacy.nv.gov.

Dated this 26th day of November 2025.

/s/ Aniela K Szymanski
ANIELA K SZYMANSKI

5G

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **NATALIE NHU NGUYEN, RPH, Certificate of Registration No. 18735, and** **ALI MACINTOSH, PT Certificate of Registration No. PT26920,** **Respondents.**	**CASE NOS. 24-133-PH-S** **24-133-RPH-S** **24-133-PT-S** **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 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 jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Las Vegas Community Pharmacy, License No. PH04396, was a pharmacy licensed by the Board, Natalie Nhu Nguyen, RPh (Nguyen), Certificate of Registration No. 18735, was a pharmacist registered with the Board, and Ali Macintosh, PT (Macintosh), Certificate of Registration No. PT26920, was a pharmaceutical technician registered with the Board.

FACTUAL ALLEGATIONS

2. Macintosh owned Las Vegas Community Pharmacy at the time of the events alleged herein.

3. Nguyen was employed as managing pharmacist by Las Vegas Community Pharmacy from August 31, 2023, until approximately October 14, 2024; however, Nguyen was

employed on a part-time basis and not on duty in the pharmacy and active in the management of the pharmacy full-time.

4. On or about April 10, 2024, an annual inspection of Las Vegas Community Pharmacy revealed evidence in the form of supplier invoices and shipping confirmations that the pharmacy purchased drug products through MatchRX.

5. MatchRX, located in Michigan, is not licensed to engage in business as a wholesaler in Nevada.

6. Macintosh placed the orders with MatchRX in Nguyen's absence.

7. On or about October 10, 2024, the Board issued and served upon MatchRX an Order to Cease-and-Desist together with Citation and Fine for unlicensed wholesale distribution into Nevada.

APPLICABLE LAW

8. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-1) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

9. Any person who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100; NRS 639.233(1). Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

10. Every wholesale distributor who engages in wholesale distributions of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

11. Purchasing a drug from an unlicensed wholesaler does not constitute a bona fide transaction. NRS 639.595.

12. Performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

13. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. 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 issued by the Board. NRS 639.210(11).

15. 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 issued by the Board. NRS 639.210(12).

16. 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. NRS 639.210(12) and (15); NRS 639.220(1); NAC 639.702.

17. A managing pharmacist shall be on duty in the pharmacy and active in the management of the pharmacy full-time. NRS 639.220(3)(b).

18. A managing pharmacist of a pharmacy shall be responsible for, and must have knowledge and control of, the acquisition and disposition by the pharmacy of the stock of the pharmacy and shall ensure that the records relating to the acquisition or disposition of the stock of the pharmacy are maintained as required by law. NAC 639.510(2).

19. A pharmaceutical technician may only performs those functions permitted by law. NRS 639.1371(5); NAC 639.245; NAC 639.700; NAC 639.702.

20. 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(3).

COUNT ONE

Violation of Federal Law - Aiding and Abetting Unlicensed Wholesale Distribution

21. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 360eee-1, 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A) and/or 21 CFR Part 205, and are subject to discipline pursuant to NRS 639.210(11).

COUNT TWO

Violation of State Law - Aiding and Abetting Unlicensed Wholesale Distribution

22. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100, NRS 639.233(1) and/or NRS 639.595, and are subject to discipline pursuant to NRS 639.210(12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

23. By their actions as alleged herein, Respondents, and each of them, performed their respective duties in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4).

COUNT FOUR

Unprofessional Conduct – Aiding and Abetting Unlicensed Wholesale Distribution

24. By purchasing drug products through MatchRX, a company not licensed to engage in the business of wholesale distribution into Nevada, Respondents, and each of them, aided and abetted unlicensed wholesale distribution, engaged in unprofessional conduct as defined in NAC 639.945(1)((j), and are subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE

Violation of State Law –Managing Pharmacist Serving on Part-Time Basis

25. By employing Nguyen as a managing pharmacist on a part-time basis, who was not on duty in the pharmacy and active in the management of the pharmacy full-time, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.220(3)(b), and are subject to discipline pursuant to NRS 639.210(12).

COUNT SIX

Violation of State Law –Acquisition of Pharmacy Stock by Unauthorized Personnel

26. By permitting Macintosh as a pharmaceutical technician to place orders for pharmacy stock in Nguyen's absence, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.1371(5), NAC 639.245, NAC 639.510(2), NAC 639.700 and/or NAC 639.702, and are subject to discipline pursuant to NRS 639.210(12).

COUNT SEVEN

Managing Pharmacist Responsibility
(Respondent Nguyen)

27. As the managing pharmacist of Las Vegas Community Pharmacy at the time of the violations of law as alleged herein, Nguyen 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 EIGHT

Pharmacy/Pharmacy Owner Responsibility

(Respondents Las Vegas Community Pharmacy and Macintosh)

28. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondents Las Vegas Community Pharmacy and Macintosh are responsible for those violations and subject to discipline pursuant to NRS 639.210, NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to pharmacy license and registrations of these respondents.

Signed this 2nd day of SEPTEMBER 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALI MACINTOSH, PT** **Certificate of Registration No. PT26920,** **Respondent.**	**CASE NO. 24-133-PT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended 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, January 14, 2026, 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 28th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALI MACINTOSH, PT** **Certificate of Registration No. PT26920,** **Respondent.**	**Case No. 24-133-PT-S** **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 _____ 2025.

_____

Ali Macintosh, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Las Vegas Community Pharmacy
3200 N Soaring Gulls Dr., Suite 101
Las Vegas, NV 89129

Natalie Nguyen, RPh
[redacted]
Las Vegas, NV [redacted]

QHR Pharmacy
c/o Natalie Nguyen, RPh
3375 E Russell Rd 1G
Las Vegas, NV 89120

Ali Macintosh, PT
[redacted]
Las Vegas, NV [redacted]

Evergreen Pharmacy
c/o Ali Macintosh, PT
4110 S Maryland Pkwy Unit #17
Las Vegas, NV 89119

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

5H

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREGORY ALLEN OLIVER, MD,** **Certificate of Registration No. CS35044,** **Respondent.**	**CASE NO. 24-224-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Gregory Allen Oliver, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS35044, issued by the Board.

FACTUAL ALLEGATIONS

2. From May 23, 2023, to June 11, 2024, Respondent dispensed no fewer than eleven (11) controlled substances prescriptions to patients from his practice at Infinite Wellness LV, located at 8925 West Post Road - Suite 100 in Las Vegas, without a dispensing practitioner registration.

3. Respondent failed to review PMP patient utilization reports for patients for whom he prescribed and/or dispensed controlled substances at Infinite Wellness LV.

APPLICABLE LAW

4. A licensed practitioner who wishes to dispense controlled substances must register with the Board. 21 U.S.C. § 823(f); NRS 453.226; NRS 453.321; NRS 453.377; NRS 453.381; NRS 454.215; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.742.

5. A prescribing practitioner shall only issue a controlled substance prescription after review of a patient's utilization report in the PMP database in conformance with NRS 639.23507.

6. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) 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).

7. 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 as defined in 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).

8. 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).

9. 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 453.236(1); NRS 639.210(12); NRS 639.23916(3)(b).

10. The Board may suspend or revoke a controlled substance registration 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).

COUNT ONE

Violation of Federal and State Law - Unlawful Dispensing

11. By dispensing controlled substances to patients at Infinite Wellness LV without a valid dispensing practitioner registration as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 823(f), NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 639.100, NRS 639.23505 and/or NAC 639.742, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11) and/or (12).

COUNT TWO

Violations of State Law - Prescription Monitoring Program

12. By failing to review PMP patient utilization reports for patients for whom he prescribed and/or dispensed controlled substances at Infinite Wellness LV as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

13. By his actions as alleged herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FOUR

Unprofessional Conduct — Dispensing without a Valid Registration

14. By dispensing controlled substances to patients at Infinite Wellness LV without a valid dispensing practitioner registration as alleged herein, Respondent has engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(l)(k), and is subject to discipline pursuant to NRS 453.236(1)(e) and/or NRS 639.210(4).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

15. By his actions as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 23rd day of OCTOBER 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREGORY ALLEN OLIVER, MD,** **Certificate of Registration No. CS35044,** **Respondent.**	**Case No. 24-224-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 21st day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREGORY ALLEN OLIVER, MD,** **Certificate of Registration No. CS35044,** **Respondent.**	**Case No. 24-224-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

GREGORY ALLEN OLIVER, MD

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 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Gregory Oliver c/o
Infinite Wellness
8925 W Post Rd., Ste. 100
Las Vegas, NV 89148

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREGORY ALLEN OLIVER, MD,** **Certificate of Registration No. CS35044,** **Respondent.**	**Case No. 24-224-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

None

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2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

See attached Answer Letter

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 3rd day of November 2025.

Gregory Allen Oliver DO

GREGORY ALLEN OLIVER, MD

From: Gregory A Oliver, D.O.
8925 W. Post Rd.
Las Vegas, NV 89148

November 1,2025

To: J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Mr. Wuest,

I am writing in response to the Notice of Intended Action and Accusation for Case No. 24-224-S. I have reviewed the documents and am providing this Answer to you regarding my actions.

I would like to explain, but not excuse, why I was improperly dispensing medication from my office. I practiced as an Osteopathic Primary Care Physician for nearly 40 years in the state of Indiana. During that time, I never received a complaint, judgement, or disciplinary action. In nearly all of those practice years in Indiana we dispensed medications from our office to the patients. In Indiana, having my DEA Certificate, State CSR, and more recently registering with PMPAware/Indiana to report any controlled substance prescriptions was the dispensing requirement.

In December 2020, I retired from my practice there and moved to southern Nevada to spend time with my young grandsons. For over 2 years I did not practice, but maintained my license and CME requirements for Board Certification and state compliance.

In February of 2023 I took a part time position with Infinite Wellness Las Vegas. The practice focus was on improving wellness. In an effort to expand practice growth and because of my 22 years running a weight loss clinic in conjunction with my primary care practice in Indiana, I recommended adding weight loss to the Infinite Wellness Practice.

I received my Nevada location DEA certificate, my Nevada CSR, and set up an account with PMPAware/NV when I began practicing again. In August of 2023 we began seeing patients for the treatment of Overweight and Obesity. We ordered a small amount of medication to dispense from a reputable supplier, which was sent without restriction. We subscribed to and installed MDScripts software to allow patient and medication tracking and monitoring in office without any notification from them we required anything more. During the last 10 months I dispensed 11 prescriptions of Phentermine to 5 unique patients under my care.

I wrongly assumed that the requirements would be the same as I had experienced in Indiana for dispensing medication. I am personally disappointed in myself and regret that I did not perform adequate due diligence in researching Nevada regulations and statutes. At no time did I intend to circumvent any rules, laws, or statutes.

As for not initially searching in PMPAware each of the five patients which I dispensed phentermine to, I was unaware of the update in the procedure. Again, this was my fault for not investigating the proper use of the PMPAware system in Nevada in late 2023. I erroneously believed the system was to look for suspicious patient activity and to monitor long term use or overuse. I understand the seriousness of my deviations from prescribed practice regulations as these programs are established to protect patients, physicians, pharmacists, and the state of Nevada from misuse and abuse of prescription medication leading to drug abuse and its devastating effects.

I received the notice for the Hearing on the Accusation scheduled before the Board on Wednesday January 14, 2026 and will be in attendance. I am available to you, the Board of Pharmacy, and the Osteopathic Licensing Board at any time and will fully cooperate to resolve and correct this matter. I have already taken the following actions:

1. Cessation of any medication dispensing as of June 12, 2024
2. Contacted PMPAware/NV as I was at the time unable to access my online account
3. Reviewed and studied Nevada Prescribing and Practice Rules and Statutes
4. Will take any next steps that you, the Pharmacy Board or Osteopathic Board deem necessary.

Thank you for your time reviewing my letter.

Sincerely,

Gregory A Oliver D.O.

Gregory A Oliver, D.O.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREGORY ALLEN OLIVER, DO,** **Certificate of Registration No. CS35044,** **Respondent.**	**CASE NO. 24-224-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Gregory Allen Oliver, DO, Certificate of Registration No. CS35044, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about October 23, 2025, Respondent was served with the Notice of Intended Action and Accusation (Amended Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about November 12, 2025, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. By dispensing controlled substances to patients at Infinite Wellness LV without a valid dispensing practitioner registration, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 823(f), NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 639.100, NRS 639.23505 and/or NAC 639.742;

B. By failing to review PMP patient utilization reports for patients for whom he prescribed and/or dispensed controlled substances at Infinite Wellness LV, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.23507; and

C. By his actions Respondent has engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (k) and committed acts that render his registration inconsistent with the public interest.

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(c), NRS 453.241(1), NRS 639.210 and/or NRS 639.255.

8. The parties note that the Accusation incorrectly identifies Respondent as a medical doctor (MD); Respondent is licensed by the Nevada State Board of Osteopathic Medicine, License No. DO2219.

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. The controlled substance registration of Respondent Gregory Allen Oliver, DO, Certificate of Registration No. CS35044, is suspended for a period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 3, 2026;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 3, 2026; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS35044 will be fully restored.

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 lift the stay and immediately suspend Respondent's Certificate of Registration No. CS35044 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 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 January 14, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

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. 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.

esnondent has fully considered the charges and allegations contained in the *Notice of* *enued Action and Accusation* in this matter, and the terms of this Stioulation, and has sowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, s stated herein.

AGREED.

Signed this 1st day of December 2025

Gregory Allen Oliver DO

GREGORY ALLEN OLIVER, DO
Certificate of Registration No. CS35044

Signed this ___ day of _____ 202

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Gregory Allen Oliver, DO, Certificate of Registration No. CS35044, in Case No. 24-224-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-PTT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Darlene Kuunanialoha Hess, PTT, held a Nevada pharmaceutical technician in training registration, Certificate of Registration No. PT27744, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent's criminal history includes the following arrests:

08/15/1998: Solicitation for Prostitution
10/03/1998: Possession of Narcotic Paraphernalia/Providing False Information to the Police
11/08/1998: Loitering for Prostitution
12/08/1998: Possession of Narcotic Paraphernalia
12/21/1998: Trespassing
01/18/1999: Obstructing a Police Officer/Possession of Narcotic Paraphernalia/Providing False Information to the Police
01/12/2002: Battery Domestic Violence
11/05/2002: Obstructing a Police Officer
01/02/2003: Possession of a Hypodermic Needle/Possession of Narcotic Paraphernalia
03/12/2003: Possession of Narcotic Paraphernalia

09/04/2003: Pedestrian on a Highway
10/16/2003: Solicitation for Prostitution
01/02/2005: Failure to Appear

3. Respondent's criminal history includes the following convictions:

10/03/1998: Possession of Narcotic Paraphernalia
12/04/1998: Solicitation for Prostitution
01/18/1999: Possession of Narcotic Paraphernalia
11/16/2001: Possession of Narcotic Paraphernalia
01/12/2002: Battery Domestic Violence
01/02/2003: Possession of Narcotic Paraphernalia
03/12/2003: Possession of Narcotic Paraphernalia
10/16/2003: Solicitation for Prostitution

4. Respondent failed to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration, and was issued Certificate of Registration No. PT27744. Respondent subsequently failed to disclose her criminal history on all subsequent biennial renewal applications through 2022.

APPLICABLE LAW

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 639. NRS 639.281(1).

6. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

7. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

8. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

COUNT ONE
Furnishing False Material Information to Board

9. By failing to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration and on biennial renewal applications, Respondent violated NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.210(12).

COUNT TWO
Obtaining Registration by False or Fraudulent Application

10. By failing to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration and on biennial renewal applications, Respondent is subject to discipline pursuant to NRS 639.210(10).

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 23rd day of OCTOBER 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-PTT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 13th day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-PTT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

DARLENE KUUNANIALOHA HESS, 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 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Darlene Hess, PTT
[redacted]
North Las Vegas, NV [redacted]

Darlene Hess, PTT
c/o Walgreens Pharmacy #21159
3821 W Flamingo Rd.
Las Vegas, NV 89103

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **COSTCO PHARMACY #673,** **Pharmacy License No. PH00825, and** **CHI VU, RPH,** **Certificate of Registration No. 18811,** **Respondents.**	**CASE NOS. 24-462-PH-S** **24-462-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Chi Vu, RPh (Vu), Certificate of Registration No. 18811, was a pharmacist registered with the Board, and Respondent Costco Pharmacy #673, Pharmacy License No. PH00825, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Vu was employed as a staff pharmacist by Costco Pharmacy #673 at the time of the events alleged herein.

3. On or about August 8, 2024, prescriber G.J.Y. issued an electronic prescription to Capital Care Pharmacy LLC for patient C.A. for Wegovy 0.25MG/0.5ML subcutaneous solution auto-injector; the pharmacy computer system designated this prescription no. 103501.

4. Because Capital Care Pharmacy LLC did not have the medication in stock, on or about August 13, 2024, patient C.A. called Costco Pharmacy #673 and request the prescription be transferred.

5. The prescription was transferred to Costco Pharmacy #673, where in the course of transcribing the prescription, Vu erroneously wrote "2.4MG/0.50ML."

6. Pharmaceutical technician C.L. performed data entry and informed Vu that the Wegovy 2.4MG pen did not come in a concentration of 0.50ML, but rather 0.75ML.

7. Without consulting the prescribing practitioner, Vu caused the transferred prescription to be entered into the Costco computer system as "2.4MG/0.75ML" where it was designated prescription no. 6671119.

8. Vu performed final product verification for prescription no. 6671119 and the prescription with the erroneous dosage was dispensed to the patient on August 13, 2024.

9. Patient C.A. administered the medication with the erroneous dosage and suffered severe nausea and vomiting.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Vu)

10. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes the failure by a registrant to confer with the person writing . . . a prescription . . . if there is an error or omission in it which should be questioned." NAC 639.945(1)(f). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

11. Vu engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (f) and (i) when she erroneously transcribed the transferred prescription as "2.4MG/0.50ML" and then caused the transferred prescription to be entered into the Costco computer system as

"2.4MG/0.75ML" without contacting the prescribing practitioner for clarification before filling and dispensing prescription no. 6671119 with the erroneous dosage, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent Costco Pharmacy #673)

12. 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(3).

13. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Costco Pharmacy #673 is responsible for those violations, including all errors and omissions of Respondent Vu and other pharmacy personnel in filling and dispensing prescription no. 6671119 with the erroneous dosage, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificate of registration of these Respondents.

Signed this 23rd day of October 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **COSTCO PHARMACY #673,** **Pharmacy License No. PH00825,** **Respondent.**	**Case No. 24-462-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 23rd day of October 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **COSTCO PHARMACY #673,** **Pharmacy License No. PH00825,** **Respondent.**	**Case No. 24-462-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR COSTCO PHARMACY #673

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 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Costco Pharmacy #673
791 Marks St.
Henderson, NV 89014

Courtesy email to: PharmacyLicenses@Costco.com

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

Docusign Envelope ID: 16DCAF53-9D85-42CC-AFC9-6D74889FDF69

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **COSTCO PHARMACY #673,** **Pharmacy License No. PH00825, and** **CHI VU, RPH,** **Certificate of Registration No. 18811,** **Respondents.**	**CASE NOS. 24-462-PH-S** **24-462-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Costco Pharmacy #673, Pharmacy License No. PH00825, and Respondent Chi Vu, RPh (Vu), Certificate of Registration No. 18811, jointly by and through counsel**,** Luis J. Lanz, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about October 24, 2025, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

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4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's 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 Vu engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (f) and (i) when she erroneously transcribed a transferred prescription for Wegovy 0.25MG/0.5ML subcutaneous solution auto-injector as "2.4MG/O.50ML" and then caused the transferred prescription to be entered into the Costco computer system as "2.4MG/O.75ML" without contacting the prescribing practitioner for clarification before filling and dispensing prescription no. 6671119 with the erroneous dosage, and is therefore subject to discipline pursuant to NRS 639.210(4); and

B. As the pharmacy/pharmacy owner at which the violations occurred, Respondent Costco Pharmacy #673 is responsible for those violations, including all errors and omissions of Respondent Vu and other pharmacy personnel in filling and dispensing prescription no. 6671119 with the erroneous dosage, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

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7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Chi Vu, RPh, Certificate of Registration No. 18811, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Vu shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Vu shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Costco Pharmacy #673, Pharmacy License No. PH00825, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Costco Pharmacy #673 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Costco Pharmacy #673 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by either 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 the non-compliant Respondent(s) 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 either Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2026. Respondents will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by April 1, 2026.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by April 1, 2026.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

11/12/2025
Signed this ___ day of _____ 2025

Signed by:
Bradley Hanna
FBB15A47B70A417...

COSTCO PHARMACY #673
Pharmacy License No. PH00825

11/12/2025
Signed this ___ day of _____ 2025

Signed by:
Chi Vu
440FD08722684C9...

CHI VU, RPH
Certificate of Registration No. 18811

APPROVED AS TO FORM AND CONTENT
11/12/2025
this ___ day of _____ 2025

Signed by:
Luis Lanz
D555B64910EB4DB...

LUIS J. LANZ, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Costco Pharmacy #673, Pharmacy License No. PH00825, and Respondent Chi Vu, RPh, Certificate of Registration No. 18811, in Case Nos. 24-462-PH-S and 24-462-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

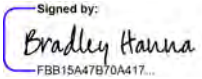
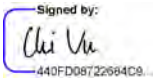
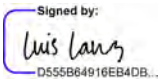
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Certificate Of Completion

Envelope Id: 16DCAF53-9D85-42CC-AFC9-6D74889FDF69
Status: Completed
Subject: Complete with Docusign: 24-462 Stipulation Costco #673 and Vu_.pdf
Source Envelope:
Document Pages: 5
Signatures: 3
Envelope Originator:
Certificate Pages: 5
Initials: 0
Cynthia Ferchaud
AutoNav: Enabled
411 E. Wisconsin Ave.
EnvelopeId Stamping: Enabled
Milwaukee, WI 53202
Time Zone: (UTC-06:00) Central Time (US & Canada)
Cynthia.Ferchaud@quarles.com
IP Address: 38.29.194.254

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Status: Original
11/12/2025 5:49:19 PM
Holder: Cynthia Ferchaud
Cynthia.Ferchaud@quarles.com
Location: DocuSign

Signer Events	Signature	Timestamp
Bradley Hanna bhanna@costco.com Vice President Pharmacy Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 216.139.163.146 Signed using mobile	Sent: 11/12/2025 5:52:13 PM Viewed: 11/12/2025 6:14:46 PM Signed: 11/12/2025 6:16:38 PM
Electronic Record and Signature Disclosure: Accepted: 11/12/2025 6:14:46 PM ID: 1ae8d322-7d2e-4726-9cf2-eb4729cc610f		
Chi Vu w673phmp03@costco.com Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.167.197.119	Sent: 11/12/2025 5:52:13 PM Viewed: 11/12/2025 8:49:37 PM Signed: 11/12/2025 8:49:51 PM
Electronic Record and Signature Disclosure: Accepted: 11/12/2025 8:49:37 PM ID: b6720ca5-45aa-4b72-9970-c544679762bd		
Luis Lanz luis.lanz@quarles.com Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 2a04:4e41:5c00:4b26::eeeb:5b26 Signed using mobile	Sent: 11/12/2025 8:49:53 PM Viewed: 11/12/2025 9:21:42 PM Signed: 11/12/2025 9:22:00 PM
Electronic Record and Signature Disclosure: Accepted: 11/12/2025 9:21:42 PM ID: db534c33-9169-4eff-8d7c-7697a29de682		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Christopher Dang christopher.dang@quarles.com Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 11/12/2025 9:22:01 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/12/2025 5:52:13 PM
Certified Delivered	Security Checked	11/12/2025 9:21:42 PM
Signing Complete	Security Checked	11/12/2025 9:22:00 PM
Completed	Security Checked	11/12/2025 9:22:01 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Quarles & Brady LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Quarles & Brady LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: daniel.miller@quarles.com

To advise Quarles & Brady LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at daniel.miller@quarles.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Quarles & Brady LLP

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to daniel.miller@quarles.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Quarles & Brady LLP

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to daniel.miller@quarles.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Quarles & Brady LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Quarles & Brady LLP during the course of your relationship with Quarles & Brady LLP.

5K

FILED
OCT 2 3 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **COSTCO PHARMACY #673,** **Pharmacy License No. PH00825, and** **CHI VU, RPH,** **Certificate of Registration No. 18811,** **Respondents.**	**CASE NOS. 24-462-PH-S** **24-462-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Chi Vu, RPh (Vu), Certificate of Registration No. 18811, was a pharmacist registered with the Board, and Respondent Costco Pharmacy #673, Pharmacy License No. PH00825, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Vu was employed as a staff pharmacist by Costco Pharmacy #673 at the time of the events alleged herein.

3. On or about August 8, 2024, prescriber G.J.Y. issued an electronic prescription to Capital Care Pharmacy LLC for patient C.A. for Wegovy 0.25MG/0.5ML subcutaneous solution auto-injector; the pharmacy computer system designated this prescription no. 103501.

4. Because Capital Care Pharmacy LLC did not have the medication in stock, on or about August 13, 2024, patient C.A. called Costco Pharmacy #673 and request the prescription be transferred.

5. The prescription was transferred to Costco Pharmacy #673, where in the course of transcribing the prescription, Vu erroneously wrote "2.4MG/0.50ML."

6. Pharmaceutical technician C.L. performed data entry and informed Vu that the Wegovy 2.4MG pen did not come in a concentration of 0.50ML, but rather 0.75ML.

7. Without consulting the prescribing practitioner, Vu caused the transferred prescription to be entered into the Costco computer system as "2.4MG/0.75ML" where it was designated prescription no. 6671119.

8. Vu performed final product verification for prescription no. 6671119 and the prescription with the erroneous dosage was dispensed to the patient on August 13, 2024.

9. Patient C.A. administered the medication with the erroneous dosage and suffered severe nausea and vomiting.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Vu)

10. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes the failure by a registrant to confer with the person writing . . . a prescription . . . if there is an error or omission in it which should be questioned." NAC 639.945(1)(f). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

11. Vu engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (f) and (i) when she erroneously transcribed the transferred prescription as "2.4MG/0.50ML" and then caused the transferred prescription to be entered into the Costco computer system as

"2.4MG/0.75ML" without contacting the prescribing practitioner for clarification before filling and dispensing prescription no. 6671119 with the erroneous dosage, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent Costco Pharmacy #673)

12. 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(3).

13. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Costco Pharmacy #673 is responsible for those violations, including all errors and omissions of Respondent Vu and other pharmacy personnel in filling and dispensing prescription no. 6671119 with the erroneous dosage, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificate of registration of these Respondents.

Signed this 23rd day of October 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHI VU, RPH,** **Certificate of Registration No. 18811,** **Respondent.**	**Case No. 24-462-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHI VU, RPH,** **Certificate of Registration No. 18811,** **Respondent.**	**Case No. 24-462-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

CHI VU, RPH

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 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Chi Vu, RPH
[redacted]
Las Vegas, NV [redacted]

Chi Vu, RPH c/o
Costco Pharmacy #673
791 Marks St.
Henderson, NV 89014

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

Docusign Envelope ID: 16DCAF53-9D85-42CC-AFC9-6D74889FDF69

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **COSTCO PHARMACY #673,** **Pharmacy License No. PH00825, and** **CHI VU, RPH,** **Certificate of Registration No. 18811,** **Respondents.**	**CASE NOS. 24-462-PH-S** **24-462-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Costco Pharmacy #673, Pharmacy License No. PH00825, and Respondent Chi Vu, RPh (Vu), Certificate of Registration No. 18811, jointly by and through counsel**,** Luis J. Lanz, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about October 24, 2025, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

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4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's 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 Vu engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (f) and (i) when she erroneously transcribed a transferred prescription for Wegovy 0.25MG/0.5ML subcutaneous solution auto-injector as "2.4MG/O.50ML" and then caused the transferred prescription to be entered into the Costco computer system as "2.4MG/O.75ML" without contacting the prescribing practitioner for clarification before filling and dispensing prescription no. 6671119 with the erroneous dosage, and is therefore subject to discipline pursuant to NRS 639.210(4); and

B. As the pharmacy/pharmacy owner at which the violations occurred, Respondent Costco Pharmacy #673 is responsible for those violations, including all errors and omissions of Respondent Vu and other pharmacy personnel in filling and dispensing prescription no. 6671119 with the erroneous dosage, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

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7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Chi Vu, RPh, Certificate of Registration No. 18811, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Vu shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Vu shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Costco Pharmacy #673, Pharmacy License No. PH00825, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Costco Pharmacy #673 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Costco Pharmacy #673 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by either 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 the non-compliant Respondent(s) 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 either Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2026. Respondents will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by April 1, 2026.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by April 1, 2026.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

11/12/2025
Signed this ___ day of _____ 2025

Signed by:
Bradley Hanna
FBB15A47B70A417...

COSTCO PHARMACY #673
Pharmacy License No. PH00825

11/12/2025
Signed this ___ day of _____ 2025

Signed by:
Chi Vu
440FD08722684C9...

CHI VU, RPH
Certificate of Registration No. 18811

APPROVED AS TO FORM AND CONTENT
11/12/2025
this ___ day of _____ 2025

Signed by:
Luis Lanz
D555B64916EB4DB...

LUIS J. LANZ, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Costco Pharmacy #673, Pharmacy License No. PH00825, and Respondent Chi Vu, RPh, Certificate of Registration No. 18811, in Case Nos. 24-462-PH-S and 24-462-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

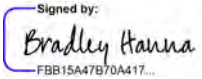
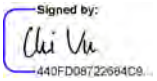
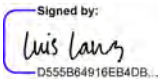
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Certificate Of Completion

Envelope Id: 16DCAF53-9D85-42CC-AFC9-6D74889FDF69
Status: Completed
Subject: Complete with Docusign: 24-462 Stipulation Costco #673 and Vu_.pdf
Source Envelope:
Document Pages: 5
Signatures: 3
Envelope Originator:
Certificate Pages: 5
Initials: 0
Cynthia Ferchaud
AutoNav: Enabled
411 E. Wisconsin Ave.
EnvelopeId Stamping: Enabled
Milwaukee, WI 53202
Time Zone: (UTC-06:00) Central Time (US & Canada)
Cynthia.Ferchaud@quarles.com
IP Address: 38.29.194.254

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Status: Original
11/12/2025 5:49:19 PM
Holder: Cynthia Ferchaud
Cynthia.Ferchaud@quarles.com
Location: DocuSign

Signer Events	Signature	Timestamp
Bradley Hanna bhanna@costco.com Vice President Pharmacy Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 216.139.163.146 Signed using mobile	Sent: 11/12/2025 5:52:13 PM Viewed: 11/12/2025 6:14:46 PM Signed: 11/12/2025 6:16:38 PM
Electronic Record and Signature Disclosure: Accepted: 11/12/2025 6:14:46 PM ID: 1ae8d322-7d2e-4726-9cf2-eb4729cc610f		
Chi Vu w673phmp03@costco.com Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.167.197.119	Sent: 11/12/2025 5:52:13 PM Viewed: 11/12/2025 8:49:37 PM Signed: 11/12/2025 8:49:51 PM
Electronic Record and Signature Disclosure: Accepted: 11/12/2025 8:49:37 PM ID: b6720ca5-45aa-4b72-9970-c544679762bd		
Luis Lanz luis.lanz@quarles.com Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 2a04:4e41:5c00:4b26::eeeb:5b26 Signed using mobile	Sent: 11/12/2025 8:49:53 PM Viewed: 11/12/2025 9:21:42 PM Signed: 11/12/2025 9:22:00 PM
Electronic Record and Signature Disclosure: Accepted: 11/12/2025 9:21:42 PM ID: db534c33-9169-4eff-8d7c-7697a29de682		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Christopher Dang christopher.dang@quarles.com Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 11/12/2025 9:22:01 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/12/2025 5:52:13 PM
Certified Delivered	Security Checked	11/12/2025 9:21:42 PM
Signing Complete	Security Checked	11/12/2025 9:22:00 PM
Completed	Security Checked	11/12/2025 9:22:01 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Quarles & Brady LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Quarles & Brady LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: daniel.miller@quarles.com

To advise Quarles & Brady LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at daniel.miller@quarles.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Quarles & Brady LLP

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to daniel.miller@quarles.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Quarles & Brady LLP

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to daniel.miller@quarles.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Quarles & Brady LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Quarles & Brady LLP during the course of your relationship with Quarles & Brady LLP.

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FILED
OCT 23 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANNY YOUNG, MD,** **Certificate of Registration No. CS06454,** **Respondent.**	**CASE NO. 24-498-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Danny Young, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS06454, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent was the medical director of Inspire Medical Aesthetics, located at 62 N Pecos Road Suite B in Henderson, Nevada, during the relevant times frame herein.

3. Jeanine Young, RN, owned Inspire Medical Aesthetics during the relevant time frame and was not a Nevada-licensed practitioner.

4. On or about January 21, 2025, a Board investigator in the course of an investigation of Inspire Medical Aesthetics determined that Respondent permitted RN Young to have independent access to the medication storage containing an inventory of dangerous drugs,

and to access those medications outside Respondent's presence and without Respondent's supervision.

5. Respondent authorized and directed RN Young to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Inspire Medical Aesthetics, including the administration of dangerous drugs by injection, including without limitation, neuromodulators and dermal fillers, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

APPLICABLE LAW

6. No person may possess or administer a dangerous drug in Nevada, including administration by injection, without specific statutory authority to do so. NRS 200.840(1); NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1).

7. A practitioner may give a registered nurse (RN) limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), which states in relevant part:

> A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

Chart orders are patient-specific and medication-specific. *See* NRS 454.0041; NRS 639.004.

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8. All dangerous drugs in the possession of practitioner must be kept in a locked storage area with access restricted to authorized persons. NAC 453.410(1)(d); NAC 639.742(3)(c); NAC 639.745(1)(c).

9. It is a felony offense for an unlicensed person to sell, display or offer for sale a prescription drug. NRS 639.285.

10. 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).

11. Aiding or abetting a person not licensed to practice in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Dispensing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)(1) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. 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).

14. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has

committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Violations of State Law - Failure to Maintain Security of Dangerous Drugs

15. By permitting RN Young to have independent access to the medication storage at Inspire Medical Aesthetics containing an inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision, as alleged in paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 453.410(1)(d), NAC 639.742(3)(c) and/or NAC 639.745(1)(c), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT TWO
Violations of State Law - Unlawful Possession & Administration of Dangerous Drugs

16. By authorizing and directing RN Young to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Inspire Medical Aesthetics, including the administration of dangerous drugs by injection, including without limitation, neuromodulators and dermal fillers, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug medically was medically necessary, as alleged in paragraph 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.285, NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE
Unprofessional Conduct

17. By failing to properly secure the inventory of dangerous drugs at Inspire Medical Aesthetics, as alleged in paragraph 4 herein, and by authorizing and directing RN Young to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Inspire Medical Aesthetics, including the administration of dangerous drugs by injection, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug medically was medically necessary, as alleged in paragraph 5 herein, Respondent performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, aided and abetted RN Young in unlicensed practice, and engaged in, or aided and abetted RN Young to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n)(1), and Respondent is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT FOUR
Commission of Acts that Render Registration Inconsistent with the Public Interest

18. By his acts as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

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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 23rd day of OCTOBER 2025

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANNY YOUNG, MD,** **Certificate of Registration No. CS06454,** **Respondent.**	**Case No. 24-498-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 21st day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANNY YOUNG, MD,** **Certificate of Registration No. CS06454,** **Respondent.**	**Case No. 24-498-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

DANNY YOUNG, MD

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 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Danny Young, MD
6655 W SAHARA AVE #B200
Las Vegas, NV 89146

Danny Young, MD
7250 Peak Dr., Ste. 100
Las Vegas, NV 89128

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD OF PHARMACY

CLARK HILL PLLC
CRANE M. POMERANTZ
Nevada Bar No. 14103
Email: cpomerantz@clarkhill.com
1700 South Pavilion Center Drive, Suite 500
Las Vegas, Nevada 89135
Tel: (702) 862-8300
Fax: (702) 778-9709

Attorneys for Danny Young, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. DANNY YOUNG, M.D., Certificate of Registration No. CS06484, Respondent.	CASE NO.: 24-498-CS-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"), declares:

1. That his objections to the Notice of Intended Action and Accusation (the "Notice") as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

a. This action is barred by the doctrine of laches. The Notice addresses information it purports to have obtained during "an investigation of Inspire Medical Aesthetics" on January 21, 2025.[1] The Board filed its Complaint on October 23, 2025, approximately nine (9) months after its alleged inspection of Inspire Medical Aesthetics - and potentially far longer after the alleged conduct - without a valid excuse for such delay, as a result of which Dr. Young was

[1] The basis for the "investigation" is not articulated in the Notice and, thus, may have been based on conduct occurring long before the January 21, 2025 "investigation." Moreover, the "investigation" alleged did not even entail an actual physical inspection of Inspire Medical Aesthetics.

prejudiced. Implicit in the Board's statutes (NRS 639.241, *et. seq.*) and its regulations (NAC 639.120, *et. seq.*) is an obligation to proceed promptly and fairly against Respondent. Because the Board did not promptly determine whether the Notice would be filed against Dr. Young, it would be inequitable and unjust to proceed.

b. The Board is estopped from taking action against Dr. Young's license because it purports to take action that has been expressly approved by the Nevada State Board of Nursing. Although estoppel against the government is applied sparingly, Nevada law recognizes that it may lie in extraordinary cases to "avoid manifest injustice and hardship to the injured party." *S. Nevada Mem'l Hosp. v. State, Dep't of Hum. Res.*, 101 Nev. 387, 390, 705 P.2d 139, 141 (1985). The doctrine of equitable estoppel consists of four elements: (1) the party to be estopped must be apprised of the true facts; (2) he must intend that his conduct shall be acted upon, or must so act that the party asserting estoppel has the right to believe it was so intended; (3) the party asserting the estoppel must be ignorant of the true state of facts; (4) he must have relied to his detriment on the conduct of the party to be estopped. 101 Nev. at 391, 705 P.2d at 142. Here, the Nevada State Board of Nursing issued a Practice Advisory Decision on the "Scope of Practice Requirement and Limitations for RNs and LPNs Performing Aesthetic/Cosmetologic Procedures" on which Dr. Young and Jeanine Young, RN justifiably relied. Taking action against Dr. Young's license at this juncture would work a manifest injustice against him.

c. Respondent steadfastly denies that he ever knowingly or intentionally violated any state law or regulation, including, but not limited to NAC 453.410(1)(d), NAC 639.742(3)(c), NAC 639.745(1)(c), NRS 200.840(1), any provision in NRS 454, or any provision in NRS 639.

2. That, in answer to the Notice, he admits, denies, and alleges as follows:

a. Respondent admits that the Board has jurisdiction over this matter.

b. Respondent admits the allegations in Paragraph 2 of the Notice.

c. Respondent denies the allegation in Paragraph 3 of the Notice.

d. Respondent is without sufficient knowledge to know what "a Board investigator determined" in the course of her investigation and therefore denies the allegation in Paragraph 4. Respondent denies the remaining allegation in Paragraph 4.

e. Respondent denies the allegations in Paragraph 5.

f. The allegations in Paragraphs 6 through 14 contain a conclusions of law for

which no response is required.

g. For the reasons set forth in his objections, and based on his admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in Counts One through Four.

h. Respondent hereby declares, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

Dated this 11th day of November 2025.

Danny Young 11/11/25

Danny Young, MD

CLARK HILL PLC

By */s/ Crane Pomerantz*
Crane M. Pomerantz
Nevada Bar No. 14103
1700 S. Pavilion Center Drive, Suite 500
Las Vegas, Nevada 89135

Attorneys for Respondent

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of Clark Hill PLC, and that on the 11th day of November 2025, I caused to be served a true and correct copy of the foregoing **Answer and Notice of Defense** in the following manner:

The above-referenced document was emailed to the Board's coordinating staff and its prosecuting attorney at the following addresses: TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov.

/s/ Jamie Soquena
An Employee of CLARK HILL PLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANNY YOUNG, MD,** **Certificate of Registration No. CS06454,** **Respondent.**	**CASE NO. 24-498-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Danny Young, MD, Certificate of Registration No. CS06454, by and through counsel, Crane M. Pomerantz, Esq., **HEREBY STIPULATE AND AGREE THAT**:.

1. On or about October 23, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about November 12, 2025, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent contests the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. By permitting owner and registered nurse (RN) Jenine Young to have independent access to the medication storage at Inspire Medical Aesthetics containing an inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision, Respondent violated NAC 453.410(1)(d), NAC 639.742(3)(c) and/or NAC 639.745(1)(c);

B. By authorizing and directing RN Young to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Inspire Medical Aesthetics, including the administration of dangerous drugs by injection, including without limitation, neuromodulators and dermal fillers, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug medically was medically necessary, Respondent violated NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.285, NRS 639.100(1); and

C. Respondent has aided and abetted RN Young in unlicensed practice, and engaged in, or aided and abetted RN Young to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n)(1), and committed acts that render his registration inconsistent with the public interest.

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210 and/or NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Danny Young, MD, Certificate of Registration No. CS06454, stipulate to the following penalties. Respondent is placed on probation pursuant to NRS 639.255(1)(b) for a period of one (1) year subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 27, 2026;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 27, 2026; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS06454 will be fully restored.

9. 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 immediately suspend or revoke Respondent's Certificate of Registration No. CS06454 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. 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 knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10 day of DECEMBER 2025

DANNY YOUNG, MD
Certificate of Registration No. CS06454

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 10th day of DECEMBER 2025

CRANE M. POMERATZ, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Danny Young, MD, Certificate of Registration No. CS06454, in Case No. 24-498-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AARON JOSEPH WEBB, RPH,** **Certificate of Registration No. 22724,** **Respondent.**	**Case No. 24-505-RPH-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Aaron Joseph Webb, RPh, Certificate of Registration No. 22724, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. On or about October 29, 2024, the Arizona State Board of Pharmacy (AZBOP) and Respondent entered a consent agreement in Case No. 24-0394, imposing discipline on Respondent's AZBOP License No. S024665 to practice pharmacy for cause.

3. In AZBOP Case No. 24-0394, Respondent admitted to performing his duties as a pharmacist while under the influence of substances.

4. In AZBOP Case No. 24-0394, Respondent admitted to diverting Xanax, a schedule IV controlled substance, for his personal use.

APPLICABLE LAW

5. 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).

6. 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)

7. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

8. It is a misdemeanor crime to sell, dispense or compound any prescription or sell any drug while under the influence of any depressant drug or controlled substance, unless taken pursuant to a lawfully issued prescription. NRS 639.283.

9. 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).

10. 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).

11. Performing any duties as the holder of a pharmacist 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).

12. The Board may suspend or revoke a registration if the holder has a substance use disorder. NRS 639.210(5).

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).

COUNT ONE
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).

COUNT TWO
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).

COUNT THREE
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).

COUNT FOUR
Violation of State Law - Performing Duties as Pharmacist While Under the Influence

18. By performing his duties as a pharmacist while under the influence of substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.293 and is subject to discipline pursuant NRS 639.210(12).

COUNT FIVE
Substance Abuse Disorder

19. By his history of substance use disorder as alleged herein, Respondent is subject to discipline pursuant to NRS 639.210(5).

COUNT SIX
Unprofessional Conduct – Diversion & Fraudulent/Deceitful Practice/Transaction

20. 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 as defined in NAC 639.945(1)(g) and (h), and is subject to discipline pursuant to NRS 639.210(4).

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COUNT SEVEN

Unprofessional Conduct - Incompetent, Unskillful or Negligent Performance of Duties

21. By his conduct as alleged herein, Respondent has performed his duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

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 21st day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). 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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AARON JOSEPH WEBB, RPH,** **Certificate of Registration No. 22724,** **Respondent.**	**Case No. 24-505-RPH-O** **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, January 14, 2026, 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 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AARON JOSEPH WEBB, RPH,** **Certificate of Registration No. 22724,** **Respondent.**	**Case No. 24-505-RPH-O** **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 _____ 2025.

_____

AARON JOSEPH WEBB, RPH

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 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Aaron Webb, RPh
[redacted]
Mesa, AZ [redacted]

Aaron Webb, RPh
c/o Soleo Health
415 S 48th St.
Tempe, AZ 85281

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD
OF PHARMACY

POLSINELLI

1000 Louisiana Street, Suite 6400, Houston, Texas 77002

Mark S. Armstrong
(713) 374.1660
marmstrong@polsinelli.com

November 18, 2025

VIA EMAIL:
TeamBC@Pharmacy.nv.gov
bkandt@pharmacy.nv.gov

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: ANSWER AND NOTICE OF DEFENSE
Respondent: Aaron Jposeph Webb (Registration Number: 22724)
Case Number 24-505-RPH-O

Dear Mr. Wuest,

I represent Aaron Joseph Webb ("Mr. Webb") with respect to the referenced case that is pending before the Nevada State Board of Pharmacy (the "Nevada Board"). The allegations contained in the Nevada Board's complaint occurred while Mr. Webb was working as a staff pharmacist at Sole Health's specialty pharmacy, located at 415 S. 48th Street, Suite 101, Phoenix, Arizona (the "Pharmacy"). This correspondence shall serve as Mr. Webb's verified answer and notice of defense.

I. BACKGROUND.

In 2021 and again in 2024, Mr. Webb improperly obtained prescription medication (Xanax) that was validly prescribed for and dispensed to another family member (the "Medication"). Mr. Webb did not have a valid prescription for the Medication he obtained, nor did he divert the Medication from the Pharmacy.

On July 8 – 10, 2025, Mr. Webb took the Medication and, while engaged in the practice of pharmacy, he became overly sedated. Mr. Webb did not fill or dispense any prescription drugs to patients who were located in Arizona during this time period. [CONFIRM]

On July 17, 2024, Mr. Webb entered into an intensive outpatient program ("IOP").

On July 25, 2024, Mr. Webb contacted the Arizona State Bord of Pharmacy (the "Arizona Board") and self-reported that he had taken the Medication while engaged in the practice of pharmacy.

On August 12, 2024, Mr. Webb was evaluated by Monica Faria, M.D.

On August 23, 2024, Mr. Webb and the Arizona Board entered into an Interim Consent Agreement wherein Mr. Webb's pharmacist license was suspended pending completion of the substance abuse/use evaluation with a fitness for duty component.

On October 29, 2024, Mr. Webb and the Arizona Board entered into a Consent Agreement ("Consent Agreement") and agreed to the following:

- The suspension of Mr. Webb's pharmacy license, which was imposed by the Interim Consent Agreement, was lifted,
- Mr. Webb's pharmacy license was placed on probation for five (5) years, subject to the following:
    - Successful completion of IOP Program;
    - Enter into a rehabilitation and monitoring contract with the Arizona Pharmacy Foundation: Professionals Assisting Professionals ("PAPA") Program;
    - Abide by the terms of the PAPA Program, including: 24-48 random drug screens per year, three 12-step meetings per week, weekly relapse prevention meetings and bi-annual reviews;
    - Abstain from the use of alcohol;
    - Continue to see psychiatric provider, who shall provide quarterly reports to the PAPA Program and the Arizona Board; and
    - Prohibited from being Pharmacist-In-Charge or pharmacy owner.
- If during the five-year period of probation Mr. Webb fails to renew his Arizona license, such license will not expire, but will be immediately suspended.
- If Mr. Webb violates the Arizona Consent Agreement, the Arizona Board may revoke, suspend, or take other disciplinary actions against his license.

II. ARGUMENT AND AUTHORITIES

Mr. Webb files his verified Answer to the Notice of Intended Action and Accusations and responds as follows:

A. Count One – Unlawful Acquisition of Controlled Substances.

Mr. Webb denies violating 21 U.S.C. §841(a) because he did not knowingly or intentionally: (1) manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance; or (2) create, distribute, or dispense, or possess with intent to distribute or dispense, a counterfeit substance.

Mr. Webb denies violating 21 U.S.C. §843(a)(3) because he did not knowingly or intentionally obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge.

Mr. Webb denies violating 21 U.S.C. §846 because he did not conspire or attempts to conspires to commit any of the referenced federal offenses.

Mr. Webb denies violating NRS §453.331(1)(d) because he did not acquire or obtain or attempt to acquire or obtain possession of a controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge or alteration.

Mr. Webb denies violating NRS §453.391(1) because he did not unlawfully take, obtain or attempt to take or obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, physician, physician assistant, dentist, advanced practice registered nurse, certified registered nurse anesthetist, veterinarian or any other person authorized to administer, dispense or possess controlled substances.

Notwithstanding the foregoing, Mr. Webb does not dispute that the conduct which was the subject of the Arizona Consent Agreement is subject to discipline by the Nevada Board.

B. Count Two – Possession of Controlled Snbstances.

Mr. Webb denies violating 21 U.S.C. §841(a) because he did not knowingly or intentionally: (1) manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance; or (2) create, distribute, or dispense, or possess with intent to distribute or dispense, a counterfeit substance.

Mr. Webb denies violating 21 U.S.C. §844 because he did not knowingly or intentionally possess a controlled substance because the substance was originally dispensed pursuant to a valid prescription order from a licensed provider while such provider was acting in the course of his or her professional practice.

Mr. Webb denies violating 21 U.S.C. §846 because he did not conspire or attempts to conspires to commit any of the referenced federal offenses.

Mr. Webb denies violating NRS §453.336(1) because he did not knowingly or intentionally possess a controlled substance because the substance was originally dispensed pursuant to a valid

prescription order from a licensed provider while such provider was acting in the course of his or her professional practice.

Mr. Webb denies violating NRS §453.381(8) because he did not dispense the controlled substance in violation of a Nevada Board regulation.

Mr. Webb denies violating NRS §453.316(1) because he did not open or maintains any place for the purpose of unlawfully selling, giving away or using any controlled substance.

Notwithstanding the foregoing, Mr. Webb does not dispute that the conduct which was the subject of the Arizona Consent Agreement is subject to discipline by the Nevada Board.

C. Count Three – Unlawful Use of Controlled Substance.

Mr. Webb denies violating 42 U.S.C. §12210 because such section does not prohibit any conduct.

Mr. Webb denies violating NRS §453.411(1) because he did not knowingly use nor was he under the influence of a controlled substance except in accordance with a lawfully issued prescription.

Notwithstanding the foregoing, Mr. Webb does not dispute that the conduct which was the subject of the Arizona Consent Agreement is subject to discipline by the Nevada Board.

D. Count Four – Violation of State Law.

Mr. Webb denies violating NRS §469.293 (there is no such statute). It is believed that the cited regulation should be NRS §469.283. In the event the Nevada Board alleges Mr. Webb violated NRS §469.283, then Mr. Webb denies such allegation because he did not sell, dispense or compound any prescription, or sell any drug or poison while under the influence of intoxicating liquor or any depressant drug or controlled substance.

Notwithstanding the foregoing, Mr. Webb does not dispute that the conduct which was the subject of the Arizona Consent Agreement is subject to discipline by the Nevada Board.

E. Count Five – Substance Abuse Disorder

Mr. Webb does not dispute that the conduct which was the subject of the Arizona Consent Agreement is subject to discipline by the Nevada Board, pursuant to NRS §469.210(5).

F. Count Six – Diversion and Fraudulent/Deceitful Practice/Transaction.

Mr. Webb denies that he diverted a drug that was sold in a pharmacy; however, he does not dispute that his conduct constituted a deceitful practice under NAC §639.945(h).

Mr. Webb does not dispute that the conduct, which was the subject of the Arizona Consent Agreement, is subject to discipline by the Nevada Board, pursuant to NRS §469.210(4).

G. Count Seven – Unprofessional Conduct.

Mr. Webb does not dispute that his conduct is subject to discipline because he performed his duties in a negligent manner under NAC §639.945(1(i).

Mr. Webb does not dispute that the conduct, which was the subject of the Arizona Consent Agreement, is subject to discipline by the Nevada Board, pursuant to NRS §469.210(4).

II. CONCLUSION

Mr. Webb regrets his prior conduct and is actively taking corrective action to remain healthy and drug free. Mr. Webb is fully complying with the Arizona Board's requirements imposed in the Consent Agreement and has never missed a drug screening, nor has he tested positive for any random drug test. Mr. Webb is in regular communication with Arizona PAPA through its Program Director, Ryan Gries (480.207.7869), and he actively engages in activities that are designed to prevent a relapse.

Mr. Webb takes full responsibility for his actions and is committed to his complete rehabilitation. In addition, Mr. Webb is open to resolving the referenced case with the Nevada Borad through a Consent Agreement and requests the Nevada Board consider imposing a probationary term that mirrors the Arizona Board, subject to his continuing compliance with the Arizona PAPA Program and the successful completion of random drug screens.

Please do not hesitate to contact me if you have questions or need any additional information.

Sincerely,

Mark S. Armstrong

VERIFICATION

I hereby declare under penalty of perjury that the foregondin Anser and Notice of Defense, and all facts stated therein, are true and corect to the best of my knowledge

Dated this 18th day of November, 2025.

Aaron Joseph Webb, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AARON JOSEPH WEBB, RPH,** **Certificate of Registration No. 22724,** **Respondent.**	**Case No. 24-505-RPH-O** **STIPULATION AND ORDER**

J. David Wuest, in his capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Aaron Joseph Webb, RPh, Certificate of Registration No. 22724, by and through counsel, Mark Armstrong, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about October 23, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about November 19, 2025, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the 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 contests the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. On or about October 29, 2024, the Arizona State Board of Pharmacy (AZBOP) and Respondent entered a consent agreement in Case No. 24-0394, imposing discipline on Respondent's AZBOP License No. S024665 to practice pharmacy for cause;

B. By acquiring and using controlled substances as alleged, Respondent violated 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 844, 21 U.S.C. § 846, 42 U.S.C. § 12210, NRS 453.331(1)(d), NRS 453.336(1), NRS 453.381(8), NRS 453.391(1), and/or NRS 453.411(1);

C. Respondent violated NRS 639.283 by performing his duties as a pharmacist while under the influence of substances, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g), (h) and (i), and is further subject to discipline pursuant to NRS 639.210(5); and

D. While he reported the interim consent agreement in AZBOP Case No. 24-0394 entered August 23, 2024, Respondent failed to report the subsequent corresponding action by the Ohio Board of Pharmacy (OHBOP) and settlement agreement entered on March 14, 2025, in Case No. A-2024-0372 imposing discipline on his OH License No. 03-441276, in violation of NAC 639.229(1)(b).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Aaron Joseph Webb, RPh, Certificate of Registration No. 22724, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(b), Respondent is placed on probation until October 29, 2029, subject to the condition that he fully comply with the consent agreement in AZBOP Case No. 24-0394; and

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of One Thousand Dollars ($1,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 27, 2026.

Upon successful completion of probation, Respondent's Certificate of Registration No. 22724 will be fully restored.

9. 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.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the Board

Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. 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 knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 4th day of December 2025

AARON JOSEPH WEBB, RPH
Certificate of Registration No. 22724

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 4th day of December 2025

MARK ARMSTRONG, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Aaron Joseph Webb, RPh, Certificate of Registration No. 22724, in Case No. 24-505-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,** **v.** **ROBERT SEIK, RPH, Certificate of Registration No. 13574, and** **DAVID WHITEHOUSE, RPH, Certificate of Registration No. 13635,** **Respondents.**	**Case Nos. 23-429-PH-S** **23-429-RPH-A-S** **23-429-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent Robert Seik (Seik), Certificate of Registration No. 13574, and Respondent David Whitehouse (Whitehouse), Certificate of Registration No. 13635, were pharmacists registered with the Board, and Respondent Partell Pharmacy (Partell Pharmacy), Pharmacy License No. PH02028, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Seik owns Partell Pharmacy and served as the managing pharmacist of Partell Pharmacy from August 21, 2023, to September 19, 2023, and from January 6, 2024, to present.

3. Whitehouse served as the managing pharmacist of Partell Pharmacy from September 20, 2023, to January 5, 2024.

4. Partell Pharmacy contracted with The Wellness Company (TWC), based in Boca Raton, Florida, to dispense various prescription drug products to TWC patients.

5. One product was an "Emergency Kit" including: 1) Amoxicillin-Clavulanate 875-125mg (28 tablets); 2) Azithromycin 250mg (12 tablets); 3) Bactrim DS 800mg-160mg (28 tablets); 4) Doxycycline Hyclate 100mg (60 capsules); 5) Fluconazole 150mg (2 tablets); 6) Ivermectin 18mg (7 capsules); 7) Metronidazole 500mg (30 tablets); and 8) Ondansetron 4mg (6 tablets).

6. Another product was a "COVID Kit" including: 1) Hydroxychloroquine 200mg (20 tablets); 2) Azithromycin 250mg (12 tablets); 3) Budesonide .5mg (10 vials); and 4) Ivermectin 12mg (25 capsules).

7. Each prescription transmitted to Partell Pharmacy only indicated that the pharmacy was to dispense an "Emergency Kit" or "COVID Kit" to the patient – the drugs in each kit were not identified on the prescription.

8. When a practitioner associated with TWC prescribed either of the two kits, Partell Pharmacy staff used a mutually agreed upon "pharmacy script" template that specified the drugs to be included in each kit.

9. Partell Pharmacy dispensed at least 512 prescriptions issued for an "Emergency Kit" or "COVID Kit" under this scheme.

10. Partell Pharmacy regularly substituted Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without consulting the prescribing practitioner, and continued billing TWC for the cost of Budesonide while substituting cheaper medications.

11. None of the counseling materials for each kit included any information on Medrol DosePaks or Albuterol. No further action was taken by Partell Pharmacy, Seik or Whitehouse to correct the counseling materials or provide any information regarding the substituted medications.

APPLICABLE LAW

12. A prescription must contain in pertinent part "[t]he name, strength and quantity of the drug prescribed and the number of days that the drug is to be used, beginning on the day on which the prescription is filled." NRS 639.2353(2)(d). A prescription must be written in such a manner that any registered pharmacist would be able to dispense it. NRS 639.2353(4).

13. Billing for the cost of a prescription drug while substituting cheaper medications constitutes fraud and is a felony offense. 18 U.S.C. § 1347; NRS 629.071; NRS 686A.2815.

14. 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.

15. Dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug prescribed, unless the express permission of the prescriber is obtained, constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(b) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing any duties as the holder of a 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 issued by the Board. NRS 639.210(4).

18. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

20. 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. NRS 639.210(15); NRS 639.220(1).

21. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 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). 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 employment. NAC 639.945(3).

COUNT ONE
Violations of State Law – Dispensing Invalid Prescriptions

22. By dispensing at least 512 invalid prescriptions issued for an "Emergency Kit" or "COVID Kit" for which the drugs in each kit were not identified on the prescription, as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.2353(2)(d) and (4), and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

COUNT TWO
Unprofessional Conduct - Dispensing a Different Drug Without Permission

23. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 9 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(b), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

24. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT FOUR
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

25. By their conduct as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse have performed their duties as licensees/registrants in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT FIVE
Violations of State Law – Failure to Provide Counseling to Patient for Substituted Medications

26. By failing to correct the counseling materials for each kit to include the necessary information on Medrol DosePaks or Albuterol or to otherwise provide any counseling regarding the substituted medications, as alleged in Paragraph 11 herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.266, NAC 639.707 and/or NAC 639.708, and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

COUNT SIX
Violations of State Law – Fraudulent Billing Practices

27. By billing TWC for the cost of Budesonide while substituting cheaper medications, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in fraudulent billing practices and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 18 U.S.C. § 1347, NRS 629.071 and/or NRS 686A.2815, and are subject to discipline pursuant to NRS 639.210(11), (12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and licenses of these Respondents.

DATED this 3rd day of FEBRUARY 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID WHITEHOUSE, RPH,** **Certificate of Registration No. 13635,** **Respondent.**	**Case No. 23-429-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, March 5, 2025, 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 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID WHITEHOUSE, RPH,** **Certificate of Registration No. 13635,** **Respondent.**	**Case No. 23-429-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

DAVID WHITEHOUSE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
[redacted]
Las Vegas, NV [redacted]

David Whitehouse
[redacted]
Las Vegas, NV [redacted]

David Whitehouse
[redacted]
Lakeport, CA [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

David Whitehouse
[redacted]
Miami, FL [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

PARTELL SPECIALTY PHARMACY, License No. PH02028,

ROBERT SEIK, RPH, Certificate of Registration No. 13574, and

DAVID WHITEHOUSE, RPH, Certificate of Registration No. 13635,

Respondents.

Case No. 23-429-PH-S
23-239-RPH-A-S
23-429-RPH-B-S

STIPULATION AND ORDER (Respondent Whitehouse Only)

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Senior General Counsel, Gregory L. Zunino, and Respondent David Whitehouse ("Respondent"), hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and he has executed it knowingly and voluntarily.

5. Respondent 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 to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, and NRS Chapter 639, the Nevada Pharmacy Act.

6. 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 the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent does not contest the allegations stated in the Accusations on file herein, and he further admits that evidence exists, and that the Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged against him in the Accusation.

8. To resolve this case without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the following:

A. Respondent accepts this Stipulation as a public reprimand issued pursuant to NRS 639.255(1)(e).

B. Respondent understands and acknowledges that Certificate of Registration No. 13635 has been forfeited pursuant to NRS 639.180(6) because Respondent failed to renew it when it came due for renewal on November 1, 2025.

C. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before February 28, 2026.

D. 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 case. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before February 28, 2025.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-429-RPH-B-S. However, any failure by Respondent to comply with the terms of this Stipulation may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing him to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in the finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

10. 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 January 14, 2026, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

11. The Board may accept this Stipulation, but it has no obligation to accept this Stipulation. 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.

12. If the Board rejects any part or all of 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.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the date of entry set forth below.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 30th day of November 2025.

/s/ David Whitehouse
DAVID WHITEHOUSE, RPH
Certificate of Registration No. 13635

Signed this 24th day of November 2025.

NEVADA STATE BOARD OF PHARMACY

By /s/ Gregory L. Zunino
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

DECISION AND ORDER

As to Respondent David Whitehouse, RPh, in Case No. 23-429-RPH-B-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered the 14th day of January 2026.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA, Pharmacy License No. PH02018, and** **CAMILLA KIM, RPH, Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-RPH-N** **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 (the "Board"), 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 Board has jurisdiction over Respondent Pharmerica ("Respondent Pharmerica"), the holder of Pharmacy License No. PH02018, because Respondent Pharmerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent Pharmerica operates a retail pharmacy in Reno, Nevada.

4. Respondent Pharmerica dispenses prescriptions for dangerous drugs and controlled substances at its pharmacy location in Reno, Nevada.

5. At all times relevant to this case, Respondent Pharmerica (or a corporate affiliate or subsidiary under its control) employed people in Kentucky who performed one or more of the functions necessary to fill the prescriptions that it dispensed at its pharmacy location in Reno, Nevada.

6. The employees in Kentucky, as described in paragraph 5 above, were not licensed or registered by the Board to work as pharmacists, intern pharmacists or pharmaceutical technicians in the state of Nevada.

7. Respondent Kim was and is a Nevada-licensed pharmacist and the holder of registration no. 19388.

8. Between December 2022 and March 2024, Respondent Pharmerica employed Respondent Kim to work as a pharmacist at its pharmacy location in Reno, Nevada.

9. During her tenure as a pharmacist for Respondent Pharmerica, Respondent Kim supervised one or more of the employees described in paragraph 5 above. Respondent Kim supervised these employees while they performed one or more of the functions necessary to fill the prescriptions that were dispensed to patients in Reno, Nevada.

10. In 2023 and 2024, Respondent Pharmerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

11. Respondent Pharmerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

12. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent Pharmerica.

13. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

14. Between March 2023 and March 2024, Respondent Pharmerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

15. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent Pharmerica to dispense an initial 90-day supply of levothyroxine with three refills.

16. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

17. Patient D.P.'s physician electronically transmitted the above prescription to Respondent Pharmerica.

18. Respondent Pharmerica assigned no. 343217 to the above prescription. Per standard operating procedure, Pharmerica processed prescription no. 343217 at a facility in Kentucky using employees who were not licensed or registered with the Board to practice pharmacy in Nevada.

19. At the facility in Kentucky, an employee transferred the information from the electronic prescription to a computerized prescription management system. This person was one of the employees described in paragraph 5 above.

20. When transferring the prescription information, the employee incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

21. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

22. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at Pharmerica's facility in Reno.

23. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

24. In June 2024, due to Respondent Kim's omission as described above, Pharmerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

25. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of Pharmerica concerning the abrupt cessation of patient D.P.'s medication treatment.

26. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

27. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

APPLICABLE LAW

28. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

29. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

30. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

31. "'Pharmaceutical technician' means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board." NRS 639.0113.

32. Pharmaceutical technicians must be registered with the Board pursuant to NAC 639.240.

33. Pharmaceutical technicians must work under the direct supervision of a pharmacist. NRS 639.0113; NRS 639.1371; NAC 639.250.

34. A pharmacist has a duty to directly supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription for dispensing. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

35. In a retail pharmacy, a pharmacist must not supervise more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time. NAC 639.250(2).

36. A pharmacy and/or pharmacist must not assist or permit the unlicensed or unregistered practice of pharmacy in Nevada. NRS 639.100(1); NRS 639.210(12).

37. The "practice of pharmacy" includes the performance of one or more of the functions necessary to prepare a prescription for dispensing. NRS 639.0124(1).

38. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

39. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

40. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including three refills. In verifying the prescription, Respondent Kim failed to notice that an employee in Kentucky had incorrectly entered a duration code into Pharmerica's prescription management system, thus causing the system to suppress the automatic refill function.

41. Respondent Kim had a duty to directly supervise the employee in Kentucky who performed data entry tasks related to prescription no. 343217.

42. Respondent Kim had a duty to ensure that the employee in Kentucky who performed data entry tasks related to prescription no. 343217 was properly registered with the Board as a pharmaceutical technician.

43. Respondent Kim had a duty to limit the number of employees whom she supervised at any given point of time, as required by NAC 639.250(2).

44. Respondent Kim had a duty to correct the data entry error described above.

45. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

46. Respondent Kim performed one or more of the above duties in an incompetent, unskillful or negligent manner.

47. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

48. For her unprofessional conduct as described above, Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

COUNT TWO
Assisting or Permitting Unlicensed Practice
(Respondents Pharmerica and Kim)

49. As alleged above, Respondent Pharmerica engaged employees in Kentucky to perform one or more of the functions necessary to prepare prescriptions for dispensing in Nevada. These included data entry tasks related to prescription no. 343217 and other prescriptions dispensed in Nevada.

50. As alleged above, Respondent Kim attempted to supervise employees in Kentucky while they performed one or more of the functions necessary to prepare prescriptions for dispensing in Nevada. These included data entry tasks related to prescription no. 343217 and other prescriptions dispensed in Nevada.

51. Through their conduct as described above, Respondent Pharmerica and Respondent Kim assisted or permitted employees in Kentucky to engage in the unlicensed practice of pharmacy in violation of NRS 639.100(1).

52. Due to their unlawful conduct as described above, Respondent Pharmerica and Respondent Kim are subject to professional discipline pursuant to NRS 639.210(12) and NAC 639.945.

COUNT THREE
Unprofessional Conduct by a Pharmacy
(Respondent Pharmerica)

53. As alleged above, Respondent Pharmerica engaged employees in Kentucky to perform one or more of the functions necessary to prepare prescriptions for dispensing in Nevada.

54. As alleged above, Respondent Pharmerica implemented a standard operating procedure that required Respondent Kim to remotely supervise employees in Kentucky who performed one or more of the functions necessary to prepare prescriptions for dispensing in Nevada.

55. Respondent Pharmerica had a duty to ensure that Kentucky employees were *directly* supervised by a Nevada pharmacist.

56. Respondent Pharmerica had a duty to ensure that Kentucky employees were properly registered with the Board to work as pharmaceutical technicians or pharmaceutical technicians in training.

57. Respondent Pharmerica had a duty to ensure that Respondent Kim was not tasked with supervising more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

58. Through its conduct as described above, Respondent Pharmerica performed one or more of the above duties in an incompetent, unskillful or negligent manner.

59. For said unprofessional conduct, Respondent Pharmerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

COUNT FOUR
Employer Liability
(Respondent Pharmerica)

60. As alleged in Count One, Respondent Kim engaged in unprofessional conduct.

61. As alleged in Count Two, Respondent Kim assisted or permitted the unlicensed practice of pharmacy.

62. As Respondent Kim's employer at the time of the above violations, Respondent Pharmerica is responsible for the violations alleged in Count One and Count Two. NRS 639.230(5); NAC 639.702; NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent Pharmerica.

DATED this 10th day of December 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended 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, January 14, 2026, 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 **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 16th day of December 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR PharMerica

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of December 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

PharMerica
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

Camilla Kim, RPh
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
JUL 2 4 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (the "Board"), 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 Board has jurisdiction over Respondent PharMerica ("Respondent PharMerica"), the holder of Pharmacy License No. PH02018, because Respondent PharMerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent PharMerica operates a pharmacy in Reno, Nevada.

4. In March 2024, Respondent Kim was employed by Respondent PharMerica as a pharmacist.

5. In 2023 and 2024, Respondent PharMerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

6. Respondent PharMerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

7. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent PharMerica.

8. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

9. Between March 2023 and March 2024, Respondent PharMerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

10. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent PharMerica to dispense an initial 90-day supply of levothyroxine with two refills.

11. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

12. Patient D.P.'s physician electronically transmitted the above prescription to Respondent PharMerica.

13. Respondent PharMerica assigned no. 343217 to the above prescription. Per standard operating procedure, PharMerica processed prescription no. 343217 at its facility in Kentucky.

14. At the facility in Kentucky, a pharmaceutical technician transferred the information from the electronic prescription to a computerized prescription management system.

15. When transferring the prescription information, the technician incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill

function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

16. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

17. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at PharMerica's facility in Reno.

18. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

19. In June of 2024, due to Respondent Kim's omission as described above, PharMerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

20. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of PharMerica concerning the abrupt cessation of patient D.P.'s medication treatment.

21. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

22. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

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APPLICABLE LAW

23. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

24. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

25. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

26. A pharmacist has a duty to supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

27. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

28. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

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COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

29. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including two refills. In verifying the prescription, Respondent Kim failed to notice that a pharmaceutical technician in Kentucky had incorrectly entered a duration code into PharMerica's prescription management system, thus causing the system to suppress the automatic refill function.

30. Respondent Kim had a duty to supervise the pharmaceutical technician in Kentucky who performed data entry tasks related to prescription no. 343217.

31. Respondent Kim had a duty to correct the data entry error described above.

32. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

33. Respondent Kim performed the above duties in an incompetent, unskillful or negligent manner.

34. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

35. For her unprofessional conduct as described above Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

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COUNT TWO

Employer Liability for Unprofessional Conduct
(Respondent PharMerica)

36. Respondent Kim engaged in unprofessional conduct as described above.

37. As Respondent Kim's employer at the time, Respondent PharMerica is responsible for the unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

38. For said unprofessional conduct, Respondent PharMerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent PharMerica.

DATED this 24th day of JULY 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

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 24 day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR PharMerica

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

PharMerica
c/o Camilla Kim, RPh
4750 Longley Ln #204
Reno, NV 89502

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
AUG 29 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH0218,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388.** **Respondents.**	**Case Nos. 24-370-PH- N** **24-370-RPH-N** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents PharMerica and Camilla Kim, RPH, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-2

Paragraph 1: Respondent PharMerica acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1.

Paragraph 2: Respondent Kim acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2.

Factual Allegations: Paragraphs 3-22

Paragraph 3: Respondent PharMerica acknowledges that it operates a pharmacy located in Reno, Nevada as set forth in Paragraph 3.

Paragraph 4: Respondent Kim acknowledges that she was employed by PharMerica in March 2024 as set forth in Paragraph 4.

Paragraph 5: Respondent PharMerica acknowledges that during the time periods set forth in Paragraph 5, it did dispense prescribed medication to residents of MorningStar Senior Living of Sparks as set forth in Paragraph 5.

Paragraph 6: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 6 to the extent the PharMerica coordinated deliveries of prescribed and dispensed medication to the nursing staff of MorningStar Senior Living.

Paragraph 7: Respondent PharMerica agrees that patient D.P. did receive some medication management services in the time frame noted in Paragraph 7.

Paragraph 8: Respondents are without sufficient personal knowledge to respond to the factual assertions contained in Paragraph 8.

Paragraph 9: Respondent PharMerica agrees with the factual assertions in Paragraph 9 to the extent that patient D.P. received levothyroxine in 2023 through the end of February 2024.

Paragraph 10: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 10 to the extent that a new prescription (no. 343217, the "Prescription") was issued March 6, 2024, by patient D.P.'s physician. However, the directions for the prescription were for one tablet daily for a 90-day duration with three refills, not two refills as noted in Paragraph 10 and further the prescription authorized three refills but did not direct automatic refills of the Prescription.

Paragraph 11: Respondents are without personal knowledge to substantively respond to the factual assertions set forth in Paragraph 11, however Respondents acknowledge that had the Prescription been refilled by patient D.P. as allowed, there would have been approximately twelve months of medication authorized by the physician.

Paragraph 12: Respondent PharMerica acknowledges that it received Prescription no. 343217 electronically.

Paragraph 13: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 13.

Paragraph 14: Based on information and belief, Respondent PharMerica agrees that a PharMerica pharmacy technician would have transcribed the Prescription information into PharMerica's computerized prescription management system.

Paragraph 15: Respondents deny that the pharmacy technician incorrectly entered code "X90D" into the prescription management system. The technician correctly entered the Prescription and directions into the prescription management system; because the Prescription directions included a duration, the prescription management system automatically assigned the code to the Prescription. The prescription management system did not terminate D.P.'s supply of levothyroxine at the end of the initial ninety days; the Prescription was still active and simply needed to be refilled by MorningStar Senior Living.

Paragraph 16: Respondents disagree with the factual assertions contained in Paragraph 16; prescriptions, including prescriptions for "maintenance" medications, often have a duration associated with them.

Paragraph 17: Respondent Kim acknowledges that she verified Prescription no. 343217 before the Prescription was initially dispensed on March 19, 2024.

Paragraph 18: Respondent Kim denies that she failed to notice the duration code and asserts that the Prescription directions included a duration with refills to follow. Nothing indicated that the Prescription was to be automatically refilled. As noted above, the system did not "terminate" the supply of levothyroxine, the Prescription was still active and could be refilled.

Paragraph 19: Respondents deny the factual allegations set forth in Paragraph 19.

Paragraph 20: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 20.

Paragraph 21: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 21.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 22.

Applicable Law: Paragraphs 23-28

Paragraph 23: Respondents agree that Paragraph 23 sufficiently reflects the contents of NRS 639.210(4).

Paragraph 24: Respondents agree that Paragraph 24 sufficiently reflects the contents of NAC 639.945(1)(d).

Paragraph 25: Respondents agree that Paragraph 25 sufficiently reflects the contents of NAC 639.945(1)(i).

Paragraph 26: Respondents agree that Paragraph 26 sufficiently reflects the contents of NAC 639.252(2).

Paragraph 27: Respondents agree that Paragraph 27 sufficiently reflects the contents of NAC 639.918.

Paragraph 28: Respondents agree that Paragraph 28 sufficiently reflects the contents of NRS 639.230(5), NAC 639.702, and NAC 639.945(3).

Count One (Paragraphs 29-35, Respondent Kim

Paragraph 29: Respondent Kim agrees that she verified Prescription no. 343217, which allowed three refills, not two as alleged. However, Respondent Kim denies the remaining allegations contained in Paragraph 29.

Paragraph 30: Respondent Kim does not work in the same location as the pharmacy technician who transcribed the information regarding the Prescription into the PharMerica computerized prescription management system, however Respondent Kim asserts that the technician did not incorrectly input the Prescription into the prescription management system. As described above, the prescription management system grabs the directions of the Prescription for generation of system codes. Regarding Prescription no. 343217, the physician's instructions included a duration and accordingly the system generated the appropriate code.

Paragraph 31: Respondent Kim denies the allegations contained in Paragraph 31 and contends that there was no error.

Paragraph 32: Respondent Kim agrees that she had a duty to strictly follow the instructions of the prescribing physician and that those instructions were indeed followed.

Paragraph 33: Respondent Kim denies the allegations contained in Paragraph 33.

Paragraph 34: Respondent Kim denies the allegations contained in Paragraph 34.

Paragraph 35: Paragraph 35 does not require a response from Respondent Kim.

Count Two (Paragraphs 36-38, Respondent PharMerica):

Paragraph 36: Respondent PharMerica denies the allegations contained in Paragraph 36.

Paragraph 37: Respondent PharMerica agrees it is responsible for Respondent Kim's conduct as an employed pharmacist but again denies that Respondent Kim engaged in unprofessional conduct as set forth in Paragraph 37.

Paragraph 38: Paragraph 38 does not require a substantive response from Respondent PharMerica.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Respondents reserve all legal defenses available to them in this matter.

Respondents further assert that no violation of NRS or NAC Chapters 639 has occurred in this matter. The Prescription was received on March 6, 2024, electronically and was properly entered into the PharMerica computerized prescription management system by a pharmacy technician. The technician appropriately entered the information into the prescription management system, including the duration which was included on the Prescription sent electronically by patient D.P.'s physician. Per the Prescription directions, the prescription management system entered a code of "X90D"; however, that did not terminate the Prescription at the end of 90-days but rather required a refill to be requested. The Prescription, as written, did not direct automatic refills. Respondents are without knowledge of why the nursing staff at MorningStar Senior Living failed to request the refill of levothyroxine, however Respondents assert that neither Respondent PharMerica nor Respondent Kim violated NRS/NAC Chapter 639 as alleged.

Respectfully submitted this 29th of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000298813077
Process Date: 09/02/2025
Page: 1 of 1
JOSEPH, SAJU
For authorized use by:
NEVADA STATE BOARD OF PHARMACY

JOSEPH, SAJU - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: JOSEPH, SAJU
Date of Birth: [redacted] **Sex:** MALE
Home Address: [redacted] LAS VEGAS, NV [redacted]
Social Security Number: ***-**-[redacted]
License: PHYSICIAN (MD), 17412, NV

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: NEVADA STATE BOARD OF PHARMACY (DBID ending in ...37)
Authorized Submitter: OLIVIA GUTIERREZ MORA, LICENSING SPECIALIST, (775) 850-1440 Ext. 122

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 09/02/2025

The following report types have been searched:

Medical Malpractice Payment Report	**Yes, See Below**	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	**Yes, See Below**	Peer Review Organization Action(s):	No Reports

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES
Basis for Action: - SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

Initial Action: - REVOCATION OF CLINICAL PRIVILEGES **Date of Action:** 04/18/2024
DCN: 5500000234960354

Subsequent Action: - REVOCATION OF CLINICAL PRIVILEGES **Date of Action:** 04/18/2024
DCN: 5500000238858784

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT
Basis for Action: - FAILURE TO RECOGNIZE A COMPLICATION

Initial Action: - SETTLEMENT **Date of Action:** 10/12/2023
DCN: 5500000221144753

MEDICAL CENTER HOSPITAL

TITLE IV CLINICAL PRIVILEGES
Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION **Date of Action:** 01/31/2016
DCN: 5500000103529663

---------- **Unabridged Report(s) Follow** ----------

JOSEPH, SAJU

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 04/18/2024

Initial Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES	- SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

This action has related reports:

Initial Action:	**[This Action]**
Subsequent Action:	- REVOCATION OF CLINICAL PRIVILEGES **Date of Action:** 04/18/2024 **DCN:** 5500000238858784

A. REPORTING ENTITY

Entity Name:	SOUTHERN HILLS HOSPITAL MEDICAL CENTER
Address:	9300 W SUNSET RD
City, State, Zip:	LAS VEGAS, NV 89148-4844
Country:	
Name or Office:	HELEN VITELLE
Title or Department:	DIRECTOR
Telephone:	[redacted]
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	SUMMIT SPECIALTY PHYSICIANS, INC.
Work Address:	653 N TOWN CENTER DR STE 506
City, State, ZIP:	LAS VEGAS, NV 89144-0519
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	***-**-[redacted]
National Provider Identifiers (NPI):	[redacted]
Professional School(s) & Year(s) of Graduation:	BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Specialty:	GENERAL SURGERY
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL (F6)
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 04/18/2024
Date Action Became Effective: 04/18/2024
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Based on a peer review event involving clinical competency that required investigation, on April 5, 2024, the Physician voluntarily agreed to refrain from exercising his clinical privileges at the Hospital until such time as the Hospital's Medical Executive Committee ("MEC") was able to fully review the matter. On April 18, 2024, after concluding its review of the peer review event, the MEC unanimously voted to recommend to the Hospital's Board of Trustees that the Physician's Medical Staff membership and clinical privileges be revoked. Under the Hospital's governing policies, the MEC's revocation recommendation triggered the Physician's right to request a fair hearing.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/06/2024
Date of Most Recent Change: 05/06/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554

Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
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JOSEPH, SAJU

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 04/18/2024

Subsequent Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES	- SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

This action has related reports:

Initial Action:	- REVOCATION OF CLINICAL PRIVILEGES	**Date of Action:** 04/18/2024	**DCN:** 5500000234960354
Subsequent Action:	[This Action]		

A. REPORTING ENTITY

Entity Name:	SOUTHERN HILLS HOSPITAL MEDICAL CENTER
Address:	9300 W SUNSET RD
City, State, Zip:	LAS VEGAS, NV 89148-4844
Country:	
Name or Office:	HELEN VITELLE
Title or Department:	DIRECTOR
Telephone:	[redacted]
Entity Internal Report Reference:	
Type of Report:	REVISION
Related Report Number:	5500000234960354

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	SUMMIT SPECIALTY PHYSICIANS, INC.
Work Address:	653 N TOWN CENTER DR STE 506
City, State, ZIP:	LAS VEGAS, NV 89144-0519
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	***-**-[redacted]
National Provider Identifiers (NPI):	[redacted]
Professional School(s) & Year(s) of Graduation:	BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Specialty:	GENERAL SURGERY
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 06/26/2024
Date Action Became Effective: 04/18/2024
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

The Physician did not request a fair hearing or otherwise avail himself of his due process rights under the Hospital's governing documents. Consequently, on June 26, 2024, the Hospital's Board of Trustees approved the MEC's revocation recommendation, causing the Physician's Medical Staff membership and clinical privileges to be revoked as of that date.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/26/2024
Date of Most Recent Change: 06/26/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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JOSEPH, SAJU

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/12/2023

Initial Action	Basis for Initial Action
- SETTLEMENT	- FAILURE TO RECOGNIZE A COMPLICATION

A. REPORTING ENTITY

Entity Name:	NEVADA MUTUAL INSURANCE COMPANY
Address:	11605 MIRACLE HILLS DR STE 200
City, State, Zip:	OMAHA, NE 68154-4467
Country:	
Name or Office:	KRISTI WASHINGTON
Title or Department:	COMPLIANCE ASSISTANT
Telephone:	(713) 722-1691 Ext. 1691
Entity Internal Report Reference:	NMIC-PD-20-471846
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	
Work Address:	5320 S RAINBOW BLVD STE 302
City, State, ZIP:	LAS VEGAS, NV 89118-1896
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	TUFTS UNIVERSITY SCHOOL OF MEDICINE (2002) BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA - RESIDENCY (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Drug Enforcement Administration (DEA) Numbers:	
Hospital Affiliation(s):	SPRING VALLEY HOSPITAL MEDICAL CENTER LAS VEGAS,NV

C. INFORMATION REPORTED

Date of Report:	11/08/2023
Relationship of Entity to This Practitioner:	INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner:	$ 150,000.00
Date of This Payment:	10/12/2023
This Payment Represents:	A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner:	$ 150,000.00
Payment Result of:	SETTLEMENT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Date of Settlement, if Any:	09/19/2023
Adjudicative Body Case Number:	
Adjudicative Body Name:	
Court File Number:	
Description of Settlement and Any Conditions, Including Terms of Payment:	Full and final settlement to be paid and reported on behalf of the practitioner.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case:	$ 150,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:	1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by the State Fund:	
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:	

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event:	30 YEARS
Patient's Sex:	FEMALE
Patient's Type:	OUTPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment:	The patient initially presented to Emergency Room with acute cholecystitis. She was taken to the operating room where she underwent an emergency laparoscopic cholecystectomy that was performed by another surgeon. During surgery, a small amount of bile was noted to be leaking from the liver. The insured was then contacted by the primary surgeon for an intraoperative consultation in the bile leak.
Description of the Procedure Performed:	Intraoperative consultation on bile leak during emergent laparoscopic cholecystectomy. The insured recommended deferring further surgery, placing a drain and arranging a postoperative ERCP to investigate the extent of any bile duct injury, with possible stenting if indicated.
Nature of Allegation:	SURGERY RELATED (020)
Specific Allegation:	FAILURE TO RECOGNIZE A COMPLICATION (112)
Date of Event Associated With Allegation or Incident:	12/02/2019
Outcome:	MAJOR TEMPORARY INJURY (04)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:	Alleged failure to identify the source of the bile leak intraoperatively and advising to place drain.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

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E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/08/2023
Date of Most Recent Change: 11/08/2023

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

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END OF REPORT

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JOSEPH, SAJU

MEDICAL CENTER HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 01/31/2016

Initial Action	Basis for Initial Action
- FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION	- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name:	MEDICAL CENTER HOSPITAL
Address:	PO BOX 7239
	MEDICAL STAFF OFFICE
City, State, Zip:	ODESSA, TX 79760-7239
Country:	
Name or Office:	MICHELLE MENDOZA
Title or Department:	MEDICAL STAFF SERVICES MANAGER
Telephone:	(432) 640-1058
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Work Address:	500 W 4TH ST
City, State, ZIP:	ODESSA, TX 79761-5001
Home Address:	[redacted]
City, State, ZIP:	MIDLAND, TX [redacted]
Deceased:	UNKNOWN
Social Security Numbers (SSN):	***-**[redacted]
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	TUFTS UNIVERSITY SCHOOL OF MEDICINE (2002)
	BETH ISRAEL DEACONESS MEDICAL CENTER (2008)
	ROYAL INFIRMARY OF EDINBURGH (2007)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	44447, TX
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	ME114120, FL
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	48496, CT
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	MD.202483, LA
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action:	TITLE IV CLINICAL PRIVILEGES
Basis for Action:	OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified:	WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION
Adverse Action Classification Code(s):	FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION (1655)
Date Action Was Taken:	01/31/2016
Date Action Became Effective:	01/31/2016
Length of Action:	PERMANENT
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	DR. JOSEPH WAS UNDER INVESTIGATION, BUT PRIOR TO THE INVESTIGATION BEING COMPLETED, HE WITHDREW HIS APPLICATION FOR REAPPOINTMENT TO THE MEDICAL STAFF.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 11/30/2017

I worked for Texas Tech under faculty temporary licenses from October 31, 2013 to October 31, 2016 (#44447, 44773, and 45271). Due to fierce competition and politics within both the surgery department and the institution at Medical Center Hospital (Odessa, TX), I was ultimately forced to withdraw my privileges. Initially, I had my privileges blocked by the surgery department, which is comprised of private practice surgeons and a large locums trauma surgery group run by EmCare. No Texas Tech surgeon had ever been advanced beyond provisional privileges and I, unfortunately, attempted to take on that fight and was not successful. Originally, Texas Tech general council was prepared to proceed with restriction of trade litigation, but as MCH provides salary support for all other departments of Texas Tech, it was decided that this would not be pursued. I was forced to withdraw my privileges "while under investigation". Since that time, the Chair of Surgery, Dr. {NAME DELETED {ND} } had his privileges refused. He withdrew his request before board action was taken. My other 2 partners had their privileges refused at the surgery department meeting, but after a briefing by the hospital general council, the board disregarded routine procedure and granted both of them privileges. Since Dr. {ND} has not been given his privileges and the hospital will not allow our medical students or residents in the institution, giving privileges to our junior partners had no functional effect except to buffer the board if restriction of trade litigation were to be initiated. Most recently, the newest member of the Texas Tech Surgery Department, Dr. {ND}, who had been credentialed at Medical Center for the past 15+ years in private practice, suddenly had his credentials blocked by the hospital surgery department now that he works for Texas Tech. As is standard practice, my "withdrawal of privileges while under investigation" required a review by the Texas Medical Board, which was conducted and has been completed. The board found no quality of care issues. In fact, they indicated to both myself and my attorney, that once they were able to review all the documentation and circumstances of each case (MCH had omitted pertinent parts of the medical record to substantiate their claims), the initial allegations made by the MCH surgery department and Medical Executive Committee were completely unfounded. I received a Remedial Plan, which is non-disciplinary and a non-reportable event. The only finding was illegible handwritten notes when the Texas Tech EMR was not working. The non-disciplinary result is that I am to take an 8-hour medical record keeping

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course (for which I am scheduled on Dec 8th in Denver, CO). Although my privileges at MCH were blocked, I was privileged at numerous other hospitals and continued my practice with no adverse issues through the expiration date of my license on November 1st, 2016.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

[X] This report has been disputed by the subject identified in Section B.

[ ] At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

[ ] At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

[ ] At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/12/2016
Date of Most Recent Change: 02/12/2016

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

5P

FILED
DEC 10 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA, Pharmacy License No. PH02018, and** **CAMILLA KIM, RPH, Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-RPH-N** **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 (the "Board"), 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 Board has jurisdiction over Respondent Pharmerica ("Respondent Pharmerica"), the holder of Pharmacy License No. PH02018, because Respondent Pharmerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent Pharmerica operates a retail pharmacy in Reno, Nevada.

4. Respondent Pharmerica dispenses prescriptions for dangerous drugs and controlled substances at its pharmacy location in Reno, Nevada.

5. At all times relevant to this case, Respondent Pharmerica (or a corporate affiliate or subsidiary under its control) employed people in Kentucky who performed one or more of the functions necessary to fill the prescriptions that it dispensed at its pharmacy location in Reno, Nevada.

6. The employees in Kentucky, as described in paragraph 5 above, were not licensed or registered by the Board to work as pharmacists, intern pharmacists or pharmaceutical technicians in the state of Nevada.

7. Respondent Kim was and is a Nevada-licensed pharmacist and the holder of registration no. 19388.

8. Between December 2022 and March 2024, Respondent Pharmerica employed Respondent Kim to work as a pharmacist at its pharmacy location in Reno, Nevada.

9. During her tenure as a pharmacist for Respondent Pharmerica, Respondent Kim supervised one or more of the employees described in paragraph 5 above. Respondent Kim supervised these employees while they performed one or more of the functions necessary to fill the prescriptions that were dispensed to patients in Reno, Nevada.

10. In 2023 and 2024, Respondent Pharmerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

11. Respondent Pharmerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

12. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent Pharmerica.

13. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

14. Between March 2023 and March 2024, Respondent Pharmerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

15. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent Pharmerica to dispense an initial 90-day supply of levothyroxine with three refills.

16. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

17. Patient D.P.'s physician electronically transmitted the above prescription to Respondent Pharmerica.

18. Respondent Pharmerica assigned no. 343217 to the above prescription. Per standard operating procedure, Pharmerica processed prescription no. 343217 at a facility in Kentucky using employees who were not licensed or registered with the Board to practice pharmacy in Nevada.

19. At the facility in Kentucky, an employee transferred the information from the electronic prescription to a computerized prescription management system. This person was one of the employees described in paragraph 5 above.

20. When transferring the prescription information, the employee incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

21. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

22. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at Pharmerica's facility in Reno.

23. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

24. In June 2024, due to Respondent Kim's omission as described above, Pharmerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

25. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of Pharmerica concerning the abrupt cessation of patient D.P.'s medication treatment.

26. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

27. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

APPLICABLE LAW

28. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

29. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

30. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

31. "'Pharmaceutical technician' means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board." NRS 639.0113.

32. Pharmaceutical technicians must be registered with the Board pursuant to NAC 639.240.

33. Pharmaceutical technicians must work under the direct supervision of a pharmacist. NRS 639.0113; NRS 639.1371; NAC 639.250.

34. A pharmacist has a duty to directly supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription for dispensing. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

35. In a retail pharmacy, a pharmacist must not supervise more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time. NAC 639.250(2).

36. A pharmacy and/or pharmacist must not assist or permit the unlicensed or unregistered practice of pharmacy in Nevada. NRS 639.100(1); NRS 639.210(12).

37. The "practice of pharmacy" includes the performance of one or more of the functions necessary to prepare a prescription for dispensing. NRS 639.0124(1).

38. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

39. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

40. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including three refills. In verifying the prescription, Respondent Kim failed to notice that an employee in Kentucky had incorrectly entered a duration code into Pharmerica's prescription management system, thus causing the system to suppress the automatic refill function.

41. Respondent Kim had a duty to directly supervise the employee in Kentucky who performed data entry tasks related to prescription no. 343217.

42. Respondent Kim had a duty to ensure that the employee in Kentucky who performed data entry tasks related to prescription no. 343217 was properly registered with the Board as a pharmaceutical technician.

43. Respondent Kim had a duty to limit the number of employees whom she supervised at any given point of time, as required by NAC 639.250(2).

44. Respondent Kim had a duty to correct the data entry error described above.

45. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

46. Respondent Kim performed one or more of the above duties in an incompetent, unskillful or negligent manner.

47. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

48. For her unprofessional conduct as described above, Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

COUNT TWO
Assisting or Permitting Unlicensed Practice
(Respondents Pharmerica and Kim)

49. As alleged above, Respondent Pharmerica engaged employees in Kentucky to perform one or more of the functions necessary to prepare prescriptions for dispensing in Nevada. These included data entry tasks related to prescription no. 343217 and other prescriptions dispensed in Nevada.

50. As alleged above, Respondent Kim attempted to supervise employees in Kentucky while they performed one or more of the functions necessary to prepare prescriptions for dispensing in Nevada. These included data entry tasks related to prescription no. 343217 and other prescriptions dispensed in Nevada.

51. Through their conduct as described above, Respondent Pharmerica and Respondent Kim assisted or permitted employees in Kentucky to engage in the unlicensed practice of pharmacy in violation of NRS 639.100(1).

52. Due to their unlawful conduct as described above, Respondent Pharmerica and Respondent Kim are subject to professional discipline pursuant to NRS 639.210(12) and NAC 639.945.

COUNT THREE
Unprofessional Conduct by a Pharmacy
(Respondent Pharmerica)

53. As alleged above, Respondent Pharmerica engaged employees in Kentucky to perform one or more of the functions necessary to prepare prescriptions for dispensing in Nevada.

54. As alleged above, Respondent Pharmerica implemented a standard operating procedure that required Respondent Kim to remotely supervise employees in Kentucky who performed one or more of the functions necessary to prepare prescriptions for dispensing in Nevada.

55. Respondent Pharmerica had a duty to ensure that Kentucky employees were *directly* supervised by a Nevada pharmacist.

56. Respondent Pharmerica had a duty to ensure that Kentucky employees were properly registered with the Board to work as pharmaceutical technicians or pharmaceutical technicians in training.

57. Respondent Pharmerica had a duty to ensure that Respondent Kim was not tasked with supervising more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

58. Through its conduct as described above, Respondent Pharmerica performed one or more of the above duties in an incompetent, unskillful or negligent manner.

59. For said unprofessional conduct, Respondent Pharmerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

COUNT FOUR
Employer Liability
(Respondent Pharmerica)

60. As alleged in Count One, Respondent Kim engaged in unprofessional conduct.

61. As alleged in Count Two, Respondent Kim assisted or permitted the unlicensed practice of pharmacy.

62. As Respondent Kim's employer at the time of the above violations, Respondent Pharmerica is responsible for the violations alleged in Count One and Count Two. NRS 639.230(5); NAC 639.702; NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent Pharmerica.

DATED this 10th day of December 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended 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, January 14, 2026 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 **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 10th day of DECEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-RPH-N** **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 _____ 2025.

_____

Camilla Kim, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of December 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

PharMerica
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

Camilla Kim, RPh
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
JUL 2 4 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (the "Board"), 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 Board has jurisdiction over Respondent PharMerica ("Respondent PharMerica"), the holder of Pharmacy License No. PH02018, because Respondent PharMerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent PharMerica operates a pharmacy in Reno, Nevada.

4. In March 2024, Respondent Kim was employed by Respondent PharMerica as a pharmacist.

5. In 2023 and 2024, Respondent PharMerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

6. Respondent PharMerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

7. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent PharMerica.

8. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

9. Between March 2023 and March 2024, Respondent PharMerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

10. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent PharMerica to dispense an initial 90-day supply of levothyroxine with two refills.

11. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

12. Patient D.P.'s physician electronically transmitted the above prescription to Respondent PharMerica.

13. Respondent PharMerica assigned no. 343217 to the above prescription. Per standard operating procedure, PharMerica processed prescription no. 343217 at its facility in Kentucky.

14. At the facility in Kentucky, a pharmaceutical technician transferred the information from the electronic prescription to a computerized prescription management system.

15. When transferring the prescription information, the technician incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill

function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

16. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

17. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at PharMerica's facility in Reno.

18. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

19. In June of 2024, due to Respondent Kim's omission as described above, PharMerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

20. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of PharMerica concerning the abrupt cessation of patient D.P.'s medication treatment.

21. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

22. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

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APPLICABLE LAW

23. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

24. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

25. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

26. A pharmacist has a duty to supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

27. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

28. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

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COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

29. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including two refills. In verifying the prescription, Respondent Kim failed to notice that a pharmaceutical technician in Kentucky had incorrectly entered a duration code into PharMerica's prescription management system, thus causing the system to suppress the automatic refill function.

30. Respondent Kim had a duty to supervise the pharmaceutical technician in Kentucky who performed data entry tasks related to prescription no. 343217.

31. Respondent Kim had a duty to correct the data entry error described above.

32. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

33. Respondent Kim performed the above duties in an incompetent, unskillful or negligent manner.

34. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

35. For her unprofessional conduct as described above Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

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COUNT TWO
Employer Liability for Unprofessional Conduct
(Respondent PharMerica)

36. Respondent Kim engaged in unprofessional conduct as described above.

37. As Respondent Kim's employer at the time, Respondent PharMerica is responsible for the unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

38. For said unprofessional conduct, Respondent PharMerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent PharMerica.

DATED this 24th day of JULY 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

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 24th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

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 _____ 2025.

_____

Camilla Kim, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

PharMerica
c/o Camilla Kim, RPh
4750 Longley Ln #204
Reno, NV 89502

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
AUG 29 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH0218,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388.** **Respondents.**	**Case Nos. 24-370-PH- N** **24-370-RPH-N** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents PharMerica and Camilla Kim, RPH, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-2

Paragraph 1: Respondent PharMerica acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1.

Paragraph 2: Respondent Kim acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2.

2026

Factual Allegations: Paragraphs 3-22

Paragraph 3: Respondent PharMerica acknowledges that it operates a pharmacy located in Reno, Nevada as set forth in Paragraph 3.

Paragraph 4: Respondent Kim acknowledges that she was employed by PharMerica in March 2024 as set forth in Paragraph 4.

Paragraph 5: Respondent PharMerica acknowledges that during the time periods set forth in Paragraph 5, it did dispense prescribed medication to residents of MorningStar Senior Living of Sparks as set forth in Paragraph 5.

Paragraph 6: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 6 to the extent the PharMerica coordinated deliveries of prescribed and dispensed medication to the nursing staff of MorningStar Senior Living.

Paragraph 7: Respondent PharMerica agrees that patient D.P. did receive some medication management services in the time frame noted in Paragraph 7.

Paragraph 8: Respondents are without sufficient personal knowledge to respond to the factual assertions contained in Paragraph 8.

Paragraph 9: Respondent PharMerica agrees with the factual assertions in Paragraph 9 to the extent that patient D.P. received levothyroxine in 2023 through the end of February 2024.

Paragraph 10: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 10 to the extent that a new prescription (no. 343217, the "Prescription") was issued March 6, 2024, by patient D.P.'s physician. However, the directions for the prescription were for one tablet daily for a 90-day duration with three refills, not two refills as noted in Paragraph 10 and further the prescription authorized three refills but did not direct automatic refills of the Prescription.

Paragraph 11: Respondents are without personal knowledge to substantively respond to the factual assertions set forth in Paragraph 11, however Respondents acknowledge that had the Prescription been refilled by patient D.P. as allowed, there would have been approximately twelve months of medication authorized by the physician.

Paragraph 12: Respondent PharMerica acknowledges that it received Prescription no. 343217 electronically.

Paragraph 13: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 13.

Paragraph 14: Based on information and belief, Respondent PharMerica agrees that a PharMerica pharmacy technician would have transcribed the Prescription information into PharMerica's computerized prescription management system.

Paragraph 15: Respondents deny that the pharmacy technician incorrectly entered code "X90D" into the prescription management system. The technician correctly entered the Prescription and directions into the prescription management system; because the Prescription directions included a duration, the prescription management system automatically assigned the code to the Prescription. The prescription management system did not terminate D.P.'s supply of levothyroxine at the end of the initial ninety days; the Prescription was still active and simply needed to be refilled by MorningStar Senior Living.

Paragraph 16: Respondents disagree with the factual assertions contained in Paragraph 16; prescriptions, including prescriptions for "maintenance" medications, often have a duration associated with them.

Paragraph 17: Respondent Kim acknowledges that she verified Prescription no. 343217 before the Prescription was initially dispensed on March 19, 2024.

Paragraph 18: Respondent Kim denies that she failed to notice the duration code and asserts that the Prescription directions included a duration with refills to follow. Nothing indicated that the Prescription was to be automatically refilled. As noted above, the system did not "terminate" the supply of levothyroxine, the Prescription was still active and could be refilled.

Paragraph 19: Respondents deny the factual allegations set forth in Paragraph 19.

Paragraph 20: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 20.

Paragraph 21: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 21.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 22.

Applicable Law: Paragraphs 23-28

Paragraph 23: Respondents agree that Paragraph 23 sufficiently reflects the contents of NRS 639.210(4).

Paragraph 24: Respondents agree that Paragraph 24 sufficiently reflects the contents of NAC 639.945(1)(d).

Paragraph 25: Respondents agree that Paragraph 25 sufficiently reflects the contents of NAC 639.945(1)(i).

Paragraph 26: Respondents agree that Paragraph 26 sufficiently reflects the contents of NAC 639.252(2).

Paragraph 27: Respondents agree that Paragraph 27 sufficiently reflects the contents of NAC 639.918.

Paragraph 28: Respondents agree that Paragraph 28 sufficiently reflects the contents of NRS 639.230(5), NAC 639.702, and NAC 639.945(3).

Count One (Paragraphs 29-35, Respondent Kim

Paragraph 29: Respondent Kim agrees that she verified Prescription no. 343217, which allowed three refills, not two as alleged. However, Respondent Kim denies the remaining allegations contained in Paragraph 29.

Paragraph 30: Respondent Kim does not work in the same location as the pharmacy technician who transcribed the information regarding the Prescription into the PharMerica computerized prescription management system, however Respondent Kim asserts that the technician did not incorrectly input the Prescription into the prescription management system. As described above, the prescription management system grabs the directions of the Prescription for generation of system codes. Regarding Prescription no. 343217, the physician's instructions included a duration and accordingly the system generated the appropriate code.

Paragraph 31: Respondent Kim denies the allegations contained in Paragraph 31 and contends that there was no error.

Paragraph 32: Respondent Kim agrees that she had a duty to strictly follow the instructions of the prescribing physician and that those instructions were indeed followed.

Paragraph 33: Respondent Kim denies the allegations contained in Paragraph 33.

Paragraph 34: Respondent Kim denies the allegations contained in Paragraph 34.

Paragraph 35: Paragraph 35 does not require a response from Respondent Kim.

Count Two (Paragraphs 36-38, Respondent PharMerica):

Paragraph 36: Respondent PharMerica denies the allegations contained in Paragraph 36.

Paragraph 37: Respondent PharMerica agrees it is responsible for Respondent Kim's conduct as an employed pharmacist but again denies that Respondent Kim engaged in unprofessional conduct as set forth in Paragraph 37.

Paragraph 38: Paragraph 38 does not require a substantive response from Respondent PharMerica.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Respondents reserve all legal defenses available to them in this matter.

Respondents further assert that no violation of NRS or NAC Chapters 639 has occurred in this matter. The Prescription was received on March 6, 2024, electronically and was properly entered into the PharMerica computerized prescription management system by a pharmacy technician. The technician appropriately entered the information into the prescription management system, including the duration which was included on the Prescription sent electronically by patient D.P.'s physician. Per the Prescription directions, the prescription management system entered a code of "X90D"; however, that did not terminate the Prescription at the end of 90-days but rather required a refill to be requested. The Prescription, as written, did not direct automatic refills. Respondents are without knowledge of why the nursing staff at MorningStar Senior Living failed to request the refill of levothyroxine, however Respondents assert that neither Respondent PharMerica nor Respondent Kim violated NRS/NAC Chapter 639 as alleged.

Respectfully submitted this 29th of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000298813077
Process Date: 09/02/2025
Page: 1 of 1
JOSEPH, SAJU
For authorized use by:
NEVADA STATE BOARD OF PHARMACY

JOSEPH, SAJU - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: JOSEPH, SAJU
Date of Birth: [redacted] **Sex:** MALE
Home Address: [redacted] LAS VEGAS, NV [redacted]
Social Security Number: ***-**-[redacted]
License: PHYSICIAN (MD), 17412, NV

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: NEVADA STATE BOARD OF PHARMACY (DBID ending in ...37)
Authorized Submitter: OLIVIA GUTIERREZ MORA, LICENSING SPECIALIST, (775) 850-1440 Ext. 122

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 09/02/2025

The following report types have been searched:

Medical Malpractice Payment Report	**Yes, See Below**	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	**Yes, See Below**	Peer Review Organization Action(s):	No Reports

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES
Basis for Action: - SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

Initial Action: - REVOCATION OF CLINICAL PRIVILEGES — **Date of Action:** 04/18/2024
DCN: 5500000234960354

Subsequent Action: - REVOCATION OF CLINICAL PRIVILEGES — **Date of Action:** 04/18/2024
DCN: 5500000238858784

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT
Basis for Action: - FAILURE TO RECOGNIZE A COMPLICATION

Initial Action: - SETTLEMENT — **Date of Action:** 10/12/2023
DCN: 5500000221144753

MEDICAL CENTER HOSPITAL

TITLE IV CLINICAL PRIVILEGES
Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION — **Date of Action:** 01/31/2016
DCN: 5500000103529663

---------- **Unabridged Report(s) Follow** ----------

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

JOSEPH, SAJU

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 04/18/2024

Initial Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES	- SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

This action has related reports:

Initial Action:	**[This Action]**		
Subsequent Action:	- REVOCATION OF CLINICAL PRIVILEGES	**Date of Action:** 04/18/2024	**DCN:** 5500000238858784

A. REPORTING ENTITY

Entity Name:	SOUTHERN HILLS HOSPITAL MEDICAL CENTER
Address:	9300 W SUNSET RD
City, State, Zip:	LAS VEGAS, NV 89148-4844
Country:	
Name or Office:	HELEN VITELLE
Title or Department:	DIRECTOR
Telephone:	[redacted]
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	SUMMIT SPECIALTY PHYSICIANS, INC.
Work Address:	653 N TOWN CENTER DR STE 506
City, State, ZIP:	LAS VEGAS, NV 89144-0519
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	***-**-[redacted]
National Provider Identifiers (NPI):	[redacted]
Professional School(s) & Year(s) of Graduation:	BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Specialty:	GENERAL SURGERY
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL (F6)
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 04/18/2024
Date Action Became Effective: 04/18/2024
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Based on a peer review event involving clinical competency that required investigation, on April 5, 2024, the Physician voluntarily agreed to refrain from exercising his clinical privileges at the Hospital until such time as the Hospital's Medical Executive Committee ("MEC") was able to fully review the matter. On April 18, 2024, after concluding its review of the peer review event, the MEC unanimously voted to recommend to the Hospital's Board of Trustees that the Physician's Medical Staff membership and clinical privileges be revoked. Under the Hospital's governing policies, the MEC's revocation recommendation triggered the Physician's right to request a fair hearing.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/06/2024
Date of Most Recent Change: 05/06/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554

Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
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JOSEPH, SAJU

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 04/18/2024

Subsequent Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES	- SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

This action has related reports:

Initial Action:	- REVOCATION OF CLINICAL PRIVILEGES	**Date of Action:** 04/18/2024	**DCN:** 5500000234960354
Subsequent Action:	[This Action]		

A. REPORTING ENTITY

Entity Name:	SOUTHERN HILLS HOSPITAL MEDICAL CENTER
Address:	9300 W SUNSET RD
City, State, Zip:	LAS VEGAS, NV 89148-4844
Country:	
Name or Office:	HELEN VITELLE
Title or Department:	DIRECTOR
Telephone:	[redacted]
Entity Internal Report Reference:	
Type of Report:	REVISION
Related Report Number:	5500000234960354

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	SUMMIT SPECIALTY PHYSICIANS, INC.
Work Address:	653 N TOWN CENTER DR STE 506
City, State, ZIP:	LAS VEGAS, NV 89144-0519
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	***-**-[redacted]
National Provider Identifiers (NPI):	[redacted]
Professional School(s) & Year(s) of Graduation:	BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Specialty:	GENERAL SURGERY
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)

Date Action Was Taken: 06/26/2024

Date Action Became Effective: 04/18/2024

Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

The Physician did not request a fair hearing or otherwise avail himself of his due process rights under the Hospital's governing documents. Consequently, on June 26, 2024, the Hospital's Board of Trustees approved the MEC's revocation recommendation, causing the Physician's Medical Staff membership and clinical privileges to be revoked as of that date.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/26/2024

Date of Most Recent Change: 06/26/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: 17412, NV

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

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END OF REPORT

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JOSEPH, SAJU

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/12/2023

Initial Action	Basis for Initial Action
- SETTLEMENT	- FAILURE TO RECOGNIZE A COMPLICATION

A. REPORTING ENTITY

Entity Name:	NEVADA MUTUAL INSURANCE COMPANY
Address:	11605 MIRACLE HILLS DR STE 200
City, State, Zip:	OMAHA, NE 68154-4467
Country:	
Name or Office:	KRISTI WASHINGTON
Title or Department:	COMPLIANCE ASSISTANT
Telephone:	(713) 722-1691 Ext. 1691
Entity Internal Report Reference:	NMIC-PD-20-471846
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	
Work Address:	5320 S RAINBOW BLVD STE 302
City, State, ZIP:	LAS VEGAS, NV 89118-1896
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	TUFTS UNIVERSITY SCHOOL OF MEDICINE (2002) BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA - RESIDENCY (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Drug Enforcement Administration (DEA) Numbers:	
Hospital Affiliation(s):	SPRING VALLEY HOSPITAL MEDICAL CENTER LAS VEGAS,NV

C. INFORMATION REPORTED

Date of Report:	11/08/2023
Relationship of Entity to This Practitioner:	INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner:	$ 150,000.00
Date of This Payment:	10/12/2023
This Payment Represents:	A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner:	$ 150,000.00
Payment Result of:	SETTLEMENT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Date of Settlement, if Any:	09/19/2023
Adjudicative Body Case Number:	
Adjudicative Body Name:	
Court File Number:	
Description of Settlement and Any Conditions, Including Terms of Payment:	Full and final settlement to be paid and reported on behalf of the practitioner.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case:	$ 150,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:	1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by the State Fund:	
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:	

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event:	30 YEARS
Patient's Sex:	FEMALE
Patient's Type:	OUTPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment:	The patient initially presented to Emergency Room with acute cholecystitis. She was taken to the operating room where she underwent an emergency laparoscopic cholecystectomy that was performed by another surgeon. During surgery, a small amount of bile was noted to be leaking from the liver. The insured was then contacted by the primary surgeon for an intraoperative consultation in the bile leak.
Description of the Procedure Performed:	Intraoperative consultation on bile leak during emergent laparoscopic cholecystectomy. The insured recommended deferring further surgery, placing a drain and arranging a postoperative ERCP to investigate the extent of any bile duct injury, with possible stenting if indicated.
Nature of Allegation:	SURGERY RELATED (020)
Specific Allegation:	FAILURE TO RECOGNIZE A COMPLICATION (112)
Date of Event Associated With Allegation or Incident:	12/02/2019
Outcome:	MAJOR TEMPORARY INJURY (04)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:	Alleged failure to identify the source of the bile leak intraoperatively and advising to place drain.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

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E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/08/2023
Date of Most Recent Change: 11/08/2023

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

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END OF REPORT

National Practitioner Data Bank
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U.S. Department of Health and Human Services
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JOSEPH, SAJU

MEDICAL CENTER HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 01/31/2016

Initial Action	Basis for Initial Action
- FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION	- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name:	MEDICAL CENTER HOSPITAL
Address:	PO BOX 7239
	MEDICAL STAFF OFFICE
City, State, Zip:	ODESSA, TX 79760-7239
Country:	
Name or Office:	MICHELLE MENDOZA
Title or Department:	MEDICAL STAFF SERVICES MANAGER
Telephone:	(432) 640-1058
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Work Address:	500 W 4TH ST
City, State, ZIP:	ODESSA, TX 79761-5001
Home Address:	[redacted]
City, State, ZIP:	MIDLAND, TX [redacted]
Deceased:	UNKNOWN
Social Security Numbers (SSN):	***-** [redacted]
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	TUFTS UNIVERSITY SCHOOL OF MEDICINE (2002) BETH ISRAEL DEACONESS MEDICAL CENTER (2008) ROYAL INFIRMARY OF EDINBURGH (2007)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	44447, TX
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	ME114120, FL
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	48496, CT
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	MD.202483, LA
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action:	TITLE IV CLINICAL PRIVILEGES
Basis for Action:	OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified:	WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION
Adverse Action Classification Code(s):	FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION (1655)
Date Action Was Taken:	01/31/2016
Date Action Became Effective:	01/31/2016
Length of Action:	PERMANENT
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	DR. JOSEPH WAS UNDER INVESTIGATION, BUT PRIOR TO THE INVESTIGATION BEING COMPLETED, HE WITHDREW HIS APPLICATION FOR REAPPOINTMENT TO THE MEDICAL STAFF.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 11/30/2017

I worked for Texas Tech under faculty temporary licenses from October 31, 2013 to October 31, 2016 (#44447, 44773, and 45271). Due to fierce competition and politics within both the surgery department and the institution at Medical Center Hospital (Odessa, TX), I was ultimately forced to withdraw my privileges. Initially, I had my privileges blocked by the surgery department, which is comprised of private practice surgeons and a large locums trauma surgery group run by EmCare. No Texas Tech surgeon had ever been advanced beyond provisional privileges and I, unfortunately, attempted to take on that fight and was not successful. Originally, Texas Tech general council was prepared to proceed with restriction of trade litigation, but as MCH provides salary support for all other departments of Texas Tech, it was decided that this would not be pursued. I was forced to withdraw my privileges "while under investigation". Since that time, the Chair of Surgery, Dr. {NAME DELETED {ND} } had his privileges refused. He withdrew his request before board action was taken. My other 2 partners had their privileges refused at the surgery department meeting, but after a briefing by the hospital general council, the board disregarded routine procedure and granted both of them privileges. Since Dr. {ND} has not been given his privileges and the hospital will not allow our medical students or residents in the institution, giving privileges to our junior partners had no functional effect except to buffer the board if restriction of trade litigation were to be initiated. Most recently, the newest member of the Texas Tech Surgery Department, Dr. {ND}, who had been credentialed at Medical Center for the past 15+ years in private practice, suddenly had his credentials blocked by the hospital surgery department now that he works for Texas Tech. As is standard practice, my "withdrawal of privileges while under investigation" required a review by the Texas Medical Board, which was conducted and has been completed. The board found no quality of care issues. In fact, they indicated to both myself and my attorney, that once they were able to review all the documentation and circumstances of each case (MCH had omitted pertinent parts of the medical record to substantiate their claims), the initial allegations made by the MCH surgery department and Medical Executive Committee were completely unfounded. I received a Remedial Plan, which is non-disciplinary and a non-reportable event. The only finding was illegible handwritten notes when the Texas Tech EMR was not working. The non-disciplinary result is that I am to take an 8-hour medical record keeping

course (for which I am scheduled on Dec 8th in Denver, CO). Although my privileges at MCH were blocked, I was privileged at numerous other hospitals and continued my practice with no adverse issues through the expiration date of my license on November 1st, 2016.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

[X] This report has been disputed by the subject identified in Section B.

[ ] At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

[ ] At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

[ ] At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/12/2016
Date of Most Recent Change: 02/12/2016

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

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END OF REPORT

5Q

FILED
OCT 2 3 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

AMY TSENG, M.D.,
Certificate of Registration No. CS08125,

Respondent.

Case No. 24-484-CS-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 Amy Tseng, M.D., ("Respondent"), because Respondent holds a certificate of registration issued by the Board authorizing her to prescribe controlled substances in Nevada.

2. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the receipt, storage, possession, and/or distribution of dangerous drugs. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201.

FACTUAL ALLEGATIONS

3. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada.

4. Respondent holds certificate of registration no. CS08125, which was issued by the Board pursuant to NRS 453.226 and 453.231.

5. At all times alleged herein, Respondent was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

6. In 2024, Respondent maintained a medical practice at 2870 S. Jones Boulevard in Las Vegas, Nevada, where she offered cosmetic treatments for patients with aging and/or wrinkled skin. These included treatments with injectable neuromodulators derived from *Clostridium botulinum* (hereinafter "neuromodulators").

7. Neuromodulators are "dangerous drugs" as that term is defined at NRS 454.201.

8. On December 3, 2024, Respondent was in possession of neuromodulators ostensibly imported from drug manufacturers based in Turkey and South Korea. Their places of origin were evidenced by their packaging.

9. According to Respondent, who was questioned by Board Investigator Dena McClish, Respondent purchased some of the above dangerous drugs from a website called "ActivaDerma.com." Respondent stated that she had administered the drugs to her patients without complications.

10. Respondent stored the above dangerous drugs, among other drugs, at her office at 2870 S. Jones Boulevard in Las Vegas, Nevada.

11. According to Respondent, she typically administered neuromodulators marketed under the brand name "Xeomin." Respondent stated that some of her patients had requested "Dysport" instead of "Xeomin." For these patients, Respondent procured "Dysport" from the ActivaDerm.com website.

12. Dysport is manufactured in the United Kingdom by the French pharmaceutical company Ipsen. Dysport has been approved by the federal Food and Drug Administration ("FDA") for distribution in the United States.

13. On information and belief, the "Dysport" neuromodulators procured by Respondent were counterfeit insofar as they were not manufactured or distributed by Ipsen.

14. According to Respondent, she also acquired neuromodulators and other injectable drugs from a sales representative employed by a pharmaceutical company based in South Korea. These drugs were ostensibly marketed under the brand names "Hejeubo" and "Liporase."

15. On information and belief, Hejeubo is manufactured in South Korea and has not been approved by the FDA for distribution in the United States.

16. On information and belief, Liporase is manufactured in South Korea and has not been approved by the FDA for distribution in the United States.

17. On information and belief, ActivaDerma is not registered with the FDA to manufacture drugs or import drugs into the United States.

18. ActivaDerma is not licensed by the Board to sell drugs at wholesale in the state of Nevada.

19. In addition to being in possession of the dangerous drugs described above, including drugs labeled "Dysport," "Hejeubo" and "Liporase," Respondent was in possession of several pre-drawn syringes containing an unknown liquid substance. Respondent stated that the syringes contained Kenalog, also a dangerous drug.

20. Respondent stated that the syringes containing Kenalog were for her personal use. The syringes were not labeled.

21. On information and belief, Respondent did not acquire Kenalog pursuant to a prescription written by herself or another practitioner.

22. On information and belief, Kenalog was not dispensed to Respondent by a pharmacy or dispensing practitioner.

23. On information and belief, Respondent is not in possession of shipping documents, invoices, or other documents confirming the source of Kenalog allegedly acquired by Respondent for her personal use.

24. Respondent stored and/or possessed pre-drawn syringes allegedly containing Kenalog. Those syringes were not stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy.

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APPLICABLE LAW

25. The Board may revoke or suspend the registration of any practitioner who has violated or assisted in the violation of any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

26. It is unlawful to sell dangerous drugs at wholesale, or to permit dangerous drugs to be sold at wholesale, unless the seller holds a wholesaler license issued by the Board. NRS 639.100(1); NRS 639.233; NAC 639.593.

27. It is unlawful to introduce into interstate commerce, or to receive in interstate commerce any drug that is misbranded. 21 U.S.C.A § 331; NRS 454.351.

28. A drug is misbranded if its labeling is false or misleading in any particular. 21 U.S.C.A. § 352(a)(1).

29. A drug is misbranded if it was manufactured in an establishment not registered with the FDA, or if it was imported by a commercial importer of drugs not registered with the FDA. 21 U.S.C.A. § 352(o).

30. It is unlawful for any person to possess a dangerous drug for his or her personal use unless the drug was furnished to the person by a pharmacist or dispensing practitioner pursuant to a legal prescription. NRS 454.316.

31. It is unlawful for a physician to store dangerous drugs that are not in stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy. NRS 454.316.

32. A physician has a duty to refrain from administering drugs to her patients if those drugs are of unknown or questionable origin. *See* NRS 630.301(4) (physician may be disciplined for malpractice); 21 U.S.C.A. § 331 (physician may not receive misbranded drugs distributed in interstate commerce); NRS 454.351 (physician may not possess misbranded drugs distributed in interstate commerce); *see also Bourne v. Valdes*, 141 Nev.___, 569 P.3d 971, 974 (2025) (physician breaches standard of care when adverse drug reaction is a foreseeable consequence of drug therapy).

33. A physician has a duty to make reasonable inquiry concerning the source or origin or drugs procured for administration to patients. *See* NRS 630.301(4) (physician may be disciplined for malpractice); 21 U.S.C.A. § 331 (physician may not receive misbranded drugs distributed in interstate commerce); NRS 454.351 (physician may not possess misbranded drugs distributed in interstate commerce); *see also Bourne v. Valdes*, 141 Nev.___, 569 P.3d 971, 974 (2025) (physician breaches standard of care when adverse drug reaction is a foreseeable consequence of drug therapy).

34. The Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to public interest. NRS 639.210(4); NRS 453.236.

35. A practitioner's conduct is deemed unprofessional and contrary to public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

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COUNT ONE
Dangerous Drugs Purchased from Activa.Derma.Com
(Negligence and/or Violations of State and/or Federal Law)

36. As alleged above, Respondent purchased dangerous drugs from the ActivaDerma.com website.

37. ActivaDerma.com was not licensed by the Board to sell dangerous drugs at wholesale.

38. Based upon the facts and circumstances surrounding her dealings with ActivaDerma.com, Respondent knew or should have known that ActivaDerma.com was not licensed by the Board to sell dangerous drugs at wholesale.

39. Based upon the facts and circumstances surrounding her dealings with ActivaDerma.com, Respondent knew or should have known that ActivaDerma.com was not a safe or reputable supplier of dangerous drugs.

40. By purchasing dangerous drugs from the ActivaDerma.com website, Respondent assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1).

41. By purchasing dangerous drugs from the ActivaDerma.com website, Respondent received and/or possessed misbranded drugs in violation of 21 U.S.C.A § 331 and/or NRS 454.351.

42. By purchasing dangerous drugs from the ActivaDerma.com website, Respondent breached her duty as a physician to procure drugs from a known, reputable source, thus performing her duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

43. Respondent's acts and/or omissions as alleged above amount to a violation of state law and/or federal law relating to the distribution of drugs, such that the Board may impose administrative discipline. NRS 630.210(12); NRS 453.236(1)(e); NRS 453.231(1)(b).

44. Respondent's acts and/or omissions as alleged above were unprofessional and/or contrary to the public interest, such that the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236(1)(e); NRS 453.231(1)(h); NAC 639.945(1)(i).

COUNT TWO
Dangerous Drugs Acquired from Unknown Person (Negligence and/or Violations of State and/or Federal Law)

45. As alleged above, Respondent acquired dangerous drugs from an unknown pharmaceutical sales agent or representative.

46. The unknown pharmaceutical sales agent or representative was not licensed by the Board to sell or distribute dangerous drugs at wholesale.

47. Based upon the facts and circumstances surrounding her dealings with the unknown pharmaceutical sales agent or representative, Respondent knew or should have known that he was not licensed by the Board to sell or distribute dangerous drugs at wholesale.

48. Based upon the facts and circumstances surrounding her dealings with the unknown pharmaceutical sales agent or representative, Respondent knew or should have known that he was not a safe or reputable supplier of dangerous drugs.

49. By acquiring dangerous drugs from an unknown pharmaceutical sales agent or representative, Respondent assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1).

50. By acquiring dangerous drugs from an unknown pharmaceutical sales agent or representative, Respondent received and/or possessed misbranded drugs in violation of 21 U.S.C.A § 331 and/or NRS 454.351.

51. By acquiring dangerous drugs from an unknown pharmaceutical sales agent or representative, Respondent breached her duty as a physician to procure drugs from a known, reputable source, thus performing her duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

52. Respondent's acts and/or omissions as alleged above amount to a violation of state law and/or federal law relating to the distribution of drugs, such that the Board may impose administrative discipline. NRS 630.210(12); NRS 453.236(1)(e); NRS 453.231(1)(b).

53. Respondent's acts and/or omissions as alleged above were unprofessional and/or contrary to the public interest, such that the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236(1)(e); NRS 453.231(1)(h); NAC 639.945(1)(i).

COUNT THREE
Unlawful Possession of Dangerous Drugs for Personal Use

54. As alleged above, Respondent stored and/or possessed pre-drawn syringes allegedly containing Kenalog. Those syringes were not stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy.

55. According to Respondent, the pre-drawn syringes containing Kenalog were for her personal use.

56. As alleged above, Respondent did not acquire Kenalog pursuant to a prescription written by herself or another practitioner.

57. As alleged above, Kenalog was not dispensed to Respondent by a pharmacy or dispensing practitioner.

58. Given the above facts and circumstances, it was unlawful for Respondent to possess Kenalog, a dangerous drug.

59. Respondent's conduct as alleged above violated NRS 454.316, such that Respondent is subject to administrative discipline. NRS 630.210(12); NRS 453.236(1)(e); NRS 453.231(1)(b).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Amy Tseng.

DATED this 23rd day of OCTOBER 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMY TSENG, M.D.,** **Certificate of Registration No. CS08125,** **Respondent.**	**Case No. 24-484-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 **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 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMY TSENG, M.D.,** **Certificate of Registration No. CS08125,** **Respondent.**	**Case No. 24-484-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Amy Tseng, M.D.

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 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Amy Tseng, M.D.
2870 S Jones Blvd Ste 1
Las Vegas, NV 89146

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY

CLARK HILL PLLC
CRANE M. POMERANTZ
Nevada Bar No. 14103
Email: cpomerantz@clarkhill.com
1700 South Pavilion Center Drive, Suite 500
Las Vegas, Nevada 89135
Tel: (702) 862-8300
Fax: (702) 778-9709

Attorneys for Amy Tseng, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

AMY TSENG, M.D.,

Certificate of Registration No. CS08125,

Respondent.

CASE NO.: 24-484-CS-S

ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"), declares:

1. That her objections to the Notice of Intended Action and Accusation (the "Notice") as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

a. This action is barred by the doctrine of laches. The Notice addresses information it purports to have obtained during a search of Respondent's office on December 3, 2024, relating to conduct that occurred prior to that. Dr. Tseng addressed the conduct in a detailed letter dated December 30, 2024 to the Board's investigator. The Board filed its Complaint on October 23, 2025, approximately eleven (11) months after its search of Respondent's office and far longer after the alleged conduct, without a valid excuse for such delay, as a result of which Dr. Tseng was prejudiced. Implicit in the Board's statutes (NRS 639.241, *et. seq.*) and its regulations (NAC 639.120, *et. seq.*) is an obligation to proceed

promptly and fairly against Respondent. Because the Board did not promptly make a determination as to whether the Notice would be filed against Dr. Tseng, it would be inequitable and unjust to proceed.

b. The Notice is impermissibly vague, as it repeatedly makes allegations "on information and belief." The due process principles that apply in disciplinary proceedings require that such proceedings be fundamentally fair and afford the respondent attorney a meaningful opportunity to defend against the charges. *See In re Ruffalo*, 390 U.S. 544, 550-51, 88 S.Ct. 1222, 1225-26 (1968) (attorney disciplinary proceedings are "adversary proceedings of a quasi-criminal nature" because a punishment or penalty can be imposed on the licensee, and therefore, entitles the licensee to due process). Allegations "on information and belief" are unconstitutionally vague, deprive Respondent of a meaningful opportunity to respond, and impermissibly shifts the burden from the Board to the Respondent.

c. Respondent steadfastly denies that she ever knowingly or intentionally: (a) received or possessed misbranded drugs in violation of 21 U.S.C.A. § 331 and/or NRS 454.351; (b) assisted or permitted the unlicensed wholesale distribution of drugs in violation fo NRS 639.100(1); or (3) unlawfully possessed Kenalog, a dangerous drug.

d. At the time Dr Tseng purchased a small amount of Dysport through the ActivaDerma website, she did not know it was manufactured in a foreign country and there were no indicia, in the purchasing process that Dysport obtained from ActivaDerma that was allegedly "misbranded".

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies, and alleges as follows:

a. Respondent admits that the Board has jurisdiction over this matter.

b. Respondent admits the allegations in Paragraphs 2 through 6 of the Notice of Intended Action (the "Notice").

c. The allegations in Paragraph 7 contains a conclusion of law for which no response is required.

d. The allegations in Paragraph 8 are vague due to the use of the word "ostensibly." Because Respondent cannot respond adequately to these allegations, she denies them.

e. Respondent admits the allegations in Paragraph 9 through 12 of the Notice.

f. Respondent denies the allegations in Paragraph 13 of the Notice.

g. Respondent admits the allegations in Paragraph 14 of the Notice.

h. The allegations in Paragraphs 15 through 18 contain conclusions of law for which no response is required.

i. Respondent admits the allegations in Paragraphs 19 and 20.

j. Respondent denies the allegations in Paragraphs 21 through 24.

k. The allegations in Paragraphs 25 through 35 contain conclusions of law for which no response is required.

l. For the reasons set forth in her objections, and based on her admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in Counts One through Three.

k. Respondent hereby declares, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

Dated this 4th day of November 2025.

Amy Tseng, MD

CLARK HILL PLC

By */s/ Crane Pomerantz*
Crane M. Pomerantz
Nevada Bar No. 14103
1700 S. Pavilion Center Drive, Suite 500
Las Vegas, Nevada 89135

Attorneys for Respondent

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of Clark Hill PLC, and that on the 5th day of November 2025, I caused to be served a true and correct copy of the foregoing **Answer and Notice of Defense** in the following manner:

The above-referenced document was emailed to the Board's coordinating staff and its prosecuting attorney at the following addresses: TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov.

/s/ Jamie Soquena
An Employee of CLARK HILL PLC

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SAMAN SAZEGAR, RPH,** **Certificate of Registration No. 20754,** **Respondent.**	**Case No. 25-420-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that serves 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 (the "Board") has jurisdiction over Respondent Saman Sazegar ("Respondent"), because Respondent holds certificate of registration no. 20754, issued by the Board pursuant to NRS 639.127.

FACTUAL ALLEGATIONS

2. Respondent is a pharmacist licensed in both Nevada and California.

3. Respondent is employed by Raley's Pharmacy #122 in Fernley, Nevada.

4. On or about February 19, 2023, Respondent was arrested in California for driving under the influence of drugs and/or alcohol.

5. As a result of his arrest, Respondent submitted to a blood test that revealed a blood alcohol concentration of 0.05%. The test also revealed the presence of diazepam, a Schedule IV controlled substance.

6. Respondent admitted to California authorities that he had consumed diazepam the day before his arrest on February 19, 2023. He also admitted that he did not have a prescription for the drug, having obtained it while on a trip to Thailand in September 2022.

7. On October 14, 2024, the California State Board of Pharmacy disciplined Respondent for his conduct as described above. Respondent received a public reprimand and was ordered to take continuing education courses.

8. On September 16, 2025, Respondent applied to the Board requesting the renewal of his certificate of registration no. 20754. On his renewal application, Respondent disclosed the above discipline by the California State Board of Pharmacy.

9. Respondent also disclosed his arrest on February 19, 2023. Respondent stated on his renewal application that a related criminal charge is still pending against him in California.

APPLICABLE LAW

10. The Board may revoke or suspend the license or registration of a pharmacist who has "violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs." NRS 639.210(11).

11. It is unlawful to import into the United States from any place outside thereof, any nonnarcotic controlled substance in schedule III, IV, or V, unless such nonnarcotic controlled substance is imported for medical, scientific, or other legitimate uses pursuant to an import permit. 21 U.S.C. § 952(b).

12. It is unlawful for any person knowingly or intentionally to possess a controlled substance unless such substance was obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of his professional practice, or except as otherwise authorized by federal law. 21 U.S.C. § 844(a).

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COUNT ONE

Violation of Federal Law Relating to Prescription Drugs

13. As alleged above, Respondent imported diazepam into the United States from Thailand. Respondent did not import diazepam for a medical, scientific, or other legitimate use pursuant to an import permit.

14. As alleged above, Respondent was in possession of diazepam without a prescription.

15. As described above, Respondent's conduct violated 21 U.S.C. § 844(a) and/or 21 U.S.C. § 952(b).

16. Having violated federal law related to prescription drugs, Respondent is subject to discipline pursuant to NRS 639.210(11).

17. WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondent's certificate of registration to practice pharmacy in Nevada.

DATED this 10th day of December 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SAMAN SAZEGAR, RPH,** **Certificate of Registration No. 20754,** **Respondent.**	**Case No. 25-420-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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, Gregory Zunino 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 10th day of DECEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SAMAN SAZEGAR, RPH,** **Certificate of Registration No. 20754,** **Respondent.**	**Case No. 25-420-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Saman Sazegar, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of December 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Saman Sazegar, RPh
[redacted]
Henderson, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SAMAN SAZEGAR, RPH,** **Certificate of Registration No. 20754,** **Respondent.**	**Case No. 25-420-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Saman Sazegar (Respondent), hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy (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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order (Stipulation), and he has executed it knowingly and voluntarily.

5. Respondent 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 to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, and NRS Chapter 639, the Nevada Pharmacy Act.

6. 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 the provisions of this

Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent does not contest the allegations in the Accusation, and further 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 Count One of the Accusation, to wit:

A. On or about February 19, 2023, Respondent was arrested in California for driving under the influence of drugs and/or alcohol. A subsequent blood test revealed that Respondent had a blood alcohol concentration of 0.05%, and that he had earlier consumed diazepam, a Schedule IV controlled substance.

B. Respondent admitted to California authorities that he had consumed diazepam the day before his arrest on February 19, 2023. He also stated that he obtained the medication pursuant to a prescription issued by a licensed physician in Thailand in September/October 2022 but did not have a valid U.S. prescription or proper authorization to import the controlled substance into the United States.

C. On October 14, 2024, the California State Board of Pharmacy disciplined Respondent for his conduct as described above. The discipline consisted of a public reprimand, an order to complete continuing education on the subject of ethics, and an order to pay costs and fees in the amount of $12,138.80.

8. Respondent has fully satisfied the conditions imposed by the California State Board of Pharmacy as described in Paragraph 7(C) above.

9. Now, therefore, to resolve this case without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the following discipline:

A. Respondent accepts this Stipulation as a public reprimand for having possessed diazepam without a prescription and having violated federal law related to the importation of prescription drugs.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this case. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before February 28, 2026.

10. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 25-420-RPH-S. Any failure by Respondent to comply with the terms of this Stipulation may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing him to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in the finding of noncompliance by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

11. 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 January 14, 2026, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

12. The Board may accept this Stipulation, but it has no obligation to accept this Stipulation. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hold a 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.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation

on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the date of entry set forth below.

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 31st day of December 2025.

/s/ Saman Sazegar
SAMAN SAZEGAR, RPH
Certificate of Registration No. 20754

Signed this 31st day of December 2025.

NEVADA STATE BOARD OF PHARMACY

By /s/ Gregory L. Zunino
GREGORY L. ZUNINO
Senior General Counsel

DECISION AND ORDER

As to Respondent Saman Sazegar, RPh, in Case No. 25-420-RPH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 14th day of January 2025.

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUNRISE PHARMACY,** **License No. PH03880, and** **TAMARA L. ANGELES, RPh** **License No. 19070,** **Respondents.**	**Case Nos. 20-097-PH-S** **20-097-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter because, at the time of the events alleged herein, Sunrise Pharmacy (Respondent Sunrise Pharmacy) held a license issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy, and Tamara Angeles (Respondent Angeles) held a license to practice as a pharmacist issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Sunrise Pharmacy, located at 2560 Sunset Road #102 in Las Vegas, Nevada, was licensed by the Board under License No. PH03880 to operate as a pharmacy from April 10, 2018 until October 31, 2020. Respondent Sunrise Pharmacy closed in 2020 and did not renew its license.

3. Michael Peters (Peters) was the owner of Respondent Sunrise Pharmacy at the time of the events alleged herein. Peters is not licensed by the Board and is not a pharmacist.

4. From August 6, 2018 until May 13, 2019, Respondent Angeles, License No. PH03880, was the managing pharmacist for Respondent Sunrise Pharmacy, as the term managing pharmacist is defined by NRS 639.0087.

5. On or about November 19, 2019, the Board received a copy of an investigation and audit from the Special Investigations Unit of health insurance company Humana that included information about Respondent Sunrise Pharmacy's sales activity. Humana's internal audit found that, from October 3, 2018 until March 31, 2019, Respondent Sunrise Pharmacy shipped dangerous drugs to patients in California, Louisiana, Ohio, Texas, and Wisconsin. At the time it made shipments into those states, Respondent Sunrise Pharmacy did not hold a pharmacy, wholesaler, or mail pharmacy license in California, Louisiana, Ohio, Texas, and Wisconsin.

6. Humana's audit also found that, from October 3, 2018 until March 31, 2019, Respondent Sunrise Pharmacy sent sales representatives to market to prescribers in California, Louisiana, Ohio, Texas, and Wisconsin. At the time it sent sales representatives to those states, Respondent Sunrise Pharmacy did not hold a pharmacy, wholesaler, or mail pharmacy license in California, Louisiana, Ohio, Texas, and Wisconsin.

7. The dangerous drugs Respondent Sunrise Pharmacy sent into the states where it did not hold a license included lidocaine-prilocaine cream, diclofenac sodium gel, NYAMAYC/GM powder, clindamycin solution, doxycycline hyclate, voriconazole, vancomycin HCL, calcipotriene, flurbiprofen, and tetracycline.

8. Humana sent the results of the audit to Respondent Sunrise Pharmacy and Peters on May 15, 2019. In response to the Humana audit, on June 11, 2019, Peters admitted that Respondent Sunrise Pharmacy mailed dangerous drugs into those states despite not holding a license to do so.

9. In his response, Peters also admitted that he consulted with Respondent Angeles and that she was aware that Respondent Sunrise Pharmacy mailed the dangerous drugs to states where the pharmacy did not hold a license to do so.

APPLICABLE LAW

10. 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. NRS 639.210(12).

11. The Board may revoke or suspend the registration of any license holder who is guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

12. A license holder's conduct is deemed unprofessional and contrary to the public interest if the license holder performs any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k).

13. "Managing pharmacist" means a registered pharmacist who is responsible for the operation of a pharmacy. NRS 639.0087.

14. The Board may revoke or suspend any managing pharmacist's license if he or she has knowingly allowed a violation of any provision of Chapter 639 or other state law or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision. NRS 639.210(15).

15. In lieu of, or in addition to revoking or suspending a license holder'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.

COUNT ONE

Unprofessional Conduct -Performing an Act, Task or Operation for Which Licensure is Required without the Required License
(Respondent Sunrise Pharmacy and Respondent Angeles)

16. As alleged above, from October 3, 2018 until March 31, 2019, Respondent Sunrise Pharmacy sent sales representatives to solicit sales of and shipped dangerous drugs to patients in

California, Louisiana, Ohio, Texas, and Wisconsin. During that timeframe, Respondent Sunrise Pharmacy was not licensed to sell or furnish drugs in California, Louisiana, Ohio, Texas, or Wisconsin. During that timeframe, Respondent Angeles was responsible for the operations of Respondent Sunrise Pharmacy as its managing pharmacist.

17. By soliciting sales of and shipping dangerous drugs into states where it was not licensed to do so, Respondent Sunrise Pharmacy and Respondent Angeles performed an act for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k). By performing these acts, Respondent Sunrise Pharmacy and Respondent Angeles engaged in unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(k). This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4).

COUNT TWO
Knowingly Violating a State Law or Regulation
(Respondent Angeles)

18. As alleged above, from October 3, 2018 until March 31, 2019, Respondent Sunrise Pharmacy shipped dangerous drugs to patients in California, Louisiana, Ohio, Texas, and Wisconsin. During that timeframe, Respondent Sunrise Pharmacy was not licensed to sell or furnish drugs in California, Louisiana, Ohio, Texas, or Wisconsin. During that timeframe, Respondent Angeles was responsible for the operations of Respondent Sunrise Pharmacy as its managing pharmacist.

19. As managing pharmacist of Respondent Sunrise Pharmacy, Respondent Angeles oversaw and was responsible for the shipping of dangerous drugs to patients in states where Respondent Sunrise Pharmacy was not licensed and therefore engaged in unprofessional conduct pursuant to NAC 639.945(1)(k). *See also* NRS 639.0087. By performing these acts, Respondent Angeles, as managing pharmacist, knowingly allowed a violation of a provision of Chapter 639 and other state laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under her supervision. NRS 639.210(15). This is a violation of law for which the Board

may suspend or revoke any certificate, license, registration or permit issued by the Board. NRS 639.210.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Sunrise Pharmacy and Respondent Angeles.

DATED this 24th day of July 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUNRISE PHARMACY,** **License No. PH03880,** **Respondent.**	**Case No. 20-097-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, October 15, 2025, 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 **L.tucker@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, 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 24th day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUNRISE PHARMACY,** **License No. PH03880,** **Respondent.**	**Case No. 20-097-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____ 2025.

AUTHORIZED REPRESENTATIVE FOR SUNRISE PHARMACY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of August 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Sunrise Pharmacy
Attn: Michael Peters
[redacted]
Reno, NV [redacted]

Sunrise Pharmacy
Attn: Michael Peters
[redacted]
Las Vegas, NV [redacted]

Sunrise Pharmacy
Attn: Michael Peters
[redacted]
Las Vegas, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
SEP 12 2025
NEVADA STATE BOARD
OF PHARMACY

JOSEPH S. GILBERT, ESQ.- SBN #. 9033
Joey Gilbert Law
405 Marsh Avenue
Reno, Nevada 89509
Telephone: (775) 284-7700
Attorney for Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, SUNRISE PHARMACY, License No. PH03880, and TAMARA L. ANGELES, RPh, License No. 19070. Respondent.	Case No.: 20-097-PH-S 20-097-RPH-S **ANSWER AND NOTICE OF DEFENSE**

COMES NOW, Respondents, SUNRISE PHARMACY and TAMARA L. ANGELES, RPH (hereinafter referred to as "Respondents") by and through their counsel of record, JOSEPH S. GILBERT, ESQ. of JOEY GILBERT LAW, and answers the Notice of Intended Action and Accusation filed on July 24, 2025, as follows:

JURISDICTION

1. Responding to Paragraph 1 of the Notice of Intended Action and Accusation, Respondent admits that the Nevada State Board of Pharmacy has personal jurisdiction over Respondents Sunrise Pharmacy and Tamara Angeles.

FACTUAL ALLEGATIONS

2. Responding to Paragraph 2 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy admits to the allegation.

3. Responding to Paragraph 3 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy admits to the allegation.

4. Responding to Paragraph 4 of the Notice of Intended Action and Accusation, Respondent Angeles admits to the allegation.

5. Responding to Paragraph 5 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy partially admits and denies the allegation. The Respondent was issued a license in Texas on January 10, 2019.

6. Responding to Paragraph 6 of the Notice of Intended Action and Accusation, Respondent does not have sufficient knowledge as to admit or deny the allegation.

7. Responding to Paragraph 7 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy does not have sufficient knowledge as to admit or deny the allegation.

8. Responding to Paragraph 8 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy admits to the allegations.

9. Responding to Paragraph 9 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy admits to the allegations.

APPLICABLE LAW

10. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

11. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

12. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

13. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

14. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

15. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

COUNT ONE
Unprofessional Conduct – Performing an Act, Task or Operation for Which Licensure is Required without the Required License
(Respondent Sunrise Pharmacy and Respondent Angeles)

16. Responding to Paragraph 16 of the Notice of Intended Action and Accusation, Respondents Sunrise Pharmacy and Angeles, do not have sufficient knowledge as to admit or deny the allegation regarding the sales representatives. The Respondents admit that Respondent Angeles was responsible for the operations of Respondent Sunrise Pharmacy.

17. Responding to Paragraph 17 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in unprofessional conduct and conduct contrary to the public interest and deny that they are subject to discipline by the Board.

COUNT TWO
Knowingly Violating a State Law or Regulation
(Respondent Angeles)

18. Responding to Paragraph 18 of the Notice of Intended Action and Accusation, Respondents Sunrise Pharmacy partially admits and denies the allegation. The Respondent was issued a license in Texas on January 10, 2019. Respondent Angeles was not the PIC listed in Texas.

19. Responding to Paragraph 19 of the Notice of Intended Action and Accusation, Respondent Angeles denies engaging in unprofessional conduct and denies that she is subject to discipline by the Board.

WHEREFORE, Respondent respectfully submits this response to the Notice of Intended Action and Accusation. Respondents, Sunrise Pharmacy and Tamara L. Angeles, RPh, by and through their counsel of record, Joseph S. Gilbert, Esq. of Joey Gilbert Law, assert that they have consistently met their professional obligations. Moreover, the accusations at issue date back to 2018–2019. Sunrise Pharmacy ceased operations in 2020 and did not renew its license thereafter. Pursuant to NRS 11.220, the Board was required to commence any action within four (4) years from the date of discovery. In its Notice, the Board acknowledges receipt of an investigative audit from Humana on or about November 19, 2019, which triggered the applicable limitations period. Accordingly, the statute of limitations expired on November 19, 2023. As we are now nearly two years beyond that deadline, Respondents respectfully request that this matter be dismissed in its entirety.

DATED this 12th day of September, 2025.

JOEY GILBERT LAW

JOSEPH S. GILBERT, ESQ.
Attorney for Respondent,

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 12 day of September. 2025.

SUNRISE PHARMACY

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 12 day of September. 2025.

TAMARA L. ANGELES, RPh

CERTIFICATE OF SERVICE

I hereby certify that copies of the foregoing **Answer and Notice of Defense** was served upon the following person by electronic transmission and/or by mailing a copy to their last known address, first class mail, postage prepaid for non-registered users, on this 12th day of September, 2025 as follows:

Nevada Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, NV 89521
Email: TeamBC@pharmacy.nv.gov and l.tucker@pharmacy.nv.gov

DATED this 12th day of September, 2025.

JOEY GILBERT LAW

Nancy Vazquez

Nancy Vazquez, Legal Assistant

5T

FILED
JUL 24 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUNRISE PHARMACY,** **License No. PH03880, and** **TAMARA L. ANGELES, RPh** **License No. 19070,** **Respondents.**	**Case Nos. 20-097-PH-S** **20-097-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter because, at the time of the events alleged herein, Sunrise Pharmacy (Respondent Sunrise Pharmacy) held a license issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy, and Tamara Angeles (Respondent Angeles) held a license to practice as a pharmacist issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Sunrise Pharmacy, located at 2560 Sunset Road #102 in Las Vegas, Nevada, was licensed by the Board under License No. PH03880 to operate as a pharmacy from April 10, 2018 until October 31, 2020. Respondent Sunrise Pharmacy closed in 2020 and did not renew its license.

3. Michael Peters (Peters) was the owner of Respondent Sunrise Pharmacy at the time of the events alleged herein. Peters is not licensed by the Board and is not a pharmacist.

4. From August 6, 2018 until May 13, 2019, Respondent Angeles, License No. PH03880, was the managing pharmacist for Respondent Sunrise Pharmacy, as the term managing pharmacist is defined by NRS 639.0087.

5. On or about November 19, 2019, the Board received a copy of an investigation and audit from the Special Investigations Unit of health insurance company Humana that included information about Respondent Sunrise Pharmacy's sales activity. Humana's internal audit found that, from October 3, 2018 until March 31, 2019, Respondent Sunrise Pharmacy shipped dangerous drugs to patients in California, Louisiana, Ohio, Texas, and Wisconsin. At the time it made shipments into those states, Respondent Sunrise Pharmacy did not hold a pharmacy, wholesaler, or mail pharmacy license in California, Louisiana, Ohio, Texas, and Wisconsin.

6. Humana's audit also found that, from October 3, 2018 until March 31, 2019, Respondent Sunrise Pharmacy sent sales representatives to market to prescribers in California, Louisiana, Ohio, Texas, and Wisconsin. At the time it sent sales representatives to those states, Respondent Sunrise Pharmacy did not hold a pharmacy, wholesaler, or mail pharmacy license in California, Louisiana, Ohio, Texas, and Wisconsin.

7. The dangerous drugs Respondent Sunrise Pharmacy sent into the states where it did not hold a license included lidocaine-prilocaine cream, diclofenac sodium gel, NYAMAYC/GM powder, clindamycin solution, doxycycline hyclate, voriconazole, vancomycin HCL, calcipotriene, flurbiprofen, and tetracycline.

8. Humana sent the results of the audit to Respondent Sunrise Pharmacy and Peters on May 15, 2019. In response to the Humana audit, on June 11, 2019, Peters admitted that Respondent Sunrise Pharmacy mailed dangerous drugs into those states despite not holding a license to do so.

9. In his response, Peters also admitted that he consulted with Respondent Angeles and that she was aware that Respondent Sunrise Pharmacy mailed the dangerous drugs to states where the pharmacy did not hold a license to do so.

APPLICABLE LAW

10. 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. NRS 639.210(12).

11. The Board may revoke or suspend the registration of any license holder who is guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

12. A license holder's conduct is deemed unprofessional and contrary to the public interest if the license holder performs any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k).

13. "Managing pharmacist" means a registered pharmacist who is responsible for the operation of a pharmacy. NRS 639.0087.

14. The Board may revoke or suspend any managing pharmacist's license if he or she has knowingly allowed a violation of any provision of Chapter 639 or other state law or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision. NRS 639.210(15).

15. In lieu of, or in addition to revoking or suspending a license holder'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.

COUNT ONE

Unprofessional Conduct -Performing an Act, Task or Operation for Which Licensure is Required without the Required License
(Respondent Sunrise Pharmacy and Respondent Angeles)

16. As alleged above, from October 3, 2018 until March 31, 2019, Respondent Sunrise Pharmacy sent sales representatives to solicit sales of and shipped dangerous drugs to patients in

California, Louisiana, Ohio, Texas, and Wisconsin. During that timeframe, Respondent Sunrise Pharmacy was not licensed to sell or furnish drugs in California, Louisiana, Ohio, Texas, or Wisconsin. During that timeframe, Respondent Angeles was responsible for the operations of Respondent Sunrise Pharmacy as its managing pharmacist.

17. By soliciting sales of and shipping dangerous drugs into states where it was not licensed to do so, Respondent Sunrise Pharmacy and Respondent Angeles performed an act for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k). By performing these acts, Respondent Sunrise Pharmacy and Respondent Angeles engaged in unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(k). This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4).

COUNT TWO
Knowingly Violating a State Law or Regulation
(Respondent Angeles)

18. As alleged above, from October 3, 2018 until March 31, 2019, Respondent Sunrise Pharmacy shipped dangerous drugs to patients in California, Louisiana, Ohio, Texas, and Wisconsin. During that timeframe, Respondent Sunrise Pharmacy was not licensed to sell or furnish drugs in California, Louisiana, Ohio, Texas, or Wisconsin. During that timeframe, Respondent Angeles was responsible for the operations of Respondent Sunrise Pharmacy as its managing pharmacist.

19. As managing pharmacist of Respondent Sunrise Pharmacy, Respondent Angeles oversaw and was responsible for the shipping of dangerous drugs to patients in states where Respondent Sunrise Pharmacy was not licensed and therefore engaged in unprofessional conduct pursuant to NAC 639.945(1)(k). *See also* NRS 639.0087. By performing these acts, Respondent Angeles, as managing pharmacist, knowingly allowed a violation of a provision of Chapter 639 and other state laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under her supervision. NRS 639.210(15). This is a violation of law for which the Board

may suspend or revoke any certificate, license, registration or permit issued by the Board. NRS 639.210.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Sunrise Pharmacy and Respondent Angeles.

DATED this 24th day of July 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TAMARA L. ANGELES, RPh** **License No. 19070,** **Respondent.**	**Case No. 20-097-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, October 15, 2025, 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 **L.tucker@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, 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 24 day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TAMARA L. ANGELES, RPh** **License No. 19070,** **Respondent.**	**Case Nos. 20-097-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

TAMARA L. ANGELES, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of August 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Tamara Angeles c/o
Lou Ruvo Center for Brain Health
888 W. Bonneville Ave.
Las Vegas, NV 89106

Tamara Angeles
[redacted]
Las Vegas, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
SEP 12 2025
NEVADA STATE BOARD
OF PHARMACY

JOSEPH S. GILBERT, ESQ.- SBN #. 9033
Joey Gilbert Law
405 Marsh Avenue
Reno, Nevada 89509
Telephone: (775) 284-7700
Attorney for Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, SUNRISE PHARMACY, License No. PH03880, and TAMARA L. ANGELES, RPh, License No. 19070. Respondent.	Case No.: 20-097-PH-S 20-097-RPH-S **ANSWER AND NOTICE OF DEFENSE**

COMES NOW, Respondents, SUNRISE PHARMACY and TAMARA L. ANGELES, RPH (hereinafter referred to as "Respondents") by and through their counsel of record, JOSEPH S. GILBERT, ESQ. of JOEY GILBERT LAW, and answers the Notice of Intended Action and Accusation filed on July 24, 2025, as follows:

JURISDICTION

1. Responding to Paragraph 1 of the Notice of Intended Action and Accusation, Respondent admits that the Nevada State Board of Pharmacy has personal jurisdiction over Respondents Sunrise Pharmacy and Tamara Angeles.

FACTUAL ALLEGATIONS

2. Responding to Paragraph 2 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy admits to the allegation.

3. Responding to Paragraph 3 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy admits to the allegation.

4. Responding to Paragraph 4 of the Notice of Intended Action and Accusation, Respondent Angeles admits to the allegation.

5. Responding to Paragraph 5 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy partially admits and denies the allegation. The Respondent was issued a license in Texas on January 10, 2019.

6. Responding to Paragraph 6 of the Notice of Intended Action and Accusation, Respondent does not have sufficient knowledge as to admit or deny the allegation.

7. Responding to Paragraph 7 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy does not have sufficient knowledge as to admit or deny the allegation.

8. Responding to Paragraph 8 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy admits to the allegations.

9. Responding to Paragraph 9 of the Notice of Intended Action and Accusation, Respondent Sunrise Pharmacy admits to the allegations.

APPLICABLE LAW

10. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

11. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

12. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

13. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

14. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

15. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

COUNT ONE

Unprofessional Conduct – Performing an Act, Task or Operation for Which Licensure is Required without the Required License

(Respondent Sunrise Pharmacy and Respondent Angeles)

16. Responding to Paragraph 16 of the Notice of Intended Action and Accusation, Respondents Sunrise Pharmacy and Angeles, do not have sufficient knowledge as to admit or deny the allegation regarding the sales representatives. The Respondents admit that Respondent Angeles was responsible for the operations of Respondent Sunrise Pharmacy.

17. Responding to Paragraph 17 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in unprofessional conduct and conduct contrary to the public interest and deny that they are subject to discipline by the Board.

COUNT TWO
Knowingly Violating a State Law or Regulation
(Respondent Angeles)

18. Responding to Paragraph 18 of the Notice of Intended Action and Accusation, Respondents Sunrise Pharmacy partially admits and denies the allegation. The Respondent was issued a license in Texas on January 10, 2019. Respondent Angeles was not the PIC listed in Texas.

19. Responding to Paragraph 19 of the Notice of Intended Action and Accusation, Respondent Angeles denies engaging in unprofessional conduct and denies that she is subject to discipline by the Board.

WHEREFORE, Respondent respectfully submits this response to the Notice of Intended Action and Accusation. Respondents, Sunrise Pharmacy and Tamara L. Angeles, RPh, by and through their counsel of record, Joseph S. Gilbert, Esq. of Joey Gilbert Law, assert that they have consistently met their professional obligations. Moreover, the accusations at issue date back to 2018–2019. Sunrise Pharmacy ceased operations in 2020 and did not renew its license thereafter. Pursuant to NRS 11.220, the Board was required to commence any action within four (4) years from the date of discovery. In its Notice, the Board acknowledges receipt of an investigative audit from Humana on or about November 19, 2019, which triggered the applicable limitations period. Accordingly, the statute of limitations expired on November 19, 2023. As we are now nearly two years beyond that deadline, Respondents respectfully request that this matter be dismissed in its entirety.

DATED this 12th day of September, 2025.

JOEY GILBERT LAW

JOSEPH S. GILBERT, ESQ.
Attorney for Respondent,

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 12 day of September. 2025.

SUNRISE PHARMACY

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 12 day of September. 2025.

TAMARA L. ANGELES, RPh

CERTIFICATE OF SERVICE

I hereby certify that copies of the foregoing **Answer and Notice of Defense** was served upon the following person by electronic transmission and/or by mailing a copy to their last known address, first class mail, postage prepaid for non-registered users, on this 12th day of September, 2025 as follows:

Nevada Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, NV 89521
Email: TeamBC@pharmacy.nv.gov and l.tucker@pharmacy.nv.gov

DATED this 12th day of September, 2025.

JOEY GILBERT LAW

Nancy Vazquez

Nancy Vazquez, Legal Assistant

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT MILNE, MD,** **Certificate of Registration No. CS03445,** **Respondent.**	**Case No. 23-418-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter because, at the time of the events alleged herein, Robert Milne, MD, (Respondent) held Certificate of Registration No. CS03445 issued by the Board, authorizing him to prescribe controlled substances.

FACTUAL ALLEGATIONS

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada.

3. At all times mentioned herein, Respondent was a "practitioner" as that term is defined at NRS 639.0125.

4. Since 1984, Respondent has held a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing him to prescribe controlled substances.

5. Respondent is the owner/operator of Milne Medical Center, located at 2110 Pinto Lane, Las Vegas, NV 89106.

6. According to Board records and at all times relevant, Respondent has never held a certificate of registration issued pursuant to NAC 639.742 authorizing him to dispense dangerous drugs and/or controlled substances.

7. On or about October 12, 2023, the Board received a complaint that a patient who was admitted at UMC Hospital in Las Vegas brought in an inappropriately labeled medication vial for a prescription for the dangerous drug naltrexone. The label indicated it was dispensed from Milne Medical Center.

8. On or about October 19, 2023, Board Investigators Kenneth Scheuber and Dena McClish conducted a site visit of Milne Medical Center. Respondent showed the Board Investigators a room he called his "pharmacy," which contained both homeopathic and prescription-only drugs.

9. The room containing the prescription-only drugs was accessible to all of the staff, including non-practitioners, who possessed a key to the room.

10. Board Investigators found two patient-specific prescription vials containing progesterone under the names of two employees, Employee K.B. and Employee C.H. These prescriptions had originally been sent to the employees' homes by Women's Health International Pharmacy.

11. Board Investigators found one patient-specific prescription vial containing ivermectin under the name of Employee K.B. The prescription had originally been sent to Employee K.B.'s home by ACRX Specialty Pharmacy.

12. On information and belief, Employee K.B. and Employee C.H. brought the vials to Respondent's office to dispense to other patients.

13. Board Investigators found two other patient-specific prescription vials containing drugs under the names of Patient C.H. and Patient D.D. Patient C.H.'s prescription for ivermectin was originally sent to the patient's home by ACRX Specialty Pharmacy. Patient D.D.'s prescription for compounded dimercaptosuccinic acid (DMSA) was originally sent to

Respondent's office by 503B pharmacy AnazaoHealth. Patient D.D's prescription was dated as filled on February 9, 2015.

14. On information and belief, Patient C.H. and Patient D.D. brought the vials to Respondent's office to dispense to other patients.

15. Respondent was not able to provide any records to the Board of dangerous drugs that he had dispensed to patients.

APPLICABLE LAW

16. Pursuant to NRS 639.285 and NRS 639.100(1), it is unlawful for any person to possess, store, administer and/or dispense dangerous drugs without having secured the appropriate license and/or certificate of registration from the Board.

17. Although a practitioner may administer dangerous drugs within the scope of his practice, *see* NRS 454.213, a practitioner may not lawfully dispense dangerous drugs unless the practitioner registers with the Board as a dispensing practitioner and thereafter complies with all applicable regulations governing dispensing, *see* NRS 454.215(3), NRS 639.23505, and NAC 639.742.

18. "Dispense" means the furnishing of a controlled substance or dangerous drug in any amount greater than that necessary for the present and immediate needs of the ultimate user. NAC 639.450.

19. "Prescription" means an order given individually for the person for whom prescribed, directly from the practitioner to a pharmacist or indirectly by means of an order signed by the practitioner or by an electronic transmission from the practitioner to a pharmacist. NRS 639.013(1)(a) and NRS 454.00961(1)(a). Prescriptions are patient-specific and medication-specific. NRS 639.013(1)(a) NRS 454.00961(1)(a).

20. "Ultimate user" means a person who lawfully possesses a dangerous drug for the person's own use or the use of a member of the person's household. NRS 454.00978.

21. The Board may suspend or revoke any registration if the holder or applicant: 1) 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 law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12). *See also* NRS 453.236(1)(e) (registration to prescribe controlled substances may be revoked for an act that renders registration inconsistent with the public interest) and NRS 453.231(1) (in considering the registration of an applicant to dispense controlled substances, the Board may consider whether the issuance would be inconsistent with the public interest).

22. Unprofessional conduct includes performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k).

23. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

24. A physician has a duty to make reasonable inquiry concerning the source or origin or drugs procured for administration to patients. *See* NRS 630.301(4) (physician may be disciplined for malpractice); 21 U.S.C.A. § 331 (physician may not receive adulterated drugs distributed in interstate commerce); NRS 454.351 (physician may not possess adulterated drugs distributed in interstate commerce); *see also Bourne v. Valdes*, 141 Nev.___, 569 P.3d 971, 974 (2025) (physician breaches standard of care when adverse drug reaction is a foreseeable consequence of drug therapy).

25. Unprofessional conduct includes performing any 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).

26. Every practitioner who engages in the practice of dispensing or furnishing drugs to patients must maintain a complete and accurate record of all dangerous drugs dispensed or furnished. NRS 454.286(1). These records must be retained for a period of two years and must be open to inspection by members, inspectors, or investigators of the Board. NRS 454.286(2).

27. Unprofessional conduct or conduct contrary to the public interest includes failing to provide data or information that is required to be made and maintained pursuant to chapter 454 to a member of the staff of the Board upon request. NAC 639.945(1)(m).

28. Persons authorized to possess and administer a dangerous drug include an ultimate user or any person designated by the ultimate user pursuant to a written agreement. NRS 454.213(1)(l). It is unlawful for any person to possess a dangerous drug unless the drug was furnished to the person by a pharmacist or dispensing practitioner pursuant to a legal prescription. NRS 454.316. A person may not furnish a dangerous drug unless the dangerous drug was obtained originally by a legal prescription. NRS 454.221(1).

29. It is unlawful for a physician to store dangerous drugs that are not in stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy. NRS 454.316.

COUNT ONE

Unprofessional Conduct – Performing an Act, Task or Operation for Which Licensure is Required without the Required License

30. As alleged above, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k) when he dispensed dangerous drugs without a dispensing practitioner license as required by NRS 454.215(3), NRS 639.23505, and NAC 639.742.

31. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

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COUNT TWO

Negligence and/or Violation of State Law – Holding for Sale An Adulterated Drug

32. As alleged above, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondent held for sale an adulterated drug, the expired prescription for Patient D.D, in violation of NRS 585.520(1).

33. Based upon the facts or circumstances surrounding his professional knowledge of dangerous drugs, Respondent knew or should have known that holding for sale an expired prescription drug was not safe.

34. By holding for sale into interstate commerce adulterated dangerous drugs, Respondent possessed adulterated drugs in violation of 21 U.S.C.A § 331 and/or NRS 454.351.

35. As alleged above, Respondent performed his duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

36. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT THREE

Violation of State Law – Failing to Maintain Accurate Records

37. As alleged above, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(in) when he failed to maintain and produce to Board staff upon request a complete and accurate record of all dangerous drugs he dispensed to patients as required by NRS 454.286(1) and (2).

38. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

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COUNT FOUR

Unlawful Possession of Dangerous Drugs

39. As alleged above, Respondent violated NRS 454.316 when he stored and/or possessed dangerous drugs from patients and employees that were not stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy.

40. As alleged above, Respondent violated NRS 454.316 when he did not acquire the dangerous drugs from patients and employees pursuant to a prescription written by himself or another practitioner, and/or were not dispensed to Respondent by a pharmacy or dispensing practitioner.

41. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Robert Milne, MD.

DATED this 23rd day of October 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT MILNE, MD,** **Certificate of Registration No. CS03445,** **Respondent.**	**Case No. 23-418-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 **L.tucker@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 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT MILNE, MD,** **Certificate of Registration No. CS03445,** **Respondent.**	**Case No. 23-418-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Robert Milne, MD

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 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Robert Milne, MD
[redacted]
Henderson, NV [redacted]

Milne Medical Center
c/o Robert Milne, MD
2110 Pinto Ln
Las Vegas, NV 89106

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT MILNE, MD,** **Certificate of Registration No. CS03445,** **Respondent.**	**Case No. 23-418-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Robert Milne, MD, ("Respondent"), by and through counsel, Christopher R. McCullough, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

5. Respondent 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 to 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.

6. 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 the provisions of this

Stipulation, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent believes that he has testimony and evidence that could refute the violations alleged in the Accusation, but acknowledges that Board staff prosecuting this case could present evidence at an administrative hearing to establish a factual basis for the violation alleged in Count One, Count Two, Count Three, and Count Four of the Accusation, *to wit*:

A. Respondent dispensed dangerous drugs without a dispensing license as required by NRS 454.215(3), NRS 639.23505, and NAC 639.742, thereby engaging in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k).

B. Respondent held for sale an adulterated drug in violation of NRS 585.520(1), thereby engaging in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i).

C. Respondent failed to maintain and produce to Board staff upon request a complete and accurate record of all dangerous drugs he dispensed to patients as required by NRS 454.286(1) and (2), thereby engaging in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(m).

D. Respondent violated NRS 454.316 when he stored and/or possessed dangerous drugs from patients and employees that were not stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy. Furthermore, Respondent violated NRS 454.316 when he did not acquire the dangerous drugs from patients and employees pursuant to a prescription written by himself or another practitioner, and/or were not dispensed to Respondent by a pharmacy or dispensing practitioner.

8. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent accepts the Stipulation as a public reprimand imposed pursuant to NRS 639.255(1)(e).

B. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

C. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-418-CS-S. However, Respondent understands and acknowledges that his failure 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 by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

10. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2026, 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.

11. 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.

12. 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.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board 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 _____ 2025.

_____
ROBERT MILNE, MD
Certificate of Registration No. CS03445

Signed this ____ day of _____ 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

_____
CHRISTOPHER R. MCCULLOUGH, ESQ.
Attorney for Respondent Robert Milne, MD

DECISION AND ORDER

As to Robert Milne, in Case No. 23-418-CS-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter 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 ____day of January 2026.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter because, at the time of the events alleged herein, Eric Welling, M.D. ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS33340.

FACTUAL ALLEGATIONS

2. Respondent is currently licensed by the Nevada State Board of Medical Examiners as a medical doctor.

3. Respondent currently works as an anesthesiologist at Sunrise Hospital and Medical Center in Las Vegas.

4. On or about September 23, 2021, Davis Hospital and Medical Center in Layton, Utah suspended Respondent's clinical privileges because of health and safety concerns related to a cognitive assessment.

5. On or about October 27, 2021, the Wyoming Board of Medicine (Wyoming Board) opened an investigation into Respondent based upon a National Practitioner Data Bank report about Respondent's suspension.

6. On or about July 22, 2022, following the investigation, the Wyoming Board entered an Order for Alcohol, Substance, Mental Health Examination against Respondent requiring him to submit to a mental health evaluation and summarily suspended his license.

7. Respondent complied with the Wyoming Board's Order in January 2023 and received a mental health evaluation along with treatment recommendations.

8. On or about December 14, 2023, the Wyoming Board made findings that Respondent had not complied with the treatment recommendations from the mental health evaluation. Based on these findings, the Wyoming Board found that Respondent was not fit to practice medicine and that his continued practice presents a danger to the public. As a result, the Wyoming Board entered a Finding of Fact, Conclusion of Law suspending Respondent's medical license.

APPLICABLE LAW

9. The Board may suspend a Nevada practitioner's license if the practitioner's license has been suspended by a licensing board in another state. NRS 639.2107.

10. 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).

11. The Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

12. Violation of any term or condition of an order issued by the Board of staff of the Board is deemed to be unprofessional conduct or conduct contrary to the public interest. NAC 639(1)(l). *See also* NRS 453.236(1)(e) and NRS 453.231(1)(h).

COUNT ONE

Unprofessional Conduct – License Suspended in Another State

13. As alleged above, Respondent's license to practice medicine was suspended for failure to adhere to an order by the Wyoming Board of Medicine. A Nevada practitioner's

controlled substance registration may be suspended in Nevada because of a suspension in another state. Furthermore, by failing to adhere to the Wyoming order, Respondent is subject to suspension in Nevada because failure to follow a comparable order issued by the Board would be grounds for suspension in Nevada. For the conduct alleged above, Respondent is subject to discipline pursuant to NRS 639.210(14), NRS 639.210(4), and NAC 639.211.

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 5th day of October 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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 3, 2025, 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 **L.tucker@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, 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 5th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

ERIC WELLING, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of Sept. 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Eric Welling, M.D.
c/o Sunrise Hospital
3186 S Maryland Pkwy.
Las Vegas, NV 89109

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

3. I admit that I am licensed and in good standing with the Nevada State Board of Medical Examiners as a medical doctor.

4. I admit that until October 1, 2025 I worked as an anesthesiologist at Sunrise Hospital and Medical Center in Las Vegas where my peer reviews and patient satisfaction scores were very high as an Anesthesiologist.

5. I admit that on September 23, 2021, my clinical medical staff privileges were suspended at Davis Hospital in Layton, UT. I was sent for a cognitive assessment at Acumen Assessments after which I took an indefinite medical leave of absence from Davis Hospital and took a sabbatical for six months. I testify that the Utah Department of Professional Licensing thoroughly investigated this matter and left my UT medical license intact and in good standing. My DEA license also remained intact and in good standing.

6. I admit that the Wyoming Board of Medicine opened an investigation on October 27, 2021 based upon the NPDB report about the medical staff suspension at Davis Hospital.

7. I admit that the Wyoming Medical Board required an additional mental health evaluation (which I completed in January 2023) and summarily suspended my WY medical license. I also admit and testify that this mental health evaluation was for NOT for abuse of controlled substances or alcohol abuse. My Utah Medical License and DEA licenses remained in good standing after the WY suspension.

8. I admit that on December 14, 2023, the WY Board of Medicine claimed that I had not been compliant with treatment recommendations made during the mental health evaluation. I categorically DENY this claim. I showed during the WY Hearing that I was in complete compliance with all treatment recommendations, that I demonstrated FITNESS to practice medicine and was NOT a danger to the public. At the time of this hearing, I had been successfully practicing Anesthesia at Sunrise Hospital for the preceding two years with excellent peer reviews and patient satisfaction scores. I testify that during the WY BOM hearing that the BOM disallowed letters of recommendation and testimony in favor of my fitness to practice medicine from Dustin Mangus, MD, the Chief of Anesthesia at Sunrise Hospital as well as the President of US Anesthesia Partners, Scott Fielden MD, and the Vice Chairman of USAP, Dean Polce MD.

I also testify that the NV Board of Pharmacy was notified of the WY BOM suspension (Johnna LaRue, NV BOP) and also notified that I was attending weekly physician support meetings in Las Vegas, NV with PRN (Professional Resource Network) to maintain compliance with the mental health evaluation and the NV Board of Medicine.

I also testify that solely as a result of the WY medical license suspension and the corresponding NPDB report, my medical licenses in WA, ID, SD, PA, TN, KY, MI, NH, and CA were subsequently summarily suspended.

I also testify that on September 15, 2025, I have made application in the State of WY for Reactivation of my WY medical license for continued compliance with the recommendations given me by the mental health facility, Acumen Assessment.

I appeal to the NV Board of Pharmacy to let the record show that I notified the NV Board of Pharmacy of the actions by the WY BOM, and that I maintained a good practice of medicine at Sunrise Hospital in Las Vegas, NV for nearly three years. I also showed compliance with the recommendations made by Acumen Assessments to attend weekly counseling sessions (originally only prescribed for several months) for three years to maintain good standing with the NV Board of Medicine and the NV Board of Pharmacy.

I appeal to the NV Board of Pharmacy to maintain my Pharmacy license in good standing and active while I seek reinstatement of my WY Medical license with the WY BOM.

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 1 day of October 2025.

Eric Welling

ERIC WELLING, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Eric Welling, MD, ("Respondent"), hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("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 Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

4. Respondent 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 to 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 the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

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 the Accusation, and, *to wit*:

A. Respondent did not disclose on his 2022 controlled substances application that he had been the subject of disciplinary action before numerous state boards of medicine in violation of the Board's reporting and application requirements.

7. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **One Thousand and 00/100 Dollars ($1,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before June 3, 2026.

B. Respondent shall remain in treatment/counseling for the duration recommended per his mental health examination assessment; and

C. The evaluator/practitioner shall provide quarterly compliance reports to the Board for the full term of treatment.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-078-CS-S. However, Respondent understands and acknowledges that his failure 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 by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

9. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2026, 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. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board 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 10 day of Dec 2025.

ERIC WELLING, MD
Certificate of Registration No. CS33340

Signed this 17th day of Dec 2025.

NEVADA STATE BOARD OF PHARMACY

By
LAURA M. TUCKER, ESQ.
General Counsel

DECISION AND ORDER

As to Eric Welling, in Case No. 24-078-CS-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter 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 ____day of January 2026.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA, Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter because, at the time of the events alleged herein, Respondent Michael J. Stellmacher, PA ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS21884.

FACTUAL ALLEGATIONS

2. At all times relevant to this accusation, Respondent has been employed as the medical director of Premier Beauty, LLC, also known as Channel Pro, (Premier Beauty), located at 4555 S. Fort Apache Road, Suite 104, in Las Vegas, Nevada.

3. Since at least December 28, 2023 until present, Joseph Gillis ("Gillis") owned and/or operated Premier Beauty. Since at least May 9, 2024 until present, Betty Dare ("Dare") was listed as the director of Premier Beauty. Gillis and Dare are not Nevada-licensed practitioners as that term is defined in NRS 639.0125 and NRS 453.126.

4. A Board investigation on August 29, 2024 revealed that Respondent permitted Gillis and Dare to have independent access to the medication storage containing dangerous drugs, and to access those medications outside Respondent's presence without Respondent's supervision.

5. Respondent admitted that he was the medical director of Premier Beauty, but that he rarely was on site and stated that he had no patient records. Respondent was not physically on-site at Premier Beauty while Board investigators were there.

6. Respondent permitted Dare to independently access, possess, furnish, and administer dangerous drugs to patients, to provide on-site medical treatment, including the administration of dangerous drugs through injection, specifically tirzepatide, semaglutide powders, and nicotinamide adenine dinucleotide (NAD), without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

7. Furthermore, the investigation revealed that these dangerous drugs were purchased from OUISA Pharmacy Corp. (OUISA), located in Spring Hill, Florida; OUISA not licensed as a wholesaler by the Board. The dangerous drugs were labeled as not for patient use.

8. Respondent permitted Gillis to purchase the drug products using the National Provider Identifier (NPI) number of Dr. Jayendrakumar Amin (Amin) and had the products shipped to California. Amin is located in California and does not hold any license or registration with the Board.

9. Premier Beauty's inventory included multiple vials of various injectable drugs intended for distribution in foreign markets and not approved for distribution or use in the United States, including medytox and other forms of botulinum toxins, multivitamin injections, and glutathione injections.

10. In at least one instance, Respondent's failure to supervise Dare while she administered tirzepatide to a patient resulted in patient harm. On June 7, 2024, Dare injected patient D.S. with tirzepatide and gave D.S. three more shots to take home with her. D.S. went to the emergency room with injuries from the injection. Respondent was not on site during the injection.

11. On or about February 19, 2025, the Board issued a cease-and-desist order with a citation and fine against Premier Beauty, Gillis, and Dare for unlicensed activity. On or about February 25, 2025, the Board issued a cease-and-desist order with a citation and fine against Amin for unlicensed wholesale activity.

APPLICABLE LAW

12. No person may possess, furnish or administer a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1); NRS 639.1373.

13. Only those individuals permitted to do so pursuant to NRS 454.213 may possess, store, or administer dangerous drugs. Chart orders are patient-specific and medication-specific. *See* NRS 454.0041; NRS 639.004.

14. A physician assistant who is authorized to prescribe and dispense controlled substances and dangerous drugs may do so only for a legitimate medical purpose. NAC 639.280(1)(a).

15. All controlled substances and dangerous drugs in the possession of physician assistant must be kept in a locked storage area with access restricted to authorized persons. NAC 639.285(1).

16. The Board may suspend or revoke the certificate of registration of physician assistant that has failed to maintain the security of his or her drug supply. NAC 639.295(13).

17. It is unlawful to purchase, possess, sell, furnish or administer any drug product intended for distribution in foreign markets and not approved for distribution or use in the United States. 21 U.S.C. § 331; 21 U.S.C. § 355(a); NRS 454.351(1); NRS 585.490.

18. 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 registration issued by the Board to a physician assistant. NRS 639.210(11); NAC 639.295(10).

19. The Board may revoke or suspend the registration of any physician assistant who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454, 585 or 639 of NRS or any regulation pertaining thereto. NRS 639.210(12) NAC 639.295(16).

20. Performing any duties as the holder of a 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); NAC 639.295(4).

21. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

22. It is unlawful for a physician assistant to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

23. Dispensing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct contrary to the public pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

24. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

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COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

25. By permitting Gillis and Dare to have unrestricted access to his inventory of dangerous drugs at Premier Beauty as alleged in paragraphs 4-5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.285(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.295(13) and (16) and/or NRS 639.210(12).

COUNT TWO

Violations of State Law – Unlawful Possession & Administration of Dangerous Drugs

26. By permitting an unlicensed individual to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed not determined that a dangerous drug was medically necessary, as alleged in paragraph 6 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.100(1) and/or NRS 639.1373, and is subject to discipline pursuant to NAC 639.295(16 and/or NRS 639.210(12).

COUNT THREE

Violations of Federal and State Law – Using Drugs Not Approved in the United States

27. By purchasing, possessing, selling, furnishing and/or administering drug products intended for distribution in foreign markets and not approved for distribution or use in the U.S., as alleged in paragraph 9 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 355(a), NRS 454.351(1) and/or NRS 585.490, and is subject to discipline pursuant to NAC 639.295(10) and/or NRS 639.210(11).

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COUNT FOUR

Unprofessional Conduct – Unlawful Possession & Administration of Dangerous Drugs

28. By his conduct as alleged in paragraphs 4-10 herein, Respondent performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, aided and abetted unlicensed practice, and engaged in or aided and abetted others to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n), and is subject to discipline pursuant to NAC 639.295(4) and/or NRS 639.210(4).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with Public Interest

29. By his conduct as alleged in paragraphs 4-10 herein, Respondent has committed acts that render registration inconsistent with 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 impose appropriate discipline with respect to Respondent's Certificate of Registration No. CS21884.

Signed this 9th day of JUNE 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, July 16, 2025, 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** L.Tucker@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 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Michael J. Stellmacher, PA

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 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Michael Stellmacher, PA
[redacted]
Fallon, NV [redacted]

Michael Stellmacher, PA
[redacted]
Pahrump, NV [redacted]

Michael Stellmacher, PA
[redacted]
Las Vegas, NV [redacted]

Forte Family Practice
c/o Michael Stellmacher, PA
9010 West Cheyenne Ave
Las Vegas, NV 89129

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FIRST CHOICE PHARMACY, LLC, Pharmacy License No. PH04395, and** **NICOLE SY, RPH, Certificate of Registration No. 20646, and** **KIRK BEAULIEU, RPH, Certificate of Registration No. 20184,** **Respondents.**	**Case No. 25-110-PH-S** **25-110-RPH-A-S** **25-110-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter because, at the time of the events alleged herein, First Choice Pharmacy, LLC (First Choice) held a license issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy, and Respondent Nicole Sy, RPh (Sy), Certificate of Registration No. 20646, and Respondent Kirk Beaulieu, RPh (Beaulieu), Certificate of Registration No. 20184, were pharmacists registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent First Choice, located at 7260 S. Cimmaron Road, Suite 115, in Las Vegas, Nevada, has been licensed by the Board under License No. PH04395 to operate as a pharmacy from June 6, 2022 through the present.

3. Respondent Sy was employed by First Choice as managing pharmacist from November 17, 2022 until October 27, 2023.

4. Respondent Beaulieu was employed by First Choice as managing pharmacist from December 1, 2023 through the present.

5. Rxeed is a wholesaling platform that represents itself on its website, www.rxeed.com, as an online marketplace that solicits and brokers the sales of prescription drug products between pharmacies across the United States.

6. Rxeed is not licensed to engage in business as a wholesaler in Nevada.

7. On or about April 10, 2024, during its annual inspection of First Choice, a Board Inspector found supplier invoices and shipping confirmations from Rxeed that demonstrated Rxeed was brokering sales from pharmacies in other states to First Choice in Nevada.

8. On or about October 10, 2024, the Board served an Order to Cease-and-Desist/Citation and Fine upon Rxeed for unlicensed wholesale distribution in Nevada. Rxeed satisfied the citation on June 12, 2025.

9. A Board investigation found that, between January 2023 and April 2024, through Rxeed, First Choice purchased drugs and/or prescription medical devices from twenty-three (23) pharmacies[1] that were not licensed with the Board to engage in wholesaling in Nevada.

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[1] The unlicensed pharmacies include Bayside Chemists/VUA Pharmacy; Care Express Pharmacy; Cypress Rx Inc; EZ Max Pharmacy; EZRX; Galaxy Pharmacy; Health Source RX; Lin Pharmacy; MDRX Pharmacy, Inc.; Med Need Rx Pharmacy LLC; Midtown Medicine; Niger Pharmacy and/or Patient Care Pharmacy; Ocean Pharmacy; Pharmacy 45; Planet Rx; Prime Plus Lakeview; Rapid Rx Inc; Red Ribbon Pharmacy Inc; SkyRx Pharmacy Inc.; Spectra Pharmacy Inc.; Sutphin Neighborhood Pharmacy; Town Rx, Inc; and VS Pharmacy Corp.

APPLICABLE LAW

10. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license from the Board. NRS 639.233(1).

11. A pharmacist has a duty to exercise reasonable care when purchasing drugs from a wholesaler for resale to the public. Pursuant to NRS 639.100(1), it is unlawful for any person to permit to be manufactured, distributed at wholesale, sold or dispensed, any drug, poison, medicine or chemical, or to dispense, or permit to be dispensed, any prescription of a practitioner, unless the person holds the appropriate certificate, license or permit and complies with the regulations adopted by the Board.

12. The managing pharmacist of a pharmacy has a duty to acquire pharmacy stock from a lawful source and maintain the records of the stock as required by law. NAC 639.510. Furthermore, 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. NRS 639.210(11), (12) and (15), and/or NRS 639.220(1).

13. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-l) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

14. Every wholesale distributor who engages in wholesale distribution of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

15. Pursuant to Nevada law, exceptions involving pharmacy-to-pharmacy sales apply only in specific circumstances. NRS 639.0155.

16. Performing any duties as the owner of a business or entity licensed by the Board in an incompetent, unskillful, or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

17. 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 by the Board. NRS 639.230(5). Furthermore, any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in its employ. NAC 639.945(3).

18. The Board may revoke or suspend the registration of any licensee 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. NRS 639.210(12).

19. In lieu of, or in addition to revoking or suspending a license holder'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.

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COUNT ONE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner

(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

20. As alleged above, between January 2023 and April 2024, First Choice purchased prescription drugs from twenty-three (23) pharmacies not licensed for wholesale distribution in Nevada through Rxeed.

21. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

22. Respondent Sy was employed by First Choice as managing pharmacist during the relevant time period until October 27, 2023.

23. Respondent Beaulieu was employed by First Choice as managing pharmacist during the relevant time period starting from December 1, 2023.

24. As a licensee of the Board, First Choice is responsible for the acts of all personnel in its employ.

25. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

26. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

27. Before engaging in the purchase of drugs from Rxeed in January 2023, First Choice and Sy had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233. When Beaulieu assumed the position of managing pharmacist on December 1, 2023, he had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233. NRS 639.210(11), (12) and (15), and/or NRS 639.220(1).

28. By failing to verify that Rxeed was a licensed wholesaler in Nevada, Respondents First Choice, Sy, and Beulieu performed their duties as a purchaser and as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

29. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions, Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

30. Respondents' conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO

Aiding or Abetting Violation of a State Law or Regulation
(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

31. Between January 2023 and April 2024, through Rxeed, Respondent purchased drugs from twenty-three pharmacies that were not licensed to engage in the business of wholesaling in Nevada.

32. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

33. Respondent Sy was employed by First Choice as managing pharmacist during the relevant time period until October 27, 2023.

34. Respondent Beaulieu was employed by First Choice as managing pharmacist during the relevant time period starting from December 1, 2023.

35. As a licensee of the Board, First Choice is responsible for the acts of all personnel in its employ.

36. Before engaging in the purchase of drugs from Rxeed in January 2023, Respondents had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233.

37. Upon the drugs' delivery, First Choice dispensed the drugs to patients in Nevada.

38. Respondents knew or should have known that Rxeed was not licensed by the Board to engage in the business of wholesale distribution in Nevada.

39. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

40. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

41. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions, Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

42. By dispensing drugs with actual or constructive knowledge of Rxeed's unlicensed activity as alleged above, Respondents permitted Rxeed to engage in, or assisted or abetted Rxeed in, the unlicensed practice of wholesaling.

43. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(j).

COUNT THREE

Aiding or Abetting Violation of a Federal Law or Regulation
(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

44. Between January 2023 and April 2024, through Rxeed, Respondents purchased drugs from twenty-three pharmacies that were not licensed to engage in the business of wholesaling in Nevada.

45. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

46. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

47. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

48. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions,

Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

49. By purchasing products through Rxeed, a company not licensed to engage in the business of wholesale distribution in Nevada, Respondents permitted Rxeed to engage in, or assisted or abetted Rxeed in, the unlicensed practice of wholesaling in violation of 21 U.S.C. § 360eee-l, 21 U.S.C. § 33l(t), 21 U.S.C. § 353(e)(l)(A) and/or 21 CFR Part 205.

50. Respondents' conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(11).

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 29th day of OCTOBER 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FIRST CHOICE PHARMACY, LLC,** **Pharmacy License No. PH04395,** **Respondent.**	**Case No. 25-110-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 **L.tucker@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 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FIRST CHOICE PHARMACY, LLC, Pharmacy License No. PH04395,** **Respondent.**	**Case No. 25-110-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
First Choice Pharmacy, LLC

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 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

First Choice Pharmacy
7260 S Cimarron Rd, Suite 115
Las Vegas, NV 89113

Nicole Sy, RPh
[redacted]
Las Vegas, NV [redacted]

American Wellness Pharmacy
c/o Nicole Sy, RPh
2775 S Jones Blvd, Suite 100A
Las Vegas, NV 89146

Kirk Beaulieu, RPh
[redacted]
Las Vegas, NV [redacted]

First Choice Pharmacy
c/o Kirk Beaulieu, RPh
7260 S Cimarron Rd, Suite 115
Las Vegas, NV 89113

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
DEC 0 2 2025
NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 25-110-PH-S
25-110-RPH-A-S
25-110-RPH-B-S

V.

FIRST CHOICE PHARMACY, LLC, Pharmacy License No. PH04395, and NICOLE SY, RPH, Certificate of Registration No. 20646, and KIRK BEAULIEU, RPH, Certificate of Registration No. 20184,
Respondents.

ANSWER AND NOTICE OF DEFENSE:

Respondents First Choice Pharmacy, LLC, Kirk Beaulieu, RPh, and Nicole Sy, RPh, hereby submit this Answer and Notice of Defense to the *Notice of Intended Action and Accusation* filed by the Nevada State Board of Pharmacy ("Board"), and respectfully states as follows:

I. PRELIMINARY STATEMENT

1. Respondents deny each and every material allegation contained in the Notice of Intended Action and Accusation, except as expressly admitted herein.
2. Respondent Beaulieu has been a licensed pharmacist for thirty-five (35) years, maintaining licenses in Maine, New Hampshire, and Nevada without any prior disciplinary action.
3. Respondent Beaulieu has consistently conducted himself with integrity, diligence, and transparency in the practice of pharmacy, including during his employment with First Choice Pharmacy beginning December 1, 2023, where he served as Pharmacist-in-Charge ("PIC").
4. The transactions involving Rxeed referenced in the Board's allegations were pre-existing pharmacy practices that began prior to Respondent's employment. Respondents had no prior knowledge or notice that Rxeed was not licensed as a wholesaler in Nevada, and no directive or written communication from the Board, the pharmacy owners, or Rxeed indicated such status.
5. Respondents acted in good faith reliance on the pharmacy's established suppliers and on the Board's prior "good inspection" findings for the facility. At no time did he intend to violate any state or federal law or regulation.

II. RESPONSES TO SPECIFIC COUNTS

COUNT I – Unprofessional Conduct: Performing Duties in an Incompetent, Unskillful, or Negligent Manner

6. Respondents deny the allegations contained in Count I.
7. Respondent Beaulieu did not act incompetently, unskillfully, or negligently. He followed all known compliance practices and relied on prior Board inspections indicating that First Choice Pharmacy operated lawfully.
8. Upon the Board's subsequent notification that Rxeed was an unlicensed marketplace, Respondents immediately ceased all transactions with Rxeed and implemented procedures to verify all current and future wholesalers through the Nevada Board of Pharmacy's licensure database.
9. Respondents have since maintained full compliance and received a "good inspection" on February 11, 2025, from Board Inspector John Castaldo.

COUNT II – Aiding or Abetting Violation of State Law or Regulation

10. Respondents deny the allegations contained in Count II.
11. Respondents did not knowingly or intentionally aid, abet, or assist Rxeed in any unlawful activity. Rxeed the company presented itself as a licensed wholesaler with valid credentials.
12. Respondents had no constructive or actual knowledge of any unlicensed activity until receiving direct instruction from the Board in April 2024, at which point First Choice acted promptly to discontinue all Rxeed use and to verify compliance with NRS 639.239 and NAC 639.510.

COUNT III – Aiding or Abetting Violation of Federal Law or Regulation

13. Respondents deny the allegations contained in Count III.
14. Respondents did not engage in, or knowingly assist, any conduct that violated 21 U.S.C. §§ 331(t), 353(e)(2)(A), or 21 C.F.R. 205.4.
15. Respondents' actions were limited to lawful pharmacy practice in Nevada and in reliance on vendor representations and past inspections that indicated no regulatory issues.

III. MITIGATION AND CORRECTIVE ACTION

16. Respondents respectfully requests that the Board consider their full cooperation with Inspector Leo Basch during the April 5, 2024, inspection, where they provided all invoices and allowed inspection of Rxeed-sourced medications without hesitation or concealment.
17. At no time did Inspector Basch instruct Respondents to cease using Rxeed or indicate that it was unlicensed. The subsequent "good inspection" report further reinforced Respondents' reasonable belief in compliance.
18. Once the Board clarified Rxeed's unlicensed status, Respondents implemented the following corrective measures:

    - Verified the licensure of every wholesaler currently doing business with the pharmacy;
    - Instituted an internal verification SOP for vendor licensing checks;
    - Educated pharmacy staff regarding Nevada wholesaler licensing requirements; and

- Documented all vendor license verifications for future Board inspection review.

19. Respondents have fully cooperated with all Board inquiries and has continued to maintain a compliant and transparent pharmacy operation since the event.

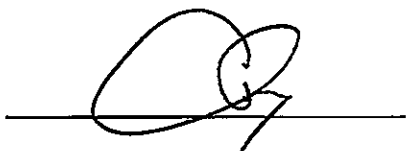
IV. CONCLUSION AND REQUEST FOR RELIEF

20. Respondents respectfully asserts that they acted in good faith, without intent to mislead or violate any law or regulation and corrected any compliance issue immediately upon notice.
21. Respondent Beaulieu's thirty-five-year record of professional service without prior discipline demonstrates his ongoing commitment to the safety and welfare of Nevada patients.
22. Respondents respectfully request that the Board dismiss all counts, or in the alternative, impose no disciplinary action in light of his cooperation, corrective action, and unblemished professional record.

V. VERIFICATION

Filed in a limited, unbundled capacity by Christopher L. Blakesley, Esq., on behalf of Respondents.

Dated this 02 day of December, 2025.



Christopher L. Blakesley, Esq.

5Y

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FIRST CHOICE PHARMACY, LLC, Pharmacy License No. PH04395, and** **NICOLE SY, RPH, Certificate of Registration No. 20646, and** **KIRK BEAULIEU, RPH, Certificate of Registration No. 20184,** **Respondents.**	**Case No. 25-110-PH-S** **25-110-RPH-A-S** **25-110-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter because, at the time of the events alleged herein, First Choice Pharmacy, LLC (First Choice) held a license issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy, and Respondent Nicole Sy, RPh (Sy), Certificate of Registration No. 20646, and Respondent Kirk Beaulieu, RPh (Beaulieu), Certificate of Registration No. 20184, were pharmacists registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent First Choice, located at 7260 S. Cimmaron Road, Suite 115, in Las Vegas, Nevada, has been licensed by the Board under License No. PH04395 to operate as a pharmacy from June 6, 2022 through the present.

3. Respondent Sy was employed by First Choice as managing pharmacist from November 17, 2022 until October 27, 2023.

4. Respondent Beaulieu was employed by First Choice as managing pharmacist from December 1, 2023 through the present.

5. Rxeed is a wholesaling platform that represents itself on its website, www.rxeed.com, as an online marketplace that solicits and brokers the sales of prescription drug products between pharmacies across the United States.

6. Rxeed is not licensed to engage in business as a wholesaler in Nevada.

7. On or about April 10, 2024, during its annual inspection of First Choice, a Board Inspector found supplier invoices and shipping confirmations from Rxeed that demonstrated Rxeed was brokering sales from pharmacies in other states to First Choice in Nevada.

8. On or about October 10, 2024, the Board served an Order to Cease-and-Desist/Citation and Fine upon Rxeed for unlicensed wholesale distribution in Nevada. Rxeed satisfied the citation on June 12, 2025.

9. A Board investigation found that, between January 2023 and April 2024, through Rxeed, First Choice purchased drugs and/or prescription medical devices from twenty-three (23) pharmacies[1] that were not licensed with the Board to engage in wholesaling in Nevada.

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[1] The unlicensed pharmacies include Bayside Chemists/VUA Pharmacy; Care Express Pharmacy; Cypress Rx Inc; EZ Max Pharmacy; EZRX; Galaxy Pharmacy; Health Source RX; Lin Pharmacy; MDRX Pharmacy, Inc.; Med Need Rx Pharmacy LLC; Midtown Medicine; Niger Pharmacy and/or Patient Care Pharmacy; Ocean Pharmacy; Pharmacy 45; Planet Rx; Prime Plus Lakeview; Rapid Rx Inc; Red Ribbon Pharmacy Inc; SkyRx Pharmacy Inc.; Spectra Pharmacy Inc.; Sutphin Neighborhood Pharmacy; Town Rx, Inc; and VS Pharmacy Corp.

APPLICABLE LAW

10. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license from the Board. NRS 639.233(1).

11. A pharmacist has a duty to exercise reasonable care when purchasing drugs from a wholesaler for resale to the public. Pursuant to NRS 639.100(1), it is unlawful for any person to permit to be manufactured, distributed at wholesale, sold or dispensed, any drug, poison, medicine or chemical, or to dispense, or permit to be dispensed, any prescription of a practitioner, unless the person holds the appropriate certificate, license or permit and complies with the regulations adopted by the Board.

12. The managing pharmacist of a pharmacy has a duty to acquire pharmacy stock from a lawful source and maintain the records of the stock as required by law. NAC 639.510. Furthermore, 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. NRS 639.210(11), (12) and (15), and/or NRS 639.220(1).

13. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-l) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

14. Every wholesale distributor who engages in wholesale distribution of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

15. Pursuant to Nevada law, exceptions involving pharmacy-to-pharmacy sales apply only in specific circumstances. NRS 639.0155.

16. Performing any duties as the owner of a business or entity licensed by the Board in an incompetent, unskillful, or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

17. 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 by the Board. NRS 639.230(5). Furthermore, any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in its employ. NAC 639.945(3).

18. The Board may revoke or suspend the registration of any licensee 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. NRS 639.210(12).

19. In lieu of, or in addition to revoking or suspending a license holder'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.

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COUNT ONE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner

(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

20. As alleged above, between January 2023 and April 2024, First Choice purchased prescription drugs from twenty-three (23) pharmacies not licensed for wholesale distribution in Nevada through Rxeed.

21. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

22. Respondent Sy was employed by First Choice as managing pharmacist during the relevant time period until October 27, 2023.

23. Respondent Beaulieu was employed by First Choice as managing pharmacist during the relevant time period starting from December 1, 2023.

24. As a licensee of the Board, First Choice is responsible for the acts of all personnel in its employ.

25. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

26. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

27. Before engaging in the purchase of drugs from Rxeed in January 2023, First Choice and Sy had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233. When Beaulieu assumed the position of managing pharmacist on December 1, 2023, he had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233. NRS 639.210(11), (12) and (15), and/or NRS 639.220(1).

28. By failing to verify that Rxeed was a licensed wholesaler in Nevada, Respondents First Choice, Sy, and Beulieu performed their duties as a purchaser and as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

29. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions, Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

30. Respondents' conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO

Aiding or Abetting Violation of a State Law or Regulation
(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

31. Between January 2023 and April 2024, through Rxeed, Respondent purchased drugs from twenty-three pharmacies that were not licensed to engage in the business of wholesaling in Nevada.

32. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

33. Respondent Sy was employed by First Choice as managing pharmacist during the relevant time period until October 27, 2023.

34. Respondent Beaulieu was employed by First Choice as managing pharmacist during the relevant time period starting from December 1, 2023.

35. As a licensee of the Board, First Choice is responsible for the acts of all personnel in its employ.

36. Before engaging in the purchase of drugs from Rxeed in January 2023, Respondents had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233.

37. Upon the drugs' delivery, First Choice dispensed the drugs to patients in Nevada.

38. Respondents knew or should have known that Rxeed was not licensed by the Board to engage in the business of wholesale distribution in Nevada.

39. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

40. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

41. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions, Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

42. By dispensing drugs with actual or constructive knowledge of Rxeed's unlicensed activity as alleged above, Respondents permitted Rxeed to engage in, or assisted or abetted Rxeed in, the unlicensed practice of wholesaling.

43. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(j).

COUNT THREE

Aiding or Abetting Violation of a Federal Law or Regulation
(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

44. Between January 2023 and April 2024, through Rxeed, Respondents purchased drugs from twenty-three pharmacies that were not licensed to engage in the business of wholesaling in Nevada.

45. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

46. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

47. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

48. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions,

Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

49. By purchasing products through Rxeed, a company not licensed to engage in the business of wholesale distribution in Nevada, Respondents permitted Rxeed to engage in, or assisted or abetted Rxeed in, the unlicensed practice of wholesaling in violation of 21 U.S.C. § 360eee-l, 21 U.S.C. § 33l(t), 21 U.S.C. § 353(e)(l)(A) and/or 21 CFR Part 205.

50. Respondents' conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(11).

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 23rd day of OCTOBER 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NICOLE SY, RPH,** **Certificate of Registration No. 20646,** **Respondent.**	**Case No. 25-110-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 **L.tucker@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 21st day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NICOLE SY, RPH,** **Certificate of Registration No. 20646,** **Respondent.**	**Case No. 25-110-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Nicole Sy, RPh

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 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

First Choice Pharmacy
7260 S Cimarron Rd, Suite 115
Las Vegas, NV 89113

Nicole Sy, RPh
[redacted]
Las Vegas, NV [redacted]

American Wellness Pharmacy
c/o Nicole Sy, RPh
2775 S Jones Blvd, Suite 100A
Las Vegas, NV 89146

Kirk Beaulieu, RPh
[redacted]
Las Vegas, NV [redacted]

First Choice Pharmacy
c/o Kirk Beaulieu, RPh
7260 S Cimarron Rd, Suite 115
Las Vegas, NV 89113

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 25-110-PH-S
25-110-RPH-A-S
25-110-RPH-B-S

V.

FIRST CHOICE PHARMACY, LLC, Pharmacy License No. PH04395, and NICOLE SY, RPH, Certificate of Registration No. 20646, and KIRK BEAULIEU, RPH, Certificate of Registration No. 20184,
Respondents.

ANSWER AND NOTICE OF DEFENSE:

Respondents First Choice Pharmacy, LLC, Kirk Beaulieu, RPh, and Nicole Sy, RPh, hereby submit this Answer and Notice of Defense to the *Notice of Intended Action and Accusation* filed by the Nevada State Board of Pharmacy ("Board"), and respectfully states as follows:

I. PRELIMINARY STATEMENT

1. Respondents deny each and every material allegation contained in the Notice of Intended Action and Accusation, except as expressly admitted herein.
2. Respondent Beaulieu has been a licensed pharmacist for thirty-five (35) years, maintaining licenses in Maine, New Hampshire, and Nevada without any prior disciplinary action.
3. Respondent Beaulieu has consistently conducted himself with integrity, diligence, and transparency in the practice of pharmacy, including during his employment with First Choice Pharmacy beginning December 1, 2023, where he served as Pharmacist-in-Charge ("PIC").
4. The transactions involving Rxeed referenced in the Board's allegations were pre-existing pharmacy practices that began prior to Respondent's employment. Respondents had no prior knowledge or notice that Rxeed was not licensed as a wholesaler in Nevada, and no directive or written communication from the Board, the pharmacy owners, or Rxeed indicated such status.
5. Respondents acted in good faith reliance on the pharmacy's established suppliers and on the Board's prior "good inspection" findings for the facility. At no time did he intend to violate any state or federal law or regulation.

II. RESPONSES TO SPECIFIC COUNTS

COUNT I – Unprofessional Conduct: Performing Duties in an Incompetent, Unskillful, or Negligent Manner

6. Respondents deny the allegations contained in Count I.
7. Respondent Beaulieu did not act incompetently, unskillfully, or negligently. He followed all known compliance practices and relied on prior Board inspections indicating that First Choice Pharmacy operated lawfully.
8. Upon the Board's subsequent notification that Rxeed was an unlicensed marketplace, Respondents immediately ceased all transactions with Rxeed and implemented procedures to verify all current and future wholesalers through the Nevada Board of Pharmacy's licensure database.
9. Respondents have since maintained full compliance and received a "good inspection" on February 11, 2025, from Board Inspector John Castaldo.

COUNT II – Aiding or Abetting Violation of State Law or Regulation

10. Respondents deny the allegations contained in Count II.
11. Respondents did not knowingly or intentionally aid, abet, or assist Rxeed in any unlawful activity. Rxeed the company presented itself as a licensed wholesaler with valid credentials.
12. Respondents had no constructive or actual knowledge of any unlicensed activity until receiving direct instruction from the Board in April 2024, at which point First Choice acted promptly to discontinue all Rxeed use and to verify compliance with NRS 639.239 and NAC 639.510.

COUNT III – Aiding or Abetting Violation of Federal Law or Regulation

13. Respondents deny the allegations contained in Count III.
14. Respondents did not engage in, or knowingly assist, any conduct that violated 21 U.S.C. §§ 331(t), 353(e)(2)(A), or 21 C.F.R. 205.4.
15. Respondents' actions were limited to lawful pharmacy practice in Nevada and in reliance on vendor representations and past inspections that indicated no regulatory issues.

III. MITIGATION AND CORRECTIVE ACTION

16. Respondents respectfully requests that the Board consider their full cooperation with Inspector Leo Basch during the April 5, 2024, inspection, where they provided all invoices and allowed inspection of Rxeed-sourced medications without hesitation or concealment.
17. At no time did Inspector Basch instruct Respondents to cease using Rxeed or indicate that it was unlicensed. The subsequent "good inspection" report further reinforced Respondents' reasonable belief in compliance.
18. Once the Board clarified Rxeed's unlicensed status, Respondents implemented the following corrective measures:

    - Verified the licensure of every wholesaler currently doing business with the pharmacy;
    - Instituted an internal verification SOP for vendor licensing checks;
    - Educated pharmacy staff regarding Nevada wholesaler licensing requirements; and

- Documented all vendor license verifications for future Board inspection review.

19. Respondents have fully cooperated with all Board inquiries and has continued to maintain a compliant and transparent pharmacy operation since the event.

IV. CONCLUSION AND REQUEST FOR RELIEF

20. Respondents respectfully asserts that they acted in good faith, without intent to mislead or violate any law or regulation and corrected any compliance issue immediately upon notice.
21. Respondent Beaulieu's thirty-five-year record of professional service without prior discipline demonstrates his ongoing commitment to the safety and welfare of Nevada patients.
22. Respondents respectfully request that the Board dismiss all counts, or in the alternative, impose no disciplinary action in light of his cooperation, corrective action, and unblemished professional record.

V. VERIFICATION

Filed in a limited, unbundled capacity by Christopher L. Blakesley, Esq., on behalf of Respondents.

Dated this 02 day of December, 2025.



Christopher L. Blakesley, Esq.

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FILED
OCT 2 3 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FIRST CHOICE PHARMACY, LLC, Pharmacy License No. PH04395, and** **NICOLE SY, RPH, Certificate of Registration No. 20646, and** **KIRK BEAULIEU, RPH, Certificate of Registration No. 20184,** **Respondents.**	**Case No. 25-110-PH-S** **25-110-RPH-A-S** **25-110-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 jurisdiction over this matter because, at the time of the events alleged herein, First Choice Pharmacy, LLC (First Choice) held a license issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy, and Respondent Nicole Sy, RPh (Sy), Certificate of Registration No. 20646, and Respondent Kirk Beaulieu, RPh (Beaulieu), Certificate of Registration No. 20184, were pharmacists registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent First Choice, located at 7260 S. Cimmaron Road, Suite 115, in Las Vegas, Nevada, has been licensed by the Board under License No. PH04395 to operate as a pharmacy from June 6, 2022 through the present.

3. Respondent Sy was employed by First Choice as managing pharmacist from November 17, 2022 until October 27, 2023.

4. Respondent Beaulieu was employed by First Choice as managing pharmacist from December 1, 2023 through the present.

5. Rxeed is a wholesaling platform that represents itself on its website, www.rxeed.com, as an online marketplace that solicits and brokers the sales of prescription drug products between pharmacies across the United States.

6. Rxeed is not licensed to engage in business as a wholesaler in Nevada.

7. On or about April 10, 2024, during its annual inspection of First Choice, a Board Inspector found supplier invoices and shipping confirmations from Rxeed that demonstrated Rxeed was brokering sales from pharmacies in other states to First Choice in Nevada.

8. On or about October 10, 2024, the Board served an Order to Cease-and-Desist/Citation and Fine upon Rxeed for unlicensed wholesale distribution in Nevada. Rxeed satisfied the citation on June 12, 2025.

9. A Board investigation found that, between January 2023 and April 2024, through Rxeed, First Choice purchased drugs and/or prescription medical devices from twenty-three (23) pharmacies[1] that were not licensed with the Board to engage in wholesaling in Nevada.

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[1] The unlicensed pharmacies include Bayside Chemists/VUA Pharmacy; Care Express Pharmacy; Cypress Rx Inc; EZ Max Pharmacy; EZRX; Galaxy Pharmacy; Health Source RX; Lin Pharmacy; MDRX Pharmacy, Inc.; Med Need Rx Pharmacy LLC; Midtown Medicine; Niger Pharmacy and/or Patient Care Pharmacy; Ocean Pharmacy; Pharmacy 45; Planet Rx; Prime Plus Lakeview; Rapid Rx Inc; Red Ribbon Pharmacy Inc; SkyRx Pharmacy Inc.; Spectra Pharmacy Inc.; Sutphin Neighborhood Pharmacy; Town Rx, Inc; and VS Pharmacy Corp.

APPLICABLE LAW

10. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license from the Board. NRS 639.233(1).

11. A pharmacist has a duty to exercise reasonable care when purchasing drugs from a wholesaler for resale to the public. Pursuant to NRS 639.100(1), it is unlawful for any person to permit to be manufactured, distributed at wholesale, sold or dispensed, any drug, poison, medicine or chemical, or to dispense, or permit to be dispensed, any prescription of a practitioner, unless the person holds the appropriate certificate, license or permit and complies with the regulations adopted by the Board.

12. The managing pharmacist of a pharmacy has a duty to acquire pharmacy stock from a lawful source and maintain the records of the stock as required by law. NAC 639.510. Furthermore, 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. NRS 639.210(11), (12) and (15), and/or NRS 639.220(1).

13. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-l) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

14. Every wholesale distributor who engages in wholesale distribution of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

15. Pursuant to Nevada law, exceptions involving pharmacy-to-pharmacy sales apply only in specific circumstances. NRS 639.0155.

16. Performing any duties as the owner of a business or entity licensed by the Board in an incompetent, unskillful, or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

17. 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 by the Board. NRS 639.230(5). Furthermore, any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in its employ. NAC 639.945(3).

18. The Board may revoke or suspend the registration of any licensee 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. NRS 639.210(12).

19. In lieu of, or in addition to revoking or suspending a license holder'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.

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COUNT ONE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner

(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

20. As alleged above, between January 2023 and April 2024, First Choice purchased prescription drugs from twenty-three (23) pharmacies not licensed for wholesale distribution in Nevada through Rxeed.

21. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

22. Respondent Sy was employed by First Choice as managing pharmacist during the relevant time period until October 27, 2023.

23. Respondent Beaulieu was employed by First Choice as managing pharmacist during the relevant time period starting from December 1, 2023.

24. As a licensee of the Board, First Choice is responsible for the acts of all personnel in its employ.

25. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

26. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

27. Before engaging in the purchase of drugs from Rxeed in January 2023, First Choice and Sy had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233. When Beaulieu assumed the position of managing pharmacist on December 1, 2023, he had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233. NRS 639.210(11), (12) and (15), and/or NRS 639.220(1).

28. By failing to verify that Rxeed was a licensed wholesaler in Nevada, Respondents First Choice, Sy, and Beulieu performed their duties as a purchaser and as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

29. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions, Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

30. Respondents' conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO

Aiding or Abetting Violation of a State Law or Regulation
(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

31. Between January 2023 and April 2024, through Rxeed, Respondent purchased drugs from twenty-three pharmacies that were not licensed to engage in the business of wholesaling in Nevada.

32. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

33. Respondent Sy was employed by First Choice as managing pharmacist during the relevant time period until October 27, 2023.

34. Respondent Beaulieu was employed by First Choice as managing pharmacist during the relevant time period starting from December 1, 2023.

35. As a licensee of the Board, First Choice is responsible for the acts of all personnel in its employ.

36. Before engaging in the purchase of drugs from Rxeed in January 2023, Respondents had a duty to request proof that Rxeed was a licensed wholesaler in Nevada pursuant to NRS 639.233.

37. Upon the drugs' delivery, First Choice dispensed the drugs to patients in Nevada.

38. Respondents knew or should have known that Rxeed was not licensed by the Board to engage in the business of wholesale distribution in Nevada.

39. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

40. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

41. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions, Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

42. By dispensing drugs with actual or constructive knowledge of Rxeed's unlicensed activity as alleged above, Respondents permitted Rxeed to engage in, or assisted or abetted Rxeed in, the unlicensed practice of wholesaling.

43. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(j).

COUNT THREE

Aiding or Abetting Violation of a Federal Law or Regulation
(Respondents First Choice Pharmacy, Respondent Sy, and Respondent Beaulieu)

44. Between January 2023 and April 2024, through Rxeed, Respondents purchased drugs from twenty-three pharmacies that were not licensed to engage in the business of wholesaling in Nevada.

45. During the relevant time period, Rxeed did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

46. Rxeed had a legal obligation to obtain a wholesaler license based upon its role as a broker for the sales.

47. Each of the pharmacies selling to First Choice had a legal obligation to obtain a wholesaler license based upon its role as seller.

48. Based upon the facts and circumstances surrounding the transactions, including the existence of documentary proof that Rxeed was brokering *pharmacy-to-pharmacy* transactions,

Respondents had duty to inquire as to whether Rxeed and/or each of the pharmacies was licensed to engage in wholesale distribution.

49. By purchasing products through Rxeed, a company not licensed to engage in the business of wholesale distribution in Nevada, Respondents permitted Rxeed to engage in, or assisted or abetted Rxeed in, the unlicensed practice of wholesaling in violation of 21 U.S.C. § 360eee-l, 21 U.S.C. § 33l(t), 21 U.S.C. § 353(e)(l)(A) and/or 21 CFR Part 205.

50. Respondents' conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(11).

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 23rd day of OCTOBER 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIRK BEAULIEU, RPH,** **Certificate of Registration No. 20184,** **Respondent.**	**Case No. 25-110-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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, January 14, 2026, 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 **L.tucker@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 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIRK BEAULIEU, RPH,** **Certificate of Registration No. 20184,** **Respondent.**	**Case No. 25-110-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Kirk Beaulieu, RPh

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 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

First Choice Pharmacy
7260 S Cimarron Rd, Suite 115
Las Vegas, NV 89113

Nicole Sy, RPh
[redacted]
Las Vegas, NV [redacted]

American Wellness Pharmacy
c/o Nicole Sy, RPh
2775 S Jones Blvd, Suite 100A
Las Vegas, NV 89146

Kirk Beaulieu, RPh
[redacted]
Las Vegas, NV [redacted]

First Choice Pharmacy
c/o Kirk Beaulieu, RPh
7260 S Cimarron Rd, Suite 115
Las Vegas, NV 89113

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 25-110-PH-S
25-110-RPH-A-S
25-110-RPH-B-S

V.

FIRST CHOICE PHARMACY, LLC, Pharmacy License No. PH04395, and NICOLE SY, RPH, Certificate of Registration No. 20646, and KIRK BEAULIEU, RPH, Certificate of Registration No. 20184,
Respondents.

ANSWER AND NOTICE OF DEFENSE:

Respondents First Choice Pharmacy, LLC, Kirk Beaulieu, RPh, and Nicole Sy, RPh, hereby submit this Answer and Notice of Defense to the *Notice of Intended Action and Accusation* filed by the Nevada State Board of Pharmacy ("Board"), and respectfully states as follows:

I. PRELIMINARY STATEMENT

1. Respondents deny each and every material allegation contained in the Notice of Intended Action and Accusation, except as expressly admitted herein.
2. Respondent Beaulieu has been a licensed pharmacist for thirty-five (35) years, maintaining licenses in Maine, New Hampshire, and Nevada without any prior disciplinary action.
3. Respondent Beaulieu has consistently conducted himself with integrity, diligence, and transparency in the practice of pharmacy, including during his employment with First Choice Pharmacy beginning December 1, 2023, where he served as Pharmacist-in-Charge ("PIC").
4. The transactions involving Rxeed referenced in the Board's allegations were pre-existing pharmacy practices that began prior to Respondent's employment. Respondents had no prior knowledge or notice that Rxeed was not licensed as a wholesaler in Nevada, and no directive or written communication from the Board, the pharmacy owners, or Rxeed indicated such status.
5. Respondents acted in good faith reliance on the pharmacy's established suppliers and on the Board's prior "good inspection" findings for the facility. At no time did he intend to violate any state or federal law or regulation.

II. RESPONSES TO SPECIFIC COUNTS

COUNT I – Unprofessional Conduct: Performing Duties in an Incompetent, Unskillful, or Negligent Manner

6. Respondents deny the allegations contained in Count I.
7. Respondent Beaulieu did not act incompetently, unskillfully, or negligently. He followed all known compliance practices and relied on prior Board inspections indicating that First Choice Pharmacy operated lawfully.
8. Upon the Board's subsequent notification that Rxeed was an unlicensed marketplace, Respondents immediately ceased all transactions with Rxeed and implemented procedures to verify all current and future wholesalers through the Nevada Board of Pharmacy's licensure database.
9. Respondents have since maintained full compliance and received a "good inspection" on February 11, 2025, from Board Inspector John Castaldo.

COUNT II – Aiding or Abetting Violation of State Law or Regulation

10. Respondents deny the allegations contained in Count II.
11. Respondents did not knowingly or intentionally aid, abet, or assist Rxeed in any unlawful activity. Rxeed the company presented itself as a licensed wholesaler with valid credentials.
12. Respondents had no constructive or actual knowledge of any unlicensed activity until receiving direct instruction from the Board in April 2024, at which point First Choice acted promptly to discontinue all Rxeed use and to verify compliance with NRS 639.239 and NAC 639.510.

COUNT III – Aiding or Abetting Violation of Federal Law or Regulation

13. Respondents deny the allegations contained in Count III.
14. Respondents did not engage in, or knowingly assist, any conduct that violated 21 U.S.C. §§ 331(t), 353(e)(2)(A), or 21 C.F.R. 205.4.
15. Respondents' actions were limited to lawful pharmacy practice in Nevada and in reliance on vendor representations and past inspections that indicated no regulatory issues.

III. MITIGATION AND CORRECTIVE ACTION

16. Respondents respectfully requests that the Board consider their full cooperation with Inspector Leo Basch during the April 5, 2024, inspection, where they provided all invoices and allowed inspection of Rxeed-sourced medications without hesitation or concealment.
17. At no time did Inspector Basch instruct Respondents to cease using Rxeed or indicate that it was unlicensed. The subsequent "good inspection" report further reinforced Respondents' reasonable belief in compliance.
18. Once the Board clarified Rxeed's unlicensed status, Respondents implemented the following corrective measures:

    - Verified the licensure of every wholesaler currently doing business with the pharmacy;
    - Instituted an internal verification SOP for vendor licensing checks;
    - Educated pharmacy staff regarding Nevada wholesaler licensing requirements; and

- Documented all vendor license verifications for future Board inspection review.

19. Respondents have fully cooperated with all Board inquiries and has continued to maintain a compliant and transparent pharmacy operation since the event.

IV. CONCLUSION AND REQUEST FOR RELIEF

20. Respondents respectfully asserts that they acted in good faith, without intent to mislead or violate any law or regulation and corrected any compliance issue immediately upon notice.
21. Respondent Beaulieu's thirty-five-year record of professional service without prior discipline demonstrates his ongoing commitment to the safety and welfare of Nevada patients.
22. Respondents respectfully request that the Board dismiss all counts, or in the alternative, impose no disciplinary action in light of his cooperation, corrective action, and unblemished professional record.

V. VERIFICATION

Filed in a limited, unbundled capacity by Christopher L. Blakesley, Esq., on behalf of Respondents.

Dated this 02 day of December, 2025.



Christopher L. Blakesley, Esq.

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842, Pharmacy License No. PH01249,** **and** **SOTHY HIM, RPH, Certificate of Registration No. 15426,** **Respondents.**	**CASE NOS. 24-451-PH-S** **24-451-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Sothy Him, RPh (Him), Certificate of Registration No. 15426, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #03842 (Walgreens #03842), Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Him was employed as a pharmacist of Walgreens #03842, located at 2389 E. Windmill in Las Vegas, at the time of the events alleged herein.

3. On October 19, 2024, Walgreens #03842 refilled a prescription for 30 tablets of 40 mg citalopram, an antidepressant, for patient L.F. The Walgreens pharmacy computer system designated this prescription no. 4614048.

4. Prescription no. 4614048 was prepared using a dispensing machine. After the vial was filled, Him verified prescription no. 4614048 through a visual inspection. Him did not document any problems with prescription no. 4614048.

5. Patient L.F. picked up prescription no. 4614048 on October 20, 2024 from Walgreens #03842.

6. After taking 23 tablets of the medication in prescription no. 4614048, patient L.F. experienced several adverse symptoms, including lightheadedness, dizziness, and weakness. She also felt her depression worsen and had suicidal thoughts. She reported these symptoms to her doctor.

7. At the direction of her doctor, patient L.F. visually inspected her remaining medication and discovered that the citalopram tablets were mixed with other slightly larger white tablets that were later identified as carvedilol, a medication used to treat high blood pressure and heart failure. Of the seven remaining tablets, five were citalopram and two were carvedilol.

8. Patient L.F. called Walgreens #03842 to report the misfill. The pharmacist on duty at the time of the call, Christine Quimbly (Quimbly), conducted an inspection of the dispensing machine. Quimbly found one tablet of carvedilol 25mg in the citalopram 40mg cell of the dispensing machine.

9. In February 2006, the Board disciplined Respondent Walgreens #03842 for a misfill, resulting in a $500 fine.

10. In August 2009, the Board disciplined Respondent Walgreens #03842 for a misfill, resulting in a letter of concern.

11. In June 2023, the Board disciplined Respondent Walgreens #03842 for dispensing a discontinued prescription medication, resulting in a $10,000 fine.

12. In January 2003, the Board disciplined Respondent Him for a misfill, resulting in a $100 fine.

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APPLICABLE LAW

13. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

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. Furthermore, 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(3).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription
(Respondent Him)

16. Respondent Him engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when, as the pharmacist on duty at Walgreens #03842, he performed final verification for prescription no. 4614048 and failed to observe that the vial contained some tablets that were the incorrect medication.

17. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Him is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #03842)

18. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens #03842 is responsible for those violations, including all errors and omissions of Respondent Him and any other pharmacy

personnel in the course of erroneously filling and dispensing prescription no. 4614048, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 5th day of SEPTEMBER 2025.

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

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842,** **Pharmacy License No. PH01249,** **Respondent.**	**Case No. 24-451-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("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 3, 2025, 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 **L.tucker@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 5th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842, Pharmacy License No. PH01249,** **Respondent.**	**Case No. 24-451-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
Walgreens Pharmacy #03842

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #03842
2389 E Windmill Lane
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Sothy Him
[redacted]
Las Vegas, NV [redacted]

Walgreens Pharmacy #03842
c/o Sothy Him
2389 E Windmill Lane
Las Vegas, NV 89123

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842, Pharmacy License No. PH01249, and** **SOTHY HIM, RPH, Certificate of Registration No. 15426,** **Respondents.**	**Case Nos. 24-451-PH-S** **24-451-RPH-S** **STIPULATION AND ORDER [WALGREENS PHARMACY #03842 ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Walgreens Pharmacy #03842, Pharmacy License No. PH01249, ("Respondent"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that it understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that it has executed it knowingly and voluntarily.

5. Respondent 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 to 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.

6. 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 the provisions of this Stipulation, Respondent hereby freely and voluntarily waives its right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in Count Two of the Accusation.

8. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **One Thousand and 00/100 Dollars ($1,000.00)**, payable by cashier's check, certified check, or money order written to the "**State of Nevada, Office of the Treasurer**." Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by cashier's check, certified check, or money order written to the "**Nevada State Board of Pharmacy**." Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

C. Respondent will ensure that all pharmacies in Nevada that use automated filling cells require pharmacists to review the SOPs for filling automated cells with medications from stock bottles. Respondent will provide documentation to Board staff that all personnel responsible for filling the automated cells have reviewed those SOPs within sixty (60) days of the effective date of this Stipulation and Order.

D. As part of Respondent's ongoing business planning, Walgreens #03842 will cease using the Yuyama EV-1 automated filling cells as of January 31, 2025.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-451-PH-S. However, Respondent understands and acknowledges that its failure 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 by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

10. The Board's 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 3, 2025, 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.

11. 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.

12. 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.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 202_

Walgreens Pharmacy #03842

By: _____
Name : _____
Title: _____

Signed this ____ day of _____ 202_

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Signed this ____ day of _____ 202_
Approved as to Form and Content:

_____
WILLIAM J. STILLING, ESQ.
Attorney for Respondent Walgreens Pharmacy #03842

DECISION AND ORDER

As to Walgreens Pharmacy #03842, in Case No. 24-451-PH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter 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 ____day of January 2026.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PRIME PLUS LAKEVIEW,** **Respondent.**	**Case No. 25-110-V-O** **FIRST AMENDED STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about September 15, 2025, a Citation and Fine Order was served upon Respondent Prime Plus Lakeview, (Respondent) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent is a pharmacy located at 3156 N. Clark St. in Chicago, Illinois.

2. Respondent does not hold a license issued by the Board to engage in wholesaling in the State of Nevada as required by NRS 639.233 and NAC 639.593.

3. First Choice Pharmacy, LLC is a pharmacy licensed by the Board and is located at 7260 S. Cimmaron Road, Suite 115, in Las Vegas, Nevada.

4. Rxeed is a wholesaling platform that represents itself on its website, www.rxeed.com, as an online marketplace that solicits and brokers the sales of prescription drug products between pharmacies across the United States.

5. Rxeed is not licensed to engage in business as a wholesaler in Nevada.

6. On August 25, 2023, through Rxeed, Respondent sold and/or shipped Vemlidy to First Choice Pharmacy in Las Vegas, Nevada, despite not having a license issued pursuant to NRS 639.233 and NAC 639.593. First Choice Pharmacy received the shipment in Nevada on September 1, 2023.

7. On or about October 10, 2024, the Board served an Order to Cease-and-Desist/Citation and Fine upon Rxeed for unlicensed wholesale distribution in Nevada. Rxeed satisfied the citation on June 12, 2025.

8. On or about September 15, 2025, following a Board investigation into Respondent's conduct in August and September 2023, the Board issued a Citation and Fine Order on Respondent.

9. On or about October 15, 2025, Respondent appealed the Citation and Fine Order and requested a hearing before the Board.

APPLICABLE LAW

10. Anyone who engages in the business of wholesale distribution or furnishing of drugs that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100(3); NRS 639.233(1).

11. A person is "engaged in the business of furnishing" if the person solicits or accepts orders for drugs or devices whose sale in this State are restricted by chapters 453, 454 and/or 639 of the Nevada Revised Statutes. NRS 639.233(2).

12. "Wholesaler" means a wholesale distributor as defined by 21 CFR § 205.3(g). NRS 639.016.

13. Every wholesale distributor who engages in wholesale distribution of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

14. Pursuant to Nevada law, exceptions involving pharmacy-to-pharmacy sales apply only in specific circumstances. NRS 639.0155.

15. Wholesalers are subject to the licensing requirements specified in NRS 639.500, NRS 639.505, and NAC 639.593-5938, inclusive. Licensing of wholesalers is also subject to the requirements of federal law. 21 U.S.C. § 353(e)(l)(A); 21 CFR Part 205.

16. The Board may issue a Citation and Fine Order to individuals and/or entities that fail to comply with regulations adopted by the Board. NRS 639.100(1); NRS 639.2895.

17. The Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Violation of State Law: Wholesale Distribution in Nevada without a License

18. Respondent engaged in wholesale distribution into Nevada without first obtaining a license as required by NRS 639.233 and NAC 639.593.

19. Because of these actions, Respondent unlawfully engaged in wholesale distribution within the state. NRS 639.100(1), 21 U.S.C. § 353(e)(l)(A) and/or 21 CFR Part 205.

20. Having engaged in unlawful conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.100(1); NRS 639.2895.

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 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, January 14, 2026, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged

misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Dated this 16th day of December 2025.

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 10th day of December 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Prime Plus Lakeview
3156 N Clark
Chicago, IL 60657

Prime Plus Lakeview
c/o Chandon S. Alexander, Esq.
400 South Seventh St, Suite 100
Las Vegas, NV 89101

And via Electronic Mail to: chandon@spartacuslawfirm.com

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
OCT 23 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PRIME PLUS LAKEVIEW,** **Respondent.**	**Case No. 25-110-V-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about September 15, 2025, a Citation and Fine Order was served upon Respondent Prime Plus Lakeview, (Respondent) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent is a pharmacy located at 3156 N. Clark St. in Chicago, Illinois.

2. Respondent does not hold a license issued by the Board to engage in wholesaling in the State of Nevada as required by NRS 639.233 and NAC 639.593.

3. First Choice Pharmacy, LLC is a pharmacy licensed by the Board and is located at 7260 S. Cimmaron Road, Suite 115, in Las Vegas, Nevada.

4. Rxeed is a wholesaling platform that represents itself on its website, www.rxeed.com, as an online marketplace that solicits and brokers the sales of prescription drug products between pharmacies across the United States.

5. Rxeed is not licensed to engage in business as a wholesaler in Nevada.

6. On August 25, 2023, through Rxeed, Respondent sold and/or shipped Vemlidy to First Choice Pharmacy in Las Vegas, Nevada, despite not having a license issued pursuant to NRS 639.233 and NAC 639.593. First Choice Pharmacy received the shipment in Nevada on September 1, 2023.

7. On or about October 10, 2024, the Board served an Order to Cease-and-Desist/Citation and Fine upon Rxeed for unlicensed wholesale distribution in Nevada. Rxeed satisfied the citation on June 12, 2025.

8. On or about September 15, 2025, following a Board investigation into Respondent's conduct in August and September 2023, the Board issued a Citation and Fine Order on Respondent.

9. On or about October 15, 2025, Respondent appealed the Citation and Fine Order and requested a hearing before the Board.

APPLICABLE LAW

10. Anyone who engages in the business of wholesale distribution or furnishing of drugs that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100(3); NRS 639.233(1).

11. A person is "engaged in the business of furnishing" if the person solicits or accepts orders for drugs or devices whose sale in this State are restricted by chapters 453, 454 and/or 639 of the Nevada Revised Statutes. NRS 639.233(2).

12. "Wholesaler" means a wholesale distributor as defined by 21 CFR § 205.3(g). NRS 639.016.

13. Every wholesale distributor who engages in wholesale distribution of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

14. Pursuant to Nevada law, exceptions involving pharmacy-to-pharmacy sales apply only in specific circumstances. NRS 639.0155.

15. Wholesalers are subject to the licensing requirements specified in NRS 639.500, NRS 639.505, and NAC 639.593-5938, inclusive. Licensing of wholesalers is also subject to the requirements of federal law. 21 U.S.C. § 353(e)(l)(A); 21 CFR Part 205.

16. The Board may issue a Citation and Fine Order to individuals and/or entities that fail to comply with regulations adopted by the Board. NRS 639.100(1); NRS 639.2895.

17. The Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE
Prescribing Controlled Substances Without a License

18. Respondent engaged in wholesale distribution into Nevada without first obtaining a license as required by NRS 639.233 and NAC 639.593.

19. Because of these actions, Respondent unlawfully engaged in wholesale distribution within the state. NRS 639.100(1), 21 U.S.C. § 353(e)(l)(A) and/or 21 CFR Part 205.

20. Having engaged in unlawful conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.100(1); NRS 639.2895.

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 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, January 14, 2026, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged

misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Dated this 23rd day of OCTOBER 2025.

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 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Prime Plus Lakeview
c/o Chandon S. Alexander, Esq.
400 South Seventh St, Suite 100
Las Vegas, NV 89101

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
OCT 22 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TEECEE ANN HAILEY-FULFER, APRN** **Certificate of Registration No. CS39870,** **Respondent.**	**Case No. 25-091-CS-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about July 28, 2025, a Citation and Fine Order was served upon Respondent TeeCee Ann Hailey-Fulfer, APRN, (Respondent) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent has held a controlled substances certificate of registration with the Board since April 29, 2025.

2. Respondent resides in the state of Wyoming. She has held an advanced practice registered nursing license from the Nevada State Board of Nursing since July 17, 2024.

3. Between January 1, 2020 to June 25, 2025, Respondent issued thirty-two (32) prescriptions for controlled substances for four (4) patients using four (4) Nevada pharmacies.

4. At the time when Respondent issued the thirty-two prescriptions, she did not hold a certificate of registration issued by the Board to prescribe controlled substances in the state of Nevada.

5. In February 2025, Respondent contacted the Board to apply for a Prescription Monitoring Program (PMP) account. On the application, Respondent listed her Drug Enforcement Administration (DEA) license number. At the time, she did not have a Nevada controlled substances certificate of registration number.

6. A Board investigation determined that Respondent did not check the PMP for a patient history report on any of the four patients to whom she issued controlled substances prescriptions.

7. The Board issued Respondent's controlled substances certificate of registration No. CS39870 on April 29, 2025 and activated her PMP account on June 26, 2025.

8. On or about July 28, 2025, following a Board investigation into Respondent's conduct from January 2020 to June 2025, the Board issued a Citation and Fine Order on Respondent.

9. On or about August 12, 2025, Respondent appealed the Citation and Fine Order and requested a hearing before the Board.

APPLICABLE LAW

10. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. NRS 453.056.

11. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1).

12. It is unlawful for a practitioner to prescribe controlled substances without having obtained a Nevada certificate of registration from the Board. NRS 639.100(1).

13. When a practitioner first obtains a certificate of registration to prescribe controlled substances, the practitioner must enroll in the Prescription Monitoring Program (PMP) and complete a course of instruction concerning the use of the PMP database. NRS 453.164(5) and (6); NAC 453.065.

14. A practitioner shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507.

15. The Board may issue a Citation and Fine Order to individuals and/or entities that fail to comply with regulations adopted by the Board. NRS 639.100(1); NRS 639.2895.

16. The Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE
Prescribing Controlled Substances Without a License

17. Respondent prescribed controlled substances to patients in Nevada without first obtaining a controlled substances certificate of registration as required by NRS 453.226(1).

18. Because of these actions, Respondent unlawfully prescribed controlled substances within the state. NRS 639.100(1).

19. Having engaged in unlawful conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.100(1); NRS 639.2895.

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 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, December 3, 2025, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence,

provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Dated this 22nd day of October 2025.

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 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Kintsugi Psychiatry
c/o TeeCee Ann Hailey-Fulfer, APRN
145 S Durbin St Suite 108
Casper, WY 82601

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

7

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, GARY ROYCE WISNER, M.D., Certificate of Registration No. CS28822, Respondent.	Case No.: 22-423-CS-N

MOTION FOR RECONSIDERATION OF DISCIPLINARY ACTION AGAINST DR. GARY WISNER'S CONTROLLED SUBSTANCE REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW, Respondent Gary Royce Wisner, M.D., by and through his counsel Jessica R. Gandy, Esq. of the law firm of Hutchison & Steffen PLLC, and hereby petitions the Nevada State Board of Pharmacy ("Board of Pharmacy") for reconsideration of the five-year suspension of Dr. Wisner's Controlled Substance Registration. This Motion is made based on the following Memorandum of Points and Authorities and any oral argument that the Board may permit at the time of the hearing of this matter, if any.

I. INTRODUCTION

On April 12, 2023, in the case of Nevada State Board of Pharmacy v. Gary Wisner, M.D., Case No. 22-423-CS-N, the Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order which states on Page 3, in pertinent part, as follows:

> 3. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of five (5) years from the effective date of this Order.
>
> 4. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding the application, compliance

with this Order, and the facts and circumstances underlying this matter.

Dr. Wisner asserts that this finding was made in violation of his due process rights and the Board should reconsider the action in light of all available information, including, but not limited to:

1. Dr. Wisner has retained his Nevada medical license. Pursuant to his Settlement Agreement with the Nevada Board of Medical Examiners, his license was suspended for one (1) year, followed by a term of probation. Dr. Wisner asserts that this disciplinary action should be persuasive to the Board.

2. Dr. Wisner has complied with the terms and conditions of the Settlement Agreement entered into with the Nevada State Board of Medical Examiners on June 7, 2024, because Dr. Wisner has:

a. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners;

b. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners;

b. Paid the fine totaling $5,000; and

c. Completed the one (1) year suspension period.

Effective on June 7, 2025, Dr. Wisner's suspension was lifted and his status was changed to a two (2) year probation period.

3. Dr. Wisner acknowledges the criminal conviction and does not contest the facts related to the violations alleged in the Accusation. Dr. Wisner stands before the Board recognizing the conviction without admitting wrongdoing. As a physician and prescriber of medication, Dr.

Wisner understands his role in overseeing his office.

4. This has been a very humbling experience for Dr. Wisner which has driven home the fact that treating and caring for patients, to include prescribing medication, is a privilege and not a right. Dr. Wisner appreciates that he let his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him. He wants to move forward

5. The Board of Pharmacy can rest assured that Dr. Wisner is committed to maintaining the highest prescribing standards from this point forward if this Petition for Reinstatement of his Controlled Substances Registration is granted.

II. PROCEDURAL HISTORY

A. Nevada State Board of Pharmacy Proceeding

On April 12, 2023, Case No. 22-423-CS-N came before the Nevada State Board of Pharmacy at its regularly scheduled meeting. Dr. Wisner did not appear at the meeting as he was still incarcerated at a California county jail at that time. The Board revoked Dr. Wisner's certificate of registration for a period of five (5) years. *See* **Exhibit A.**

Notably, the Complaint in this matter was filed in March 2023, approximately 30 days prior to the Board meeting wherein the matter was heard. The Board served the documents upon Dr. Wisner's home address while acutely aware that he was incarcerated and unable to appear. This is made clear by the attachment to the Board's Complaint showing that Dr. Wisner had been sentenced to a period of two (2) years of incarceration beginning in September 2022 – only six months prior to the Complaint and Notice of Hearing were sent to Dr. Wisner.

B. Drug Enforcement Administration

On December 7, 2023, Dr. Wisner's DEA Certificate of Registration was revoked due to the Nevada Board of Pharmacy's action. *See* **Exhibit B.**

C. Nevada State Board of Medical Examiners Proceeding

After a full evaluation of all the facts and circumstances regarding the California investigation, trial, and conviction, the Nevada Board of Medical Examiners, the Board that controls Dr. Wisner's license to practice medicine, offered Dr. Wisner the ability to enter into a Settlement Agreement. Notably, there were several phases to this process with the formal Complaint being sent *months* after the notice of investigation, and both of which were done *after* Dr. Wisner was released from custody.

Dr. Wisner entered into a Settlement Agreement with the Nevada State Board of Medical Examiners on June 7, 2024. *See* **Exhibit C.** In this agreement, Dr. Wisner admitted to one (1) violation of NRS 630.301(3), Disciplinary Action by Another State Medical Board. Dr. Wisner agreed to pay the costs and expenses incurred during the investigation and prosecution of the matter, to pay a fine of $5,000, and to complete a competency course approved by the Board pursuant to NRS 630.352. The Board suspended Dr. Wisner's Medical License for one (1) year, followed by two (2) years of probation. The first year of probation requires 25% of Dr. Wisner's patient charts to be monitored on a monthly basis, and the second year of probation requires 10% of Dr. Wisner's patient charts to be monitored.

III. BRIEF STATEMENT OF FACTS

Dr. Wisner is a licensed medical doctor pursuant to Nevada Revised Statute and Nevada Administrative Code Chapter 636; Dr. Wisner is also licensed to practice in Alabama[1] and has previously held a license to practice in other states. *See* **Exhibits D** and **E.** He was initially licensed

[1] Alabama issues licenses for no more than 12 months at a time. Dr. Wisner holds the maximum term of active license renewal allowed. Additionally, Dr. Wisner's Controlled Substances Registration Certificate through the Alabama State Board of Medical Examiners is also renewed for the maximum one year term.

on or about October 1, 1984 in the State of California. Immediately following residency in orthopedic surgery in 1988, he opened an office in Lodi, California where he served his community by providing services relating to general orthopedics, spine, trauma, hand, sports, foot and ankle, joint, pediatric, occupational, non-operative orthopedic, and non-narcotic chronic pain management. Dr. Wisner was Board Certified in 1990. In 1993, Dr. Wisner began a two-year fellowship in spinal surgery to further expand his practice and serve his community. He returned to his clinical practice in California in January 1996, where he continued to practice until June 16, 2022.

During this same period of time, Dr. Wisner was an active member of the physician community at Lodi Memorial Hospital. He served as the Chief of Surgery in 2003 and 2004. He served on the Bylaws Committee in 1992 – 1993, 1997 – 2007. He also served on the Credentialing Committee 1990 – 1993 and 1997 – 2007 as well as several other committees during his tenure at that hospital. Dr. Wisner obtained his Nevada medical license with the intention of establishing a practice in Northern Nevada; however, the Covid-19 pandemic thwarted those plans.

From the time Dr. Wisner obtained his license to practice medicine in 1989 until he resigned his practice in 2022, his license was unblemished. He was not subject to any disciplinary actions by any medical Board, attached hereto as **Exhibit F**. Dr. Wisner estimates that he provided care and treatment to nearly 30,000 patients during his practice.

A. <u>Criminal Investigation and Conviction</u>

On or about July 9, 2018, the California Attorney General filed Complaint 18FE013037 in the Superior Court of the State of California, County of Sacramento, attached hereto as **Exhibit G.** The Complaint alleged ten counts of Felony Health Insurance Fraud stemming from the care and treatment of ten (10) individual patients. *Id.* None of the charges were related to prescribing

medication. The Counts spanned a non-consecutive time frame from January 2013 – December 2016. *Id.* The Complaint was general in nature and alleged healthcare fraud relating to these ten patients without any specificity as to the scope or value of the alleged fraud.

On or about June 16, 2022, after a nine day jury trial, the jury found Dr. Wisner guilty of each of the ten counts. The jury recommended the minimum sentence for each charge and did not include a calculation of damages. *See Guilty Verdict & Sentencing also attached as* **Exhibit G.** Dr. Wisner was subsequently sentenced to a total term of two years in county jail (less one day for time served). The parties subsequently stipulated that restitution for *all counts* would be calculated as $35,200.00. *See* **Exhibit H.** That restitution has been paid. Dr. Wisner was released from county jail on September 2, 2023 and continues to be in good standing in his community.

Notably, Dr. Wisner's medical license was not suspended or otherwise restricted until the time of his conviction. He continued to practice in California without restriction until June 16, 2022.

B. <u>California Medical Board Actions</u>

At the same time as the criminal Complaint was filed, the California Medical Board filed an Accusation based upon the same facts for nine of the ten patients identified in the Complaint, attached hereto as **Exhibit H.** Like the criminal Complaint, the Accusation did not include a calculation of damages, nor did it allege that *all* care and treatment provided by Dr. Wisner was fraudulent. Rather, it alleged that Dr. Wisner "obtained excessive, non-medically necessary and repeated x-rays" without sufficient documentation. *Id.*

The California Medical Board did not independently prosecute its case. Instead, the matter continued without further action until several months after the criminal conviction was entered. *Id.* In or about December 2022, Dr. Wisner, represented by counsel negotiated the surrender of his

California Medical License. In the terms of that surrender, Dr. Wisner does not admit to any of the allegations contained therein. *Id.*

C. Nevada State Board of Pharmacy Action

On March 3, 2023 the Board sent Dr. Wisner an Allegation relating to his California criminal conviction, which was received on March 10. On March 14, the Board sent a Notice of Hearing indicating that Dr. Wisner's matter would be heard on April 12; this was received on March 16. On April 12, 2023, the Nevada State Board of Pharmacy revoked Dr. Wisner's certificate of registration for a period of five (5) years. *See* **Exhibit A.** Notably this hearing and revocation was only 32 days after the Allegation was delivered to Dr. Wisner's home address.

D. Nevada State Board of Medical Examiners Action

On June 7, 2024, Dr. Wisner entered into a Settlement with the Nevada Board of Medical Examiners. The terms of the Agreement included one (1) year of suspension, completion of the San Diego PACE program, two (2) years of probation with chart monitoring, CME completion, and payment of fines and fees. On June 9, 2025, the Nevada State Board of Medical Examiners changed Dr. Wisner's medical license status from Suspended to Active-Probation. *See* **Exhibit I.** He currently has an active licensure through June 30, 2027. *See* **Exhibit J.**

Since June 2025, Dr. Wisner has been practicing medicine in Nye County as part of a medical group. Chart monitoring is completed on a monthly basis and he is consistently found to be in compliance with all terms and conditions, including the limitations on his prescribing given the suspension of his pharmacy license.

IV. LAW

NRS 639.243 requires that the Board allow 20 days for Response after it has served an accusation on a licensee. NRS 639.2445 states that *whenever a hearing has been granted by the*

Board the Executive Secretary shall serve notice on the respondent of the time and place for the hearing. NRS 241.0333 indicates this Notice must be sent no less than 14 days before the hearing.

Service of both the Accusation and the Notice of Hearing is to be served on the respondent by registered or first class mail at his last address of record, or by mail to his or her attorney of record.

V. REASONS WHY RECONSIDERATION IS JUSTIFIED

A. The Board's Actions have Deprived Dr. Wisner of his Due Process Rights Under the Nevada Constitution

The Nevada Constitution requires that "[n]o person shall be deprived of life, liberty, or property, without due process of law." Nev. Const. art. 1, § 8(5). The adjudication of formal disciplinary proceedings against a professional licensee implicates due process protections. *Sarfo v. Bd. of Med. Examiners*, 134 Nev. 709, 712, 429 P.3d 650, 653 (2018) (citing *Hernandez v. Bennett-Haron*, 128 Nev. 580, 591-593, 287 P.3d 305, 313-314 (2012)).

An agency's occupational license revocation proceeding is deserving of due process through the preponderance of the evidence standard. *Nassiri*, at 251, 491. There, Court stated that "the license at issue can be no less deserving of due process than the one at issue in [in another matter] because, [the Nevada Supreme Court] approved of the use of the minimum civil standard of proof. There is no lower standard." *Id.* (internal citations omitted). "If there were a lower standard, it would be nonsensical; it would allow a tribunal to reach a conclusion even after reasoning that the conclusion is more likely to be incorrect than it is to be correct." *Id.* at n.3. Thus, while an administrative proceeding is held to the *lowest evidentiary standard*, it is still required to meet that standard. That is, the finder of fact must determine that the preponderance of the admitted evidence and testimony supports each and every finding.

The *Nassiri* Court went on to cite the Fourth Circuit Court of Appeals case *United States Steel Mining Co* to "clarify[] that, 'to prove by a preponderance of the evidence each element of a claim before an administrative agency, the claimant must present reliable, probative, and substantial evidence of such sufficient quality and quantity that a reasonable [administrative fact-finder] could conclude that the existence of the facts supporting the claim are more probable than their nonexistence.'" *Id.* at 552, 491 (citing *United States Steel Mining Co.*, 187 F.3d 384, 389 (1999)).

Here, at the time of the Accusation and Notice of Hearing Dr. Wisner was serving the sentence for the criminal conviction and was unable to appear before the Board. It is important to note that the Board was ***aware*** of Dr. Wisner's conviction and in-custody status. The Board attached the sentencing documents, which explicitly stated that Dr. Wisner would be incarcerated for a term of two years, less one day credit for time served, to its Complaint. At the formal hearing, the only evidence presented was that of the administrative staff that testified the Complaint and Notice of Hearing were sent to the address on file for Dr. Wisner. It stands to reason that the address would be that where Dr. Wisner's mail was being collected during his incarceration, and certainly not an address where Dr. Wisner could be reliably reached. The Board, knowing full well that Dr. Wisner was incarcerated, made no effort to reach out to Dr. Wisner or the attorney who represented him before the California Board or the California criminal court to determine his availability or whether he would be responding to the Board's charges, the name and contact information of whom was prominent on the documents the Board used to present its case in chief. Dr. Wisner asserts that this is a violation of his due process rights under the Nevada and United States Constitution.

The Accusation and Notice of Hearing were sent to Dr. Wisner's home address, where the

Board knew he was not residing, a mere 4 days apart. Even if Dr. Wisner had been aware of the Accusation, given his in-custody status he could not reasonably be expected to respond to the Accusation and Notice of Hearing within the time frame afforded.

To be clear, from the date of the Accusation to the date of Dr. Wisner's license revocation, only 32 days elapsed. On its face, this is contrary to the plan language of the NRS which requires 20 days for response to the allegation and 14 days Notice of Hearing (a minimum total 34 of days). The NRS provisions do not indicate that the two documents can be sent out simultaneously, as doing so ostensibly deprives a licensee of due process and the ability to respond.

Moreover, as the Board was aware of Dr. Wisner's status, it was also aware that Dr. Wisner could not reach out to the Board in such a short time frame to request a continuance or make any other efforts to advocate on his own behalf. Once again, this is a violation of his due process rights.

It appears that the Board was pushing this matter through because its scheduled meeting was coming up and the Board wanted this matter to be resolved. Despite full knowledge of Dr. Wisner's status, there was no effort to provide him with an opportunity to respond in any meaningful way. Here again, it stands to reason that while the Board claims it followed the *letter* of the law in delivering the documents to Dr. Wisner's address of record, it failed to follow the *spirit* of due process in delivering documents and a notice of hearing to an address where it was acutely aware Dr. Wisner was not.

B. <u>The Nevada State Board of Pharmacy Made their Determination Without the Benefit of all Relevant Information</u>

When the Nevada State Board of Pharmacy made its determination, it did so without the benefit of all relevant information. To be clear, there is no indication that the Board was under any

requirement to act on this Allegation immediately. The conviction and incarceration had been a matter of public record for nearly six months. The Board had no reason to believe Dr. Wisner was actively harming anyone by virtue of his Nevada Pharmacy License; to the contrary, the Board knew that Dr. Wisner ***was not*** using his Pharmacy License. There was no reason to take immediate action on a matter that could have remained pending until Dr. Wisner's release, or at the very least, until such time as the Board was able to affirmatively make contact with Dr. Wisner and not just an individual living at his last known address.

Beyond this, the criminal charges and subsequent convictions were unrelated to prescribing. The charges were relating to an alleged overuse of x-rays and financial impropriety related to the same. Dr. Wisner has always followed the standard of care regarding the care of his patients and their prescription medications. He understands the importance of appropriate prescriptions used in conjunction with the care and treatment of patients is what contributes to their overall health, wellbeing, and recovery.

When the Nevada State Board of Medical Examiners determined the terms of the Settlement Agreement, they had the benefit of letters of recommendation written by Dr. Wisner's colleagues. Dr. Wisner would like to provide these same letters of recommendation for the Nevada State Board of Pharmacy to consider as part of this Petition. *See* **Exhibits K** and **L**.

C. Dr. Wisner has Fully Complied with the Settlement Agreement Entered Into with the Nevada State Board of Medical Examiners

In compliance with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners on June 7, 2024, Dr. Wisner has (1) Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners; (2) Paid the costs and expenses

incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners; (3) Paid the fine totaling $5,000; and (4) Completed the one (1) year suspension period.

1. PACE Program

Pursuant to the Settlement Agreement with the Nevada State Board of Medical Examiners, Dr. Wisner attended the Physician Assessment and Clinical Education (PACE) Program at the University of California San Diego School of Medicine. *See* **Exhibit M.**

The PACE Program was of great benefit to Dr. Wisner as he was required to conduct a thorough self-assessment and reflect on how he could improve as a physician. This included reflection on safe prescribing practices. Dr. Wisner has long been a proponent of safe prescribing practices and has long counseled colleagues on the importance of avoiding or minimizing the use of addictive prescriptions.

As a result of the PACE Program, Dr. Wisner's patient assessment skills have improved and he is able to develop a broader range of differential diagnoses for clinical scenarios with the information he has learned. Dr. Wisner is now also able to conduct a more thorough workup regarding a patient's condition.

2. University of Nevada, Reno School of Medicine "Best Practices and Tools for Prescribing Controlled Substances" Course

Dr. Wisner also attended the "Best Practices and Tools for Prescribing Controlled Substances" course at the University of Nevada, Reno School of Medicine. This course taught Dr. Wisner how to prescribe controlled substances safely and helped him recognize substance abuse and patients who are at risk. This course also taught Dr. Wisner to recognize his own personal characteristics which negatively impacted his past practices.

This course helped change Dr. Wisner's perspective and he now realized there are many

alternatives to prescribing opioid medications when patients are experiencing pain and that he must be mindful of the combinations of drugs one prescribes, since these can have addictive effects and be harmful.

D. The Nevada State Board of Medical Examiners Implemented a One (1) Year Suspension with Two (2) Years of Probation

After a full review of the relevant facts and applicable law, the Nevada State Board of Medical Examiners implemented a one (1) year suspension followed by two years of probation. The first year of the Probation Period requires 25% of patient charts be monitored on a monthly basis, and the monitor must report monthly directly to the Board. The second year of the Probation Period requires 10% of patient charts be monitored on a monthly basis, and the monitor must report monthly directly to the Board.

Dr. Wisner is currently in his first year of probation under the Nevada State Board of Medical Examiners.

E. Dr. Wisner Acknowledges his Criminal Conviction

Dr.. Wisner acknowledges the criminal conviction and does not contest the facts related to the violations alleged in the Accusation. Dr. Wisner stands before the Board recognizing the conviction without admitting wrongdoing. As a physician and prescriber of medication, Dr. Wisner understands his role in overseeing his office.

F. Dr. Wisner Appreciates That Practicing Medicine and Prescribing Medications is a Privilege and Not a Right

This has been a very humbling experience for Dr Wisner which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right. Dr. Wisner appreciates that he let his patients down, he let his profession down, and he let the Board of

Pharmacy down because of the trust they placed in him.

G. Dr. Wisner is Currently Serving the Nevada Community in Pahrump

Dr. Wisner had originally applied for his Nevada Medical license in order to move to Northern Nevada, but was unable to do so due to the COVID-19 Pandemic. Dr. Wisner has been eager to move to Nevada and serve rural members of our community. Dr. Wisner currently resides and practices in Pahrump, Nevada serving the communities medical needs. His intention has always been to give back to a community in need and serving in a rural area in need of medical practitioners. As you are aware, there are a limited number of providers serving in Nevada's rural counties, especially within the orthopedic specialty. Dr. Wisner's current practice, and the level of care he can provide his patients, is limited due to the suspension of his Controlled Substance Registration. Ultimately, it is the community members who suffer the most from the current restriction.

H. Commitment to Maintaining the Highest Standards

Dr. Wisner has never been accused or charged with any charges relating to addiction or overprescribing. Dr. Wisner is committed to maintaining the highest standards within his practice and ensuring his patients receive the appropriate and necessary prescriptions as part of their medical treatment.

The Nevada State Board of Pharmacy can rest assured that Dr. Wisner's commitment to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substance Registration is approved.

I. Dr. Wisner Proposes an Alternate Suspension Term

Dr. Wisner would encourage the Board to reconsider the five-year disciplinary sentence and either reinstate his license with "time served" or consider a probationary period similar to the

one implemented by the Nevada State Medical Board. This would allow the Board of Pharmacy oversight of Dr. Wisner for the duration of the original suspension period and would allow Dr. Wisner to fully serve the Pahrump community. Changing the Board of Pharmacy's suspension term to mirror the Nevada State Board of Medical Examiners' suspension terms would be in line with the interests of justice, the benefit of our Nevada community, and the mission and oversight purpose of the Board of Pharmacy.

VI. CONCLUSION

Dr. Wisner respectfully requests that the Board reconsider the disciplinary action which was undertaken in violation of due process and reinstate his Controlled Substances Registration fully, or in the alternative, reinstate his Controlled Substances Registration to Active-Probation for a probationary period to mirror the one imposed by Nevada State Board of Medical Examiners.

DATED THIS 14th day of November, 2025.

HUTCHISON & STEFFEN, PLLC

/s/ Jessica Gandy
Jessica R. Gandy, Esq. (14202)
Peccole Professional Park
10080 W. Twain Ave., Suite 200
Las Vegas, NV 89145
Attorneys for Gary R. Wisner, M.D.

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EXHIBIT PAGE ONLY

EXHIBIT A

FILED
APR 12 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GARY ROYCE WISNER, MD,** **Certificate of Registration No. CS28822,** **Respondent.**	**Case No. 22-423-CS-N** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 12, 2023. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Gary Royce Wisner, MD, Certificate of Registration No. CS28822, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Board has jurisdiction over this matter because at the time of the events herein, Respondent Gary Royce Wisner, MD, held a controlled substance registration, Certificate of Registration No. CS28822, issued by the Board.

2. On or about June 16, 2022, in *California vs. Gary Royce Wisner*, Sacramento County, California, Superior Court Case No. 18FE013037, Respondent was convicted on 10 felony counts of health care insurance fraud, in violation of California Penal Code §550(a).

3. On or about March 2, 2023, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing for April 12, 2023.

4. On or about March 14, 2023, Board staff served Respondent with a second notice of this hearing by mail.

5. Respondent failed to file a Notice of Defense to the Accusation.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this, because at the time of the events herein, Respondent held a controlled substance registration issued by the Board.

2. The applicable law in this matter is as follows:

A. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

B. 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).

C. Conviction of a felony related to holding a controlled substance registration 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(7)(a) and (c).

D. Failure to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing. NRS 639.244.

E. If a respondent fails to appear at a scheduled hearing and the Board finds that the respondent was given sufficient legal notice of the hearing, it may accept the allegations as true. NRS 622A.350.

3. By his conviction on 10 felony counts of health care insurance fraud, 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).

4. By his conviction on 10 felony counts of health care insurance fraud, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or 639.210(7)(a) and (c).

5. By his conviction on 10 felony counts of health care insurance fraud, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

6. Board staff satisfied the notice and service requirements of NRS 233B.127(3), NRS 639.242 and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Respondent Gary Royce Wisner, MD, Certificate of Registration No. CS28822, is hereby revoked pursuant to NRS 453.241(l)(b).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration;

3. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of five (5) years from the effective date of this Order.

4. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

5. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing

Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and 639.

6. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

7. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 27th day of April 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of April 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gary Royce Wisner, MD
[redacted]
Lodi, CA [redacted]

9171 9690 0935 0279 2908 40

KRISTOPHER MANGOSING

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BILLING CODE: 4410-09-P

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

GARY R. WISNER, M.D.
DECISION AND ORDER

On March 1, 2023, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Gary R. Wisner, M.D. (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1, 3. The OSC proposed the revocation of Registrant's Certificates of Registration (COR) Nos. FW8432471 and AW2971073 at the registered addresses of 621 S. Ham Ln., Ste. A, Lodi, California 95242, and 16246 N. Locust Tree Road, Lodi, California 95240, respectively. *Id.* at 1. The OSC alleged that Registrant's registrations should be revoked because Registrant was "without authority to prescribe, administer, dispense, or otherwise handle controlled substances in the State of California, the state in which [he is] registered with DEA." *Id.* at 2 (citing, *inter alia*, 21 U.S.C. § 824(a)(3); 21 C.F.R. § 1301.37(b)).

The OSC notified Registrant of his right to file with DEA a written request for hearing, and that if he failed to file such a request, he would be deemed to be in default. *Id.* at 2 (citing 21 C.F.R. § 1301.43(c)(1)). Here, Registrant did not request a hearing. RFAA, at 1.[1] "A default, unless excused, shall be deemed to constitute a waiver of the [registrant's] right to a hearing and an admission of the factual allegations of the [OSC]." 21 C.F.R. § 1301.43(e).

Further, "[i]n the event that a registrant . . . is deemed to be in default . . . DEA may then file a request for final agency action with the Administrator, along with a record to support its

[1] Based on the Government's submissions in its RFAA dated August 3, 2023, the Agency finds that service of the OSC on Registrant was adequate. Specifically, the included declaration by a DEA Diversion Investigator (DI) indicates that on March 13, 2023, the DI personally "served [Respondent] a copy of the [OSC] by hand delivery." RFAAX 2, at 1.

request. In such circumstances, the Administrator may enter a default final order pursuant to [21 C.F.R.] § 1316.67." *Id.* § 1301.43(f)(1). Here, the Government has requested final agency action based on Registrant's default pursuant to 21 C.F.R. §§ 1301.43(c), (f), and 1301.46. RFAA, at 1.

FINDINGS OF FACT

The Agency finds that, in light of Registrant's default, the factual allegations in the OSC are admitted. According to the OSC, "[e]ffective January 30, 2023, as part of an agreement with the [Medical Board of California] . . . [Registrant] surrendered [his] license to practice medicine in the State of California." RFAAX 1, at 1-2.

According to California's online records, of which the Agency takes official notice, the status of Registrant's physician and surgeon license (type A) is listed as surrendered, and he is not permitted to practice.[2] California Department of Consumer Affairs, License Search, https://search.dca.ca.gov/ (last visited date of signature of this Order). Therefore, the Agency finds that Registrant is not currently authorized to dispense or handle controlled substances in California, the state in which he is registered with DEA.

DISCUSSION

Pursuant to 21 U.S.C. § 824(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under 21 U.S.C. § 823 "upon a finding that the registrant . . . has had

[2] Under the Administrative Procedure Act, an agency "may take official notice of facts at any stage in a proceeding – even in the final decision." United States Department of Justice, Attorney General's Manual on the Administrative Procedure Act 80 (1947) (Wm. W. Gaunt & Sons, Inc., Reprint 1979). Pursuant to 5 U.S.C. § 556(e), "[w]hen an agency decision rests on official notice of a material fact not appearing in the evidence in the record, a party is entitled, on timely request, to an opportunity to show the contrary." Accordingly, Registrant may dispute the Agency's finding by filing a properly supported motion for reconsideration of findings of fact within fifteen calendar days of the date of this Order. Any such motion and response shall be filed and served by e-mail to the other party and to the DEA Office of the Administrator, Drug Enforcement Administration at dea.addo.attorneys@dea.gov.

his State license or registration suspended . . . [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances." With respect to a practitioner, DEA has also long held that the possession of authority to dispense controlled substances under the laws of the state in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. *See, e.g., James L. Hooper, D.O.*, 76 Fed. Reg. 71,371, 71,372 (2011), *pet. for rev. denied*, 481 F. App'x 826 (4th Cir. 2012); *Frederick Marsh Blanton, D.O.*, 43 Fed. Reg. 27,616, 27,617 (1978).[3]

According to California statute and relevant to Registrant's COR, "[n]o person other than a physician . . . shall write or issue a prescription."[4] Cal. Health & Safety Code § 11150. Further, "physician," as defined by California statute, is a person who is "licensed to practice" in California. *Id.* § 11024.

Here, the evidence in the record is that Registrant currently lacks authority to handle controlled substances in California because his California physician and surgeon license has been surrendered. As already discussed, a person must hold a valid license to dispense a controlled substance in California. Thus, because Registrant lacks authority to handle controlled substances

[3] This rule derives from the text of two provisions of the Controlled Substances Act. First, Congress defined the term "practitioner" to mean "a physician . . . or other person licensed, registered, or otherwise permitted, by . . . the jurisdiction in which he practices . . ., to distribute, dispense, . . . [or] administer . . . a controlled substance in the course of professional practice." 21 U.S.C. § 802(21). Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that "[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices." 21 U.S.C. § 823(g)(1). Because Congress has clearly mandated that a practitioner possess state authority in order to be deemed a practitioner under the CSA, DEA has held repeatedly that revocation of a practitioner's registration is the appropriate sanction whenever he is no longer authorized to dispense controlled substances under the laws of the state in which he practices. *See, e.g., James L. Hooper*, 76 Fed. Reg. at 71,371-72; *Sheran Arden Yeates, D.O.*, 71 Fed. Reg. 39,130, 39,131 (2006); *Dominick A. Ricci, D.O.*, 58 Fed. Reg. 51,104, 51,105 (1993); *Bobby Watts, D.O.*, 53 Fed. Reg. 11,919, 11,920 (1988); *Frederick Marsh Blanton*, 43 Fed. Reg. at 27,617.

[4] Although additional specified categories of persons are permitted to write or issue prescriptions, none of those practitioner categories are applicable to Registrant.

in California, Registrant is not eligible to maintain a DEA registration. Accordingly, the Agency will order that Registrant's DEA registrations be revoked.

ORDER

Pursuant to 28 C.F.R. § 0.100(b) and the authority vested in me by 21 U.S.C. § 824(a), I hereby revoke DEA Certificates of Registration Nos. FW8432471 and AW2971073 issued to Gary R. Wisner, M.D. Further, pursuant to 28 C.F.R. § 0.100(b) and the authority vested in me by 21 U.S.C. § 823(g)(1), I hereby deny any pending applications of Gary R. Wisner, M.D., to renew or modify these registrations, as well as any other pending application of Gary R. Wisner, M.D., for additional registration in California. This Order is effective **[insert Date Thirty Days From the Date of Publication in the Federal Register].**

Date: DEC 0 7 2023

Anne Milgram
Administrator

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EXHIBIT C

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against:	**Case No. 24-11112-1**
GARY ROYCE WISNER, M.D.,	FILED
Respondent.	JUN 07 2024
	NEVADA STATE BOARD OF MEDICAL EXAMINERS
	By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Alexander J. Hinman, Deputy General Counsel for the Board and attorney for the IC, and Gary Royce Wisner, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Jessica R. Gandy, Esq., of the law firm of Hutchison & Steffen, PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on March 2, 1996 (License No. 7759).

2. On February 15, 2024, in Case No. 24-11112-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.301(3), Disciplinary Action by Another State Medical Board (Count I). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Reno, Nevada 89521
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3. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

4. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B and 622A. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

5. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

6. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

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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 Count I, one (I) violation of NRS 630.301(3), Disciplinary Action by Another State Medical Board.

b. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement in the amount of one thousand four hundred fifty-six dollars and seventy-eight cents ($1,456.78).

c. Respondent shall pay a fine of five thousand dollars ($5,000) in four (4) equal payments of one thousand two hundred fifty dollars ($1,250). The first payment shall be due on or before September 5, 2024, the second payment is due on or before December 4, 2024, the third payment is due on or before March 4, 2025, and the final payment is due on or before June 2, 2025. This payment plan is subject to the Board's acceptance, adoption, and approval of this Agreement."

d. Respondent's Medical License shall be suspended for a period of one (1) year, commencing on the date of the Board's approval of this Settlement Agreement. ("Suspension Period").

e. Respondent shall successfully complete a competency course approved by the Board to assess his competence and ability to practice medicine pursuant to NRS 630.352, no

sooner than ninety (90) days before the suspension period has expired.

f. Effective one (1) year from the Board's acceptance, adoption and approval of this Agreement, and contingent on compliance with the suspension provisions of this agreement, Respondent shall be on probation for a period of two (2) years ("Probation Period"), commencing at the date of the expiration of the Suspension Period.

g. For the duration of the Probation Period, Respondent shall have chart-monitoring from a Board approved service as follows:

i. Year one (1) of the Probation Period shall require 25% of patient charts to be monitored on a monthly basis, and the monitor must report monthly directly to the Board.

ii. Year two (2) of the Probation Period shall require 10% of patient charts to be monitored on a monthly basis, and the monitor must report monthly directly to the Board.

h. 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.

i. Respondent shall receive a Public Letter of Reprimand.

j. Any and all 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,

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or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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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 27th day of March, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

ALEXANDER J. HINMAN
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: ahinman@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 26 day of March, 2024.

HUTCHISON & STEFFEN, PLLC

By: _____

JESSICA R. GANDY, ESQ.
10080 W. Alta Dr., Ste. 200
Las Vegas, VN 89145
Tel: (702) 385-2500
Email: jgandy@hutchlegal.com
Attorney for Respondent

DATED this 14th day of March 2024.

By: _____

GARY ROYCE WISNER, M.D.,
Nevada License No. 7759
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 24-11112-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 7th day of June, 2024.

DATED this 7th day of June, 2024.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

NICK M. SPIRTOS, M.D., F.A.C.O.G.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
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EXHIBIT D

ALABAMA MEDICAL LICENSURE COMMISSION
P.O. BOX 887
MONTGOMERY, ALABAMA 36101-0887

CERTIFICATE OF REGISTRATION

This is to certify that annual registration has been made to practice medicine in the State of Alabama.

License #MD.19841 ACTIVE PROBATION

Date Issued: 04/29/1996

Amount Paid: $300.00

Receipt # 989435

Expires: 12/31/2026

Gary Royce Wisner
[redacted]
Pahrump, NV [redacted]
[redacted]

CHAIRMAN

Detach along this line

ALABAMA MEDICAL LICENSURE COMMISSION

Gary Royce Wisner
[redacted]
Pahrump, NV [redacted]
[redacted]

Is entitled to practice medicine in Alabama.

Registration Expires: 12/31/2026

LICENSE#MD.19841 ACTIVE PROBATION

CHAIRMAN

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EXHIBIT E

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **vs.** **GARY ROYCE WISNER, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2018-155**

CONSENT DECREE

This matter comes before the Medical Licensure Commission of Alabama (the "Commission") on the Administrative Complaint filed by the Alabama State Board of Medical Examiners (the "Board") on May 8, 2023. The Board and the Respondent, Gary Royce Wisner, M.D. ("Respondent"), have entered into a Joint Settlement Agreement (the "Settlement Agreement"), and have asked the Commission to approve the Settlement Agreement and to embody it in this Consent Decree.

General Provisions

1. **Protection of the Public.** The Board has stipulated and agreed that the terms and conditions of the Settlement Agreement and of this Consent Decree constitute a reasonable disposition of the matters asserted in the Administrative Complaint, and that such disposition adequately protects the public's health and

safety. After review, the Commission also finds that this Consent Decree is a reasonable and appropriate disposition of the matters asserted in the Administrative Complaint, and that the provisions of this Consent Decree will adequately protect the public safety. The Commission therefore approves the Settlement Agreement.

2. **Mutual Agreement and Waiver of Rights.** Respondent has consented and agreed to the entry of this Consent Decree, and has agreed to be bound by the findings of fact, conclusions of law, and terms and conditions stated herein. Respondent has validly waived his rights to an administrative hearing before the Commission, to be represented by an attorney at such hearing, and to further notice and formal adjudication by the Commission of the charges arising from the Administrative Complaint. Respondent has also validly waived any and all rights to judicial review of this Consent Decree pursuant to Ala. Code § 34-24-367, the Alabama Administrative Procedure Act, Ala. Code §§ 41-22-1, *et seq*., by extraordinary writ, or otherwise. If this Consent Decree imposes any term of probation and/or restrictions on Respondent's license to practice medicine in Alabama, then Respondent acknowledges that such term of probation and/or restrictions are mutually negotiated and bargained-for terms, and Respondent waives any right to apply to the Commission for modification of those terms and any right to a hearing under Ala. Code § 34-24-361(h)(9).

3. **Public Documents.** The Settlement Agreement and this Consent Decree shall constitute public records under the laws of the State of Alabama. The Settlement Agreement and this Consent Decree will be reported by the Board and/or the Commission to the Federal National Practitioner Data Bank ("NPDB") and the Federation of State Medical Boards' ("FSMB") disciplinary data bank. The Settlement Agreement and this Consent Decree may otherwise be published or disclosed by the Board and/or the Commission without further notice to Respondent.

4. **Additional Violations.** Any violation of the requirements of this Consent Decree, or any new violation of state or federal laws or regulations, may result in the Board filing a petition to discipline Respondent's medical license. Nothing in this Consent Decree precludes the Board from bringing new administrative charges against Respondent based upon events and circumstances not raised in the Administrative Complaint.

5. **Retention of Jurisdiction.** The Commission retains jurisdiction for the purpose of entering such other and further orders and directives as may be required to implement the provisions of this Consent Decree.

6. **Judicial Notice.** Pursuant to Ala. Code § 41-22-13(4), Respondent is informed that the Board and/or the Commission may at any time take judicial notice of this Consent Decree, and/or any of the Findings of Fact herein, and may deem any

of the findings or conclusions set forth in this Consent Decree to be conclusively established, all without further notice to Respondent.

Findings of Fact

1. Respondent has been licensed to practice medicine in the State of Alabama since April 29, 1996, having been issued license no. MD.19841. Respondent was so licensed at all relevant times.

2. On or about June 13, 2018, the Board received correspondence from Respondent stating that he was scheduled to be arrested in San Joaquin County, California on September 12, 2018, for four felonies related to his treatment of worker's compensation patients from four specific insurance companies in California. He further stated that he only practiced medicine in California despite being licensed in four other states, including Alabama.

3. About a month later, on July 17, 2018, the Board received a second letter from Respondent stating that he was scheduled to be "booked and released at the Sacramento jail on July 14, 2018, for Medi-Cal billing fraud related charges to ten felonies." He explained these charges were related to the four previously-described worker's compensation billing fraud charges that he disclosed to the Board in June 2018.

4. On or about June 18, 2022, the Board received correspondence from Respondent stating that he was convicted on June 16, 2022, of ten felony counts

related to billing fraud against Medi-Cal and Medicare. He stated that he was no longer treating patients at his clinic in California, which was closed, and requested to retain his Alabama medical license.

5. On or about November 4, 2022, the Board received correspondence from Respondent informing the Board of the automatic suspension of his California medical license.

6. Respondent emailed the Alabama Medical Licensure Commission on December 16, 2022, notifying the Commission of his sentencing in Sacramento County, California. Respondent informed the Commission that he was then incarcerated, but was scheduled to be released in September of 2023. He further stated that he pleaded guilty to four counts of worker's compensation billing fraud in San Joaquin County, California, and that his sentences were to be served concurrently.

7. On or about December 12, 2022, Respondent entered into a stipulated surrender of his medical license with the California Medical Board. He had previously been charged with committing acts of gross negligence against eight (8) patients, failing to keep adequate medical records, and unprofessional conduct. Under the terms of the agreement, Respondent's surrender of his medical license is considered a disciplinary action by the California Medical Board. The surrender became effective on or about January 30, 2023.

Conclusions of Law

1. The Commission has jurisdiction over the subject matter of the Administrative Complaint, and over the parties, pursuant to Ala. Code § 34-24-310, *et seq*.

2. The Medical Licensure Commission is authorized to impose professional discipline upon any Alabama physician upon conviction of any felony offense, whether or not the felony conviction is related to the practice of medicine in this State. Ala. Code § 34-24-360(4). The Commission may also impose professional discipline based upon "disciplinary action taken by another state." Ala. Code § 34-24-360(15).

3. The Commission concludes, as a matter of law, that the determined facts constitute violations of Ala. Code § 34-24-360(4) as charged in Counts One and Two of the Administrative Complaint, and a violation of Ala. Code § 34-24-360(15) as charged in Count Three of the Complaint.

Order/Discipline

Based upon the foregoing Findings of Fact and Conclusions of Law, it is ORDERED, ADJUDGED, AND DECREED:

1. That Respondent is adjudged GUILTY of the charges alleged in Counts One, Two, and Three of the Administrative Complaint;

2. That Respondent's license to practice medicine in the State of Alabama is due to be and is hereby REPRIMANDED;

3. That Respondent is ASSESSED administrative fines of five thousand dollars ($5,000.00) as to each of Counts One, Two, and Three, separately and severally, for a total administrative fine of fifteen thousand dollars ($15,000.00), and that in accordance with Ala. Admin. Code r. 545-X-3-.08(8)(d)(i), Respondent is ORDERED to pay the administrative fine within 30 days of this Order;[1]

4. That Respondent's license to practice medicine in the State of Alabama is REVOKED; that pursuant to Ala. Code § 34-24-361(h)(4) such revocation is SUSPENDED, and that Respondent's license to practice medicine in Alabama is placed on PROBATION for a period of twenty-four (24) months, conditioned as follows: that Respondent shall comply with all provisions of this Consent Decree; that Respondent shall comply with all applicable provisions of federal and state law; and that Respondent shall not engage in solo medical practice or in any practice in which he has responsibility for medical billing;

[1] "The refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission" may be a separate instance of "unprofessional conduct." *See* Ala. Admin. Code r. 545-X-4-.06(6).

5. That Respondent is ORDERED, within 180 days of the date of this Order, to complete the Intensive Course in Medical Ethics, Boundaries, and Professionalism presented by Case Western Reserve University School of Medicine;

6. That the Board is DIRECTED to monitor Respondent's compliance with this Order; and

7. That no administrative costs of this proceeding are assessed against Respondent at this time.

DONE on this the 27th day of November, 2023.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2023-11-27 17:31:37 CST

Craig H. Christopher, M.D.
its Chairman

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
Complainant,	)	
v.	)	
GARY ROYCE WISNER, M.D.,	)	**CASE NO.: 2018-155**
Respondent.	)	

JOINT SETTLEMENT AGREEMENT

COME NOW, the Alabama State Board of Medical Examiners ("the Board") and Gary Royce Wisner, M.D., ("Respondent") (hereinafter collectively referred to as "the Parties") and enter into this Joint Settlement Agreement ("Agreement") to resolve the disciplinary charges filed against Respondent's medical license. In support thereof, the Parties state as follows:

JURISDICTION

1. Respondent was first licensed to practice medicine in Alabama on April 29, 1996, under license number MD.19841. He has maintained licensure at all times material to this agreement.

STIPULATIONS

2. On or about June 13, 2018, the Board received correspondence from Respondent stating he was scheduled to be arrested in San Joaquin County, California on September 12, 2018, for four felonies related to his treatment of worker's compensation patients from four specific insurance companies in California. He further stated that he only practices medicine in California despite being licensed in four other states, including Alabama.

3. About a month later, on July 17, 2018, the Board received a second letter from Respondent stating that he was scheduled to be "booked and released at the Sacramento jail on July 14, 2018, for Medi-Cal billing fraud related charges to ten felonies." He explained these charges were related to the four previously described worker's compensation billing fraud charges that he reported in June 2018.

4. On or about June 18, 2022, the Board received correspondence from Respondent stating that he was convicted on June 16, 2022, of ten felony counts related to billing fraud against Medi-Cal and Medicare. He stated he was no longer treating patients at his clinic in California, which is now closed, and requested to retain his Alabama medical license.

5. On or about November 4, 2022, the Board received correspondence from Respondent informing the Board of the automatic suspension of his California medical license.

6. Respondent emailed the Alabama Medical Licensure Commission ("the Commission") on December 16, 2022, notifying them of his sentencing in Sacramento County, California, and stated he is currently incarcerated; scheduled to be released in September of 2023. He further stated that he pleaded guilty to four counts of workman's compensation billing fraud in San Joaquin County, California. These sentences are to be served concurrently.

7. On or about December 12, 2022, Respondent entered into a stipulated surrender of his medical license with the California Medical Board. He had previously been charged with committing acts of gross negligence against eight (8) patients, failing to keep adequate medical records, and unprofessional conduct. Under the terms of the agreement, Respondent's surrender of his medical license is considered a disciplinary action by the California medical board. The surrender became effective on or about January 30, 2023.

8. The Parties enter into this Agreement as a matter of compromise and to eliminate further litigation and issues between them related to the allegations set out in the Board's Administrative Complaint.

9. Respondent acknowledges the authority of the Commission to exercise jurisdiction in this matter. He consents and agrees to the entry by the Commission of a consent order consistent with the terms of this Agreement and agrees to be bound by the findings of fact, conclusions of law, and terms and conditions stated therein. Respondent waives his right to an administrative hearing before the Commission, his right to be represented at such hearing by counsel of his choice and agrees to waive any and all rights to further notice and formal adjudication by the Board and the Commission of charges arising from the facts stated herein. Further, Respondent waives his right to judicial review of the consent order agreed to herein under applicable provisions of the Alabama Administrative Procedure Act, Ala. Code §41-22-1, *et. seq.* If the consent order imposes any term of probation and/or restrictions on Respondent's license to practice medicine in Alabama, then Respondent acknowledges that such term of probation and/or restrictions are mutually negotiated and bargained-for terms, and Respondent waives any right to apply to the Commission for modification of those terms and any right to a hearing under Ala. Code § 34-24-361(h)(9). Respondent understands and acknowledges that the Agreement and Consent Order, if approved and executed by the parties, shall constitute a public record under the laws of the state of Alabama.

10. Respondent acknowledges and agrees that the Agreement and Consent Order constitute a public record of the Board and will be reported by the Board to the Federal National Practitioner Data Bank ("NPDB") and the Federation of State Medical Boards ("FSMB") disciplinary data bank. This Agreement and Consent Order may be released by the Board to any

person or entity requesting information concerning the licensure status in Alabama of Respondent.

11. The Board stipulates and agrees that the terms and conditions of the Agreement and resulting Consent Order entered by the Commission constitute a reasonable disposition of the matter stated herein, and that such disposition protects the public's health and safety.

TERMS OF AGREEMENT

10. Respondent admits to Counts One, Two, and Three of the Administrative Complaint filed in this case and consents to the entry of a consent order by the Commission finding that he committed each of the violations as alleged in Counts One, Two, and Three.

11. Respondent consents to the entry of an order by the Commission reprimanding his medical license and assessing an administrative fine in the amount of $15,000, due and payable within 30 days of the Commission's order issued pursuant to this Agreement.

12. Respondent further consents to the entry of an Order by the Commission revoking his medical license, suspending said revocation, and placing his license on probation for a term of twenty-four (24) months, conditioned as follows: that Respondent shall comply with all provisions of the Consent Decree entered by the Medical Licensure Commission; that Respondent shall comply with all applicable provisions of federal and state law; and that Respondent shall not engage in solo medical practice or in any practice in which he has responsibility for medical billing.

13. Respondent shall abide by all state and federal laws and state and federal regulations related to the practice of medicine.

14. Respondent shall completed the Intensive Course in Medical Ethics, Boundaries, and Professionalism presented by Case Western Reserve University School of Medicine within 180 day of the Commission's order issue pursuant to this Agreement.

15. Respondent acknowledges and understands that the Commission shall retain jurisdiction in this matter to enter any such orders as may be necessary to implement or enforce this Agreement or its own orders.

16. Respondent understands that the Board will monitor his compliance with this Agreement. Respondent understands that the Board reserves the right to file for revocation of his probation or a new administrative complaint in the event that Respondent fails to abide by any term of this Agreement or new violations of state or federal laws and regulations are discovered. Respondent understands that a violation of this Agreement or the Commission's order may constitute unprofessional conduct, a violation Ala. Code § 34-24-360(2). The Parties acknowledge that Respondent will receive notice and opportunity for a fair hearing consistent with the Alabama Administrative Procedures Act and Commission rules prior to any final action adjudicating an alleged violation.

STIPULATED AND AGREED this 22 day of November, 2023.

ACKNOWLEDGEMENTS

Respondent's Understanding

I have read and understand the provisions of this Joint Settlement Agreement. I have discussed it with my attorney and agree and approve of all the provisions of this Joint Settlement Agreement, both individually and as a total binding agreement. I have personally and voluntarily signed this Joint Settlement Agreement for the express purpose of entering into this Joint

Settlement Agreement with the Board.

11/22/2023
DATE

GARY ROYCE WISNER, M.D.

Counsel's Acknowledgement

I have discussed this case with my client in detail and have advised my client of all my client's rights and possible defenses. My client has conveyed to me that she understands this Joint Settlement Agreement and consents to all its terms. I believe this Joint Settlement Agreement and the disposition set forth herein is appropriate under the facts of this case.

11/22/23
DATE

IAN KENNEDY, ESQ.
Counsel for Respondent

Board's Acknowledgement

I have reviewed this matter and this Agreement and concur that the disposition set forth herein is appropriate and adequately protects the public's health and safety.

11/22/2023
DATE

E. WILSON HUNTER
General Counsel
Alabama State Board of Medical Examiners

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EXHIBIT F

MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 41236

NAME: WISNER, GARY ROYCE

LICENSE TYPE: PHYSICIAN AND SURGEON A

PRIMARY STATUS: LICENSE SURRENDERED

SCHOOL NAME: AUTONOMOUS UNIVERSITY OF GUADALAJARA FACULTY OF MEDICINE

GRADUATION YEAR: 1982

ADDRESS OF RECORD

[redacted]
LODI CA [redacted]
SAN JOAQUIN COUNTY

ISSUANCE DATE

OCTOBER 1, 1984

EXPIRATION DATE

N/A

CURRENT DATE / TIME

FEBRUARY 27, 2024
3:20:48 PM

PUBLIC RECORD ACTIONS

ADMINISTRATIVE DISCIPLINARY ACTIONS (1)

DISCLAIMER: The Medical Board's public disclosure screens are updated periodically as new information becomes available.Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

- **CASE NUMBER:** 8002015016673
- **DESCRIPTION:** SURRENDER OF LICENSE.
- **EFFECTIVE DATE:** JANUARY 30, 2023

› COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

› MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

PUBLIC DOCUMENTS

› DECISION (1)

DOCUMENT: DECISION **DATE:** JANUARY 30, 2023 **PAGES:** 39

SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

NO AB 133 SURVEY INFORMATION PROVIDED BY LICENSEE

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EXHIBIT PAGE ONLY

EXHIBIT G

18FE013037

XAVIER BECERRA
]Attorney General of California
ALAN B. ROBISON
Supervising Deputy Attorney General
THOMAS BRENNAN
Deputy Attorney General
State Bar No. 192072
Bureau of Medi-Cal Fraud and Elder Abuse
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Sacramento, CA 95833-4252
Telephone: (916) 621-1844
Fax: (916) 274-2929
E-mail: Thomas.Brennan@doj.ca.gov
Attorneys for the People of the State of California

FILED
ENDORSED
JUL 9 · 2018
By R. WELLS
Deputy Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

v.

GARY ROYCE WISNER,

Defendant.

Case No. 18FE013037

FELONY COMPLAINT

[AG DOCKET No: SA2016103925]

The People of the State of California hereby allege that in the County of Sacramento, State of California, and elsewhere, within the State of California, before the drafting of this criminal complaint, the above-named defendant, Gary Wisner (DOB 7/24/1956), committed the following criminal offenses, all connected in their commission yet constituting separate criminal offenses:

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Attorney General Office Copy

COPY

COUNT 1
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, August 17, 2016 and December 6, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving J. Martinez and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 2
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, July 10, 2015 and July 29, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving K. Chitwood and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 3
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, May 29, 2015 and March 23, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving M. Berkeland and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 4
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, April 15, 2016 and October 31, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving B. Frechette and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

///

COUNT 5
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, January 12, 2016 and December 1, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving A. Suddith and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 6
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, October 28, 2013 and September 23, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving C. Grabowski and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 7
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, January 7, 2013 and September 9, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving B. Figueroa and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 8
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, November 6, 2013 and February 13, 2015, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving G. Mettler and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

///

COUNT 9
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, February 7, 2013 and September 23, 2015, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving M. Brusstar and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 10
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, April 1, 2016 and August 26, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving K. Rosen and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

I declare under penalty of perjury, on information and belief, pursuant to the laws of the State of California, that the foregoing is true and correct.

Dated: July 5th, 2018

Respectfully Submitted,

XAVIER BECERRA
Attorney General of California

THOMAS M. BRENNAN
Deputy Attorney General
Attorneys for the People of the State of California

REQUEST FOR DISCOVERY

Pursuant to Penal Code section 1054.5, subdivision (b), the People request from defendant and defense counsel all materials and information required to be disclosed to the prosecution by the defense under the authority of Penal Code section 1054.3, including the following:

1. The names and addresses of persons, other than the defendants, whom the defendants intend to call as witnesses at trial. [Pen. Code § 1054.3, subd. (a)].

2. Any relevant written or recorded statements of persons whom the defendants intend to call as witnesses at trial. [Pen. Code § 1054.3, subd. (a)].

3. Any reports of the statements of persons whom the defendants intend to call as witnesses at trial. [Pen. Code § 1054.3, subd. (a)].

4. Any reports or statements of experts made in connection with the case. [Pen. Code § 1054.3, subd. (a)].

5. Any results of physical or mental examinations, scientific tests, experiments or comparisons which the defendants intend to offer in evidence at the trial. [Pen. Code § 1054.3, subd. (a)].

6. Any real evidence which the defendant intends to offer in evidence at the trial. [Pen. Code § 1054.3, subd. (a)].

This is a continuing request for the above information. If the information becomes available at a future time, the prosecution, by this request, asks that it be immediately disclosed to the prosecution.

HOLDING ORDER

Defendant GARY WISNER:

_____ Based on the evidence presented at the preliminary hearing, it appears that the following offenses charged in the above Complaint have been committed and there is sufficient cause to believe Defendant GARY WISNER is guilty of these offenses.

_____ Defendant has waived preliminary hearing of the offenses charged in the above complaint. Exceptions/Additions/Conditions:_____

IT IS ORDERED, pursuant to Penal Code section 872, it appearing that the offense(s) in the within complaint have been committed, and that there is sufficient cause to believe that the Defendant is guilty and held to answer in Superior court to the following offenses:

COUNT	CHARGE	CHARGE RANGE
1	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
2	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
3	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
4	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
5	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
6	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
7	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years

8	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
9	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
10	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years

In my capacity as Judge of the Superior Court, I deem the within Complaint to be the Information and order it filed as such in the Superior Court.

Dated this _____ day of _____, 20_____

_____
JUDGE OF THE SUPERIOR COURT

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO
MINUTE ORDER - PROCEEDINGS

WISNER, GARY ROYCE X-REF: 3085640 CASE NO.: 18FE013037

D.A.G.: THOMAS BRENNAN RET: ALBERT M. ELLIS & ADAM RAMIREZ

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
6/16/22	S. WHITE	40	CASH BAIL	8687	JURY TRIAL DAY 9 (SEE FORMAL ORDER)
					DAG THOMAS BRENNAN PRES IN COURTROOM; RET ALBERT ELLIS & RET ADAM RAMIREZ PRES IN COURTROOM W/ DEF.;
					PEOPLE CLOSING; DEFENSE CLOSING; PEOPLE REBUTTAL; JURY DELIBERATIONS
					VERDICTS: CT. 1 - GUILTY CT. 2 - GUILTY CT. 3 - GUILTY CT. 4 - GUILTY CT. 5 - GUILTY CT. 6 - GUILTY CT. 7 - GUILTY CT. 8 - GUILTY CT. 9 - GUILTY CT. 10 - GUILTY
					REFER TO PROBATION FOR REPORT; REFER TO PROBATION PURS. PC 29810; DEFT ADVISED & PROVIDED W/ FIREARMS PROHIB PACKET; SUBMIT DNA SAMPLE PURS. PC 296
					MATTER CONT 8/5/22 1:30PM D40 FOR J&S
					DEF REMAINS REL CASH BAIL

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO
MINUTE ORDER - PROCEEDINGS

WISNER, GARY ROYCE X-REF: 3085640 CASE NO.: 18FE013037

D.A.G.: THOMAS BRENNAN RET: ALBERT M. ELLIS & ADAM RAMIREZ

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
9/2/22	S. WHITE	40	CASH BAIL	9687	PROBATION HEARING JUDGMENT & SENTENCING
					DAG THOMAS BRENNAN PRES IN COURTROOM; RET ALBERT ELLIS & RET ADAM RAMIREZ PRES IN COURTROOM W/ DEF.;
					PROB REPORT RCVD, READ, & FILED
					JS: PURS TO 1170(h)(5)(B) PC - PROB - DENIED PRINCIPLE TERM: CT 1: MT 3yr CJP CT 3: 1/3 MT 1yr CJP C/S CT 5: 1/3 MT 1yr CJP C/S CT 7: 1/3 MT 1yr CJP C/S CT 9: 1/3 MT 1yr CJP C/S CT 2: MT 3yr CJP C/C CT 4: MT 3yr CJP C/C CT 6: MT 3yr CJP C/C CT 10: MT 3yr CJP C/C AGG TERM: 7YR(S) CJP CREDITS: 1 ACT + 0 GT/WT = 1 TOTAL THE FIRST 2 YR(S) SHALL BE SERVED IN THE CJ, CONSECUTIVE; THE CONCLUDING TERM OF 5 YRS MOS. SHALL BE ON MANDATORY SUPERVISION TO THE PROB DEPT. UNDER THE TERMS AND CONDS LISTED ON THE ATTACHED PROB RPT PGS 1 TO 14 AS MOD. VICT REST AMT TBD REST BRIEFS DUE 11/17/22 RESPONSIVE PLEADINGS DUE 12/2/22 REST HEARING 2/3/23 1:30PM D40
					CONT NEXT PAGE

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO
MINUTE ORDER - PROCEEDINGS

WISNER, GARY ROYCE X-REF: 3085640 CASE NO.: 18FE013037

D.A.G.: THOMAS BRENNAN RET: ALBERT M. ELLIS & ADAM RAMIREZ

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
					TESTING: DNA 296 PC COA $400.00; FACILITY FEE $300.00; REF TO DRR FOR ALL FINES/FEES/REST REF TO PROB FOR SUPERVISION REM - SSD

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EXHIBIT H

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: Gary Royce Wisner, M.D. Physician's and Surgeon's Certificate No. A 41236 Respondent.	Case No. 800-2015-016673

DECISION

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on JAN 30 2023.

IT IS SO ORDERED JAN 23 2023.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Deputy Director

Medical Board of California
I do herby Certify that this document is a true and correct copy of the original on file in this office.

Signature

For the Custodian of Records
Title

April 06, 2023
Date

DCU35 (Rev 07-2021)

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
JANNSEN TAN
Deputy Attorney General
State Bar No. 237826
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7549
Facsimile: (916) 327-2247
Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **GARY ROYCE WISNER, M.D.** [redacted] **LODI, CA** [redacted] **X-3085640 2E214A** **Sacramento County Jail** **651 I Street** **Sacramento, California 95814** **Physician's and Surgeon's Certificate No. A 41236** Respondent.	Case No. 800-2015-016673 OAH No. 2022080426 **STIPULATED SURRENDER OF LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this

matter by Rob Bonta, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.

2. Gary Royce Wisner, M.D. (Respondent) is represented in this proceeding by attorney, Robert J. Sullivan, Esq., whose address is: 765 University Avenue, Sacramento, CA 95825.

3. On or about October 1, 1984, the Board issued Physician's and Surgeon's Certificate No. A 41236 to Gary Royce Wisner, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-016673. On September 2, 2022, Respondent's Physician's and Surgeon's Certificate was suspended after his conviction in a criminal proceeding before the Superior Court of California, County of Sacramento, Case No. 18FE01203.

JURISDICTION

4. Accusation No. 800-2015-016673 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 July 23, 2018. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2015-016673 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-016673. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. 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.

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7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2015-016673, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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 the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

13. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. A 41236 without further notice to, or opportunity to be heard by, Respondent.

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14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

15. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

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ADDITIONAL PROVISIONS

16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

17. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

18. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 41236, issued to Respondent Gary Royce Wisner, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2015-016673 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

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5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $28,696.25 prior to issuance of a new or reinstated license.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Robert J. Sullivan, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 12/12/2022

GARY ROYCE WISNER, M.D.
Respondent

I have read and fully discussed with Respondent Gary Royce Wisner, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 12/8/22

ROBERT J. SULLIVAN, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 12/27/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

Jannsen Tan

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2015-016673

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 23 2018
BY K. Vong ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Gary Royce Wisner, M.D.** **621 S. Ham Lane, Suite A** **Lodi, CA 95242** **Physician's and Surgeon's Certificate No. A 41236,** Respondent.	Case No. 800-2015-016673 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about October 1, 1984, the Medical Board issued Physician's and Surgeon's Certificate Number A 41236 to Gary Royce Wisner, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2020, unless renewed.

JURISDICTION

3. 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.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

5. Section 2234 of the Code states:

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"The board shall take action against any licensee who is charged with unprofessional conduct[1]. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

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[1] Unprofessional conduct under California Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence Patient A)

7. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the code, in that he committed gross negligence in his care and treatment of Patient A[2], as more particularly alleged hereinafter.

8. Respondent is a physician and surgeon board certified in Orthopedic Surgery, who at all times alleged herein practiced medicine under the name and style of Gary R. Wisner M.D., Orthopedics Sports & Workers' Medical Group, Inc. in Lodi, California.

9. On or about October 29, 2015, Respondent saw Patient A for an office visit. Patient A was a 54-year-old male patient who complained of hip pain. Respondent documented the "nature of injury" as left hip pain. Respondent documented the chief complaint as "CTL spine, left hip." Respondent documented, "patient states that he has had left hip pain for about a year... Getting worse, especially with activity and prolonged walking." Respondent ordered x-rays of the cervical spine, thoracic spine, lumbar spine, pelvis, left and right hips, left femur, and right femur.

10. On or about November 12, 2015, Respondent saw Patient A for an office visit. Respondent documented the chief complaint as "CTL spine, left hip, left knee, right foot/ankle." Respondent documented "... Left hip has more mobility with therapy... Pain radiates into his knee/ankles..." Respondent ordered x-rays of the cervical spine, thoracic spine, a scoliosis film, left knee, left femur, left tibia, right tibia, right foot, right ankle, and right calcaneus.

[2] Patient names have been redacted to protect patient confidentiality.

Respondent's plan was to obtain an MRI of the cervical spine, thoracic spine, and lumbar spine to "rule out HNP." He also planned MRI's of both hips and pelvis, to "rule out AVN."

11. On or about November 17, 2015, Respondent obtained an MRI of Patient A's left hip which revealed "moderate osteoarthritic changes left hip... Milder osteoarthritic changes right hip..." An MRI of the lumbar spine was done that same day reportedly showing "mild discopathy L1/2 - L4/5, mild L4/5 central stenosis." Respondent's request for a thoracic spine MRI was denied by insurance for lack of symptoms.

12. On or about November 30, 2015, Respondent saw Patient A for an office visit. Respondent documented the chief complaint as "CTL-spine left hip, right knee, both feet." Respondent documented "his back is doing good-most pain is in left hip." Respondent also documented "back pain radiates into his knees at times." Respondent ordered x-rays of Patient A's right knee, right femur, right tibia, left tibia, left foot, left ankle, and left calcaneus. Respondent's plan was to obtain an MRI of the cervical and thoracic spine to "rule out HNP" and to obtain an MRI of the right hip and pelvis to "rule out AVN."

13. On or about December 8, 2015, Respondent obtained an MRI of Patient A's cervical spine for "neck pain." The report of the study showed "disc bulges at C4/5, C5/6, C6/7. Right-sided foraminal stenosis at C5/6, C6/7 with potential compression of right C6 and C7 nerve roots."

14. On or about January 4, 2016, Respondent saw Patient A for an office visit. Respondent documented Patient A's chief complaint as "CTL spine, left hip, both knees, both shoulders, both feet/ankles." Respondent documented "CTL-spine has been doing okay-most pain is in left hip still... C-spine pain radiates into his shoulders, and low back pain goes into his feet/knee." Respondent ordered x-rays that included a scoliosis film, a full-length left lower extremity x-ray, x-rays of Patient A's ankles, right shoulder, right humerus, left shoulder, and left humerus. The chart notation states the review of the x-rays revealed "OA." Respondent's plan was to obtain an MRI of the thoracic spine and an MRI of the right hip and pelvis. Respondent documented, left total hip replacement was suggested "if/when he is ready." "Second opinion encouraged."

15. Respondent committed gross negligence in his care and treatment of Patient A in that Respondent obtained excessive, non-medically necessary and repeated x-rays of areas outside of Patient A's complaint.

SECOND CAUSE FOR DISCIPLINE
(Gross Negligence Patient B)

16. On or about May 20, 2010[3], Respondent saw Patient B for an office visit. Patient B was a 58-year-old male, who presented with complaints of left knee pain from a work-related injury that had occurred on or about March 13, 2007. Respondent documented that Patient B had "twisted his left knee coming down some stairs at work." Respondent ordered x-rays of Patient B's left knee, left femur, and left tibia.

17. On or about June 24, 2010, Respondent saw Patient B for a follow up visit. Respondent ordered full length x-rays of Patient B's left lower extremity during this visit.

18. On or about August 17, 2010, Respondent saw Patient B for a follow up visit. Respondent ordered an MRI study of Patient B's left knee showing a "recurrent medial meniscus tear... chondromalacia."

19. On or about September 14, 2010, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about September 21, 2010, Respondent ordered additional x-rays of Patient B's left knee. On or about November 8, 2010, Respondent also ordered x-rays of Patient B's right knee and a full-length study of the right lower extremity.

20. On or about December 6, 2010, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia as part of the preoperative examination for a planned left knee arthroscopy.

21. On or about December 16, 2010, Patient B had an arthroscopic procedure on his left knee, a partial medial meniscectomy, a partial lateral meniscectomy, and a microfracture chondroplasty.

[3] Conduct occurring prior to July, 2011, is for informational purposes only, and is not alleged as a basis for disciplinary action.

22. On or about December 28, 2010, Respondent saw Patient B for a post-operation visit. Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, and full-length left lower extremity.

23. During the period of January 2011 to December 2011, Respondent saw Patient B monthly for office visits. At each of these visits, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia.

24. During the period of January 2012 to December 2012, Respondent saw Patient B multiple times for office visits. On or about March 16, 2012, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about April 20, 2012, Respondent ordered x-rays of Patient B's right and left lower extremities, full length. On or about August 1, 2012, Respondent ordered x-rays of Patient B's left femur, left, knee, and left tibia. On or about November 12, 2010, Respondent ordered x-rays of Patient B's right and left lower extremities, full length.

25. During the period of January 2013 to December 2013, Respondent saw Patient B, multiple times for office visits. On or about January 16, 2013, Respondent ordered repeat MRIs of Patient B's left knee, showing osteoarthritis and a small medial meniscus tear. On or about January 22, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about March 5, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about April 2, 2013, Respondent ordered x-rays of Patient B's right and left lower extremities, full length. On or about May 3, 2013, Respondent ordered x-rays of Patient B's left tibia, left calcaneus, left foot, and left ankle. Respondent failed to document any medical indication of any foot or ankle complaints. On or about June 28, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about October 10, 2013, Respondent ordered repeat full-length lower extremity x-rays of Patient B's right and left legs. On or about December 5, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about December 27, 2013, Respondent ordered x-rays Patient B's left tibia, left calcaneus, left foot, and left ankle.

26. During the period of January 2014 to December 2014, Respondent saw Patient B multiple times for office visits. On or about January 3, 2014, Respondent ordered a repeat MRI of Patient B's left knee showing an "altered medial meniscus, not clearly torn, patellofemoral and medial compartment osteoarthritis." On or about January 29, 2014, Respondent ordered x-rays of Patient B's thoracic spine, lumbosacral spine, pelvis, and both hips. On or about February 19, 2014, Respondent ordered x-rays of Patient B's lumbosacral spine and a full-length spine x-ray, which he documented as "scoliosis."

27. On or about March 12, April 9, May 13, June 20, 2014, Respondent saw Patient B for follow up visits. During these visits, Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, left calcaneus, left foot, and left ankle, with additional x-rays taken of the full length of the spine. During the March 12, 2014, and June 20, 2014 visits, Respondent documented "scoliosis."

28. On or about July 25, August 29, November 10, December 1 and December 22, 2014, Respondent saw Patient B for follow up visits. During these visits, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia at each visit. Respondent also ordered x-rays of Patient B's thoracic spine and lumbar spine. During the August 29, 2014 visit, Respondent ordered a full-length study of both lower extremities, lumbosacral spine series and a full-length spine x-ray. During the November 10, 2014, and December 1 and 22, 2014 visits, Respondent ordered x-rays of Patient B's left foot, left calcaneus, and left ankle. During the December 22, 2014 visit, Respondent ordered a repeat full-length spine x-ray and x-rays of the cervical spine.

29. On or about January 15, 2014, Respondent saw Patient B for a right knee injury that Patient B sustained on or about May 11, 2013. On or about January 15, 2014, and September 22, 2014, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia and a full-length x-ray of the entire right lower extremity. On or about October 6, 2014, and October 20, 2014, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia, right foot, right ankle, and right calcaneus.

30. During the period of January 2015 to September 2015, Respondent saw Patient B multiple times for office visits. On or about January 12, 2015, Respondent saw Patient B for "pain radiating to the back." Respondent ordered x-rays of Patient B's cervical, thoracic and lumbar spine, pelvis, and hips. On or about February 17, 2015, Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, as well as cervical and lumbosacral spine x-rays, and a full-length or "scoliosis" x-ray. On or about March 10, 2015, Respondent saw Patient B for complaints of "pain into the back on occasion." Respondent ordered full-length x-rays of Patient B's spine, and lower extremities. On or about March 25, 2015, April 15, 2015, and May 12, 2015, Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, left calcaneus, left foot, and left ankle. On or about July 24, 2015, Respondent ordered x-rays of Patient B's cervical, thoracic and lumbosacral spine, pelvis and both hips.

31. On or about February 2, February 23, March 16, April 6, April 27, June 16, July 3, August 21, and September 25, 2015, Respondent saw Patient B for an office visit involving Patient B's prior right knee injury. During these visits, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia, right foot, right ankle, and right calcaneus.

32. On or about October 1, 2015, Patient B had an arthroscopic procedure for his right knee, an arthroscopic debridement, partial medial meniscectomy, microfracture chondroplasty, and lateral release. Respondent saw Patient B six times post-operatively and at each of these visits he had x-rays taken of the right knee, right femur, right tibia, right foot, right ankle, and right calcaneus. Respondent also ordered an additional x-ray of Patient B's left lower extremity a day after surgery.

33. During the period of January 2016 to December 2016, Respondent saw Patient B multiple times for office visits. On or about January 8 and 29, 2016, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia, right foot, right ankle, and right calcaneus. On or about February 19, 2016, Respondent ordered x-rays of Patient B's right knee, right femur, and right tibia. On or about March 11, 2016, Respondent ordered x-rays of Patient B's right foot, right ankle, and right calcaneus. On or about April 1, April 22, 2016 and May 19, 2016, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia, right foot, right

ankle, and right calcaneus. On or about June 9 and July 11, 2016, Respondent ordered x-rays of Patient B's right femur, right knee, and right tibia. On or about June 29, 2016, Respondent ordered x-rays of Patient B's left lower extremity. On or about July 29, 2016, Respondent ordered x-rays of Patient B's right tibia, right calcaneus, right foot, and right ankle. On or about October, 21, 2016, Respondent ordered x-rays of Patient B's right femur, right knee, and right tibia.

34. On or about August 18, 2016, Respondent saw Patient B for a qualified medical examination for Patient B's knees. On or about December 2, 2016, Respondent ordered x-rays of Patient B's left knee, left femur, and left tibia. On or about December 30, 2016, Respondent ordered a full length x-ray of Patient B's left lower extremity.

35. On or about January 27, 2017, Respondent ordered x-rays of left tibia, left foot, left ankle. On or about January 20 and February 17, 2017, Respondent ordered x-rays of Patient B's right femur, right knee, and right tibia.

36. Respondent committed gross negligence in his care and treatment of Patient B in that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient B's knees, lower extremities, and spine, with no documented change in Patient B's complaints or documented additional trauma.

THIRD CAUSE FOR DISCIPLINE
(Gross Negligence Patient C)

37. On or about January 12, 2004[4], Respondent saw Patient C for an office visit. Patient C was a 55-year-old female who presented with a chief complaint of left knee pain arising from a work related injury she sustained on or about November 13, 2003. Respondent ordered x-rays of Patient C's left knee during this visit. On or about March 22, 2004, Respondent saw Patient C for a preoperative examination. During this visit, Respondent ordered x-rays of Patient C's left knee.

[4] Conduct occurring prior to July, 2011, is for informational purposes only, and is not alleged as a basis for disciplinary action.

38. On or about March 25, 2004, Patient C had an arthroscopic procedure on her left knee, an arthroscopic debridement, partial medial meniscectomy, partial lateral meniscectomy, and a microfracture chondroplasty of the trochlea and medial femoral condyle. During the surgery, Patient C was found to have an absent or deficient anterior cruciate ligament. Respondent saw Patient C post-operatively 3 times, with x-rays being taken on each visit.

39. On June 30, 2004, Respondent saw Patient C for a for preoperative examination for another left knee surgery. During this visit, Respondent ordered x-rays of Patient C's left knee.

40. On or about July 8, 2004, Patient C had another procedure on the left knee, another arthroscopic debridement, partial medial meniscectomy, partial lateral meniscectomy, microfracture chondroplasty of the trochlea, medial femoral condyle, lateral femoral condyle, and an allograft anterior cruciate ligament reconstruction. Respondent saw Patient C on or about July 23, August 19, October 1, November 8 and December 31, 2004. Respondent ordered x-rays of Patient C's left knee at every visit.

41. During the period of February to August, 2005, Respondent ordered x-rays of Patient C' left knee on April 1, and August 10, 2005.

42. During the period February to December 2005, Respondent also saw Patient C for upper extremity complaints arising from an injury on or about December 31, 2004. Respondent ordered x-rays of both of Patient C's wrists on February 2, and April 25, 2005. On or about April 28, 2005, Respondent performed a right carpal tunnel release. On or about May 13, 2005, Respondent ordered an x-ray of Patient C's right wrist during a postoperative visit. On or about December 9, 2005, Respondent saw Patient C. Respondent documented, "bilateral wrist... left greater than right due to using crutches..." During this visit Respondent ordered x-rays of Patient C's hands and wrists.

43. On or about February 6, 2006 Respondent saw Patient C for a preoperative visit. During this visit, Respondent ordered x-rays of Patient C's left wrist. On or about February 9, 2006 Respondent performed a left carpal tunnel release. On or about February 24, April 28, 2006, Respondent ordered x-rays of Patient C's left wrist. On or about July 6, 2006,

Respondent documented that Patient C was "happy with results." Respondent ordered x-rays of Patient C's wrists.

44. On or about May 3, and September 8, 2006, Respondent ordered x-rays of Patient C's left knee.

45. During the period of 2007 through 2011, Respondent ordered multiple x-rays of Patient C's left knee and upper extremities

46. During the period of January to November 2012, Respondent saw Patient C multiple times for office visits. On or about January 25, 2012, Respondent ordered full length x-rays of Patient C's lower extremities. On or about July 30, and November 19, 2012, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. Respondent ordered an additional full length x-ray of Patient C's lower extremities during the November 19, 2012 visit.

47. Respondent also saw Patient C for upper extremity complaints. On or about April 10, 2012, Respondent ordered x-rays of Patient C's wrists, hands, and elbows. On or about August 2, 2012, Respondent documented "left elbow flare into left hand... Right elbow occasional pain, right hand occasionally numb." During this visit, Respondent ordered x-rays of both forearms. On or about October 25, 2012, Respondent documented "right long and ring fingers stuck." During this visit, Respondent ordered x-rays of Patient C's wrists and hands. On or about December 17, 2012, Respondent documented "pain right hand, finger gets stuck, left hand okay." During this visit, Respondent ordered x-rays of Patient C's left and right humerus, elbows, and forearms.

48. During the period of January to October, 2013, Respondent saw Patient C multiple times for office visits. On or about January 30, March 1 and March 18, 2013, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about March 28, 2013, Patient C had another left knee surgery, an arthroscopic debridement with a partial medial meniscectomy and partial lateral meniscectomy, finding absent anterior cruciate ligament. On or about March 29, April 5, April 12, April 29, May 21, June 10, July 29, and September 18, 2013, Respondent saw Patient C postoperatively. During these visits, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about September 24, 2013, Patient C had another left knee

surgery, an arthroscopic debridement with a partial medial meniscectomy and partial lateral meniscectomy, a microfracture chondroplasty of the medial femoral condyle and an allograft revision anterior cruciate ligament reconstruction. Following this surgery, Respondent saw Patient C on or about September 27, October 7, October 14, October 28, November 4, and November 18, 2013. During these visits, Respondent ordered x-rays of the left knee, left femur, and left tibia. On or about September 27, 2013, Respondent ordered a full length x-ray of Patient C's left lower extremity.

49. Respondent also saw Patient C for upper extremity complaints. On or about January 28, June 17, July 8, August 19, 2013, Respondent documented triggering of fingers of the right hand. On or about January 28, 2013, Respondent ordered x-rays of Patient C's wrists. On or about June 17, 2013, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or about July 17, 2013, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about August 19, 2013, Respondent ordered x-rays of both wrists.

50. During the period of January to December 2014, Respondent saw Patient C multiple times for office visits. On or about January 6, January 20, March 5, March 31, April 28, May 21, July 9, July 30, September 3, October 17, November 20, 2014, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about January 6, January 20, March 31, April 28, May 21, July 9, July 30, September 3, October 17, November 20, 2014, Respondent also ordered x-rays of Patient C's left calcaneus, left foot, and left ankle. Respondent also ordered full length x-rays of Patient C's lower extremity. Respondent documented that Patient C complained of pain in the foot and ankle on or about January 20, March 31, April 28, May 21, July 30, and November 20, 2014.

51. Respondent also saw Patient C for upper extremity complaints. On or about January 8, 2014, Respondent ordered x-rays of Patient C's humeri, both elbows, and both forearms. On or about June 11, 2014, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about July 16, 2014, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or about October 1, 2014, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about November 13, 2014, Respondent documented Patient C's

complaints, "hands equal to last visit, increased pain and stiffness." Respondent ordered x-rays of Patient C's wrists.

52. During the period of January to December 2015, Respondent saw Patient multiple times for office visits. On or about February 2, February 9, February 13, March 12, April 14, June 1, July 15, November 16, and December 7, 2015, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about February 2, February 9, February 13, March 12, June 1, July 15, November 16, and December 7, 2015, Respondent ordered x-rays of Patient C's left calcaneus, left foot, and left ankle. On or about March 12, April 14, and June 1, 2015, Respondent documented Patient C complained of back pain. During these visits, Respondent ordered x-rays of Patient C's spine.

53. Respondent also saw Patient C for upper extremity complaints. On or about January 14, 2015, Respondent ordered x-rays of Patient C's humeri, forearms, and elbows. On or about February 11, 2015, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about May 12, 2015, Respondent ordered x-rays of Patient C's humeri, elbows, forearms, and wrists. On or about June 17, 2015, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about July 16, 2015, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or about October 6, 2015, Respondent ordered x-rays of Patient C's right forearm, right wrist, and right hand. On or about November 13, 2015, Respondent ordered x-rays of Patient C's left forearm, left wrist, and left hand. Respondent documented Patient C's complaints for each of these visits as, "referred primarily to painful triggering of fingers in the right hand."

54. During the period of January to December 2016, Respondent saw Patient C multiple times for office visits. On or about January 19 and February 9, 2016, Respondent saw Patient C for an office visit with a chief complaint of left knee pain. During these visits, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about February 9, 2016, Respondent also ordered x-rays of Patient C's left calcaneus, left foot, and left ankle. On or about February 18, 2016, Patient C had another arthroscopic procedure on her left knee, an arthroscopic debridement with partial medial meniscectomy, a partial lateral

meniscectomy, and a microfracture chondroplasty of the patellofemoral joint, medial femoral condyle, and medial tibial plateau. On or about February 19, 2016, Respondent ordered a postoperative full length x-ray of Patient C's lower extremity. On or about February 19, March 1, March 7, March 29, March 25, June 15, July 11, 2016, Respondent saw Patient C postoperatively. During these visits, Respondent ordered x-rays of Patient C's left knee, left femur, left tibia, left calcaneus, left foot, and left ankle. Respondent documented that Patient C was improved or "doing good."

55. Respondent also saw Patient C for upper extremity complaints. On or about January 27, 2016, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or about March 22, 2016, Respondent ordered x-rays of Patient C's wrists. On or about July 27, 2016, Respondent ordered x-rays of Patient C's shoulders, forearms, and elbows. On or about November 2, 2016, Respondent ordered x-rays of both wrists. Respondent documented that Patient C had complained of some shoulder pain during the March and July visits, as well as elbow pain during the July visit.

56. On or about January 9, 2017, Respondent saw Patient C for an office visit. Respondent ordered full length x-rays of Patient C's lower extremity.

57. Respondent also saw Patient C for upper extremity complaints. On or about January 18, and February 13, 2017, Respondent ordered x-rays of Patient C's humeri, elbows and forearms. Respondent also ordered additional x-rays of Patient C's wrists and hands during the February 13 visit. On or about February 23, 2017, Patient C had hand surgery. Respondent failed to document an operative report with respect to this procedure. On or about February 24, March 6 and March 16, 2017, Respondent ordered x-rays of Patient C's humeri, elbows, forearms, wrists, and hands.

58. Respondent committed gross negligence in his care and treatment of Patient C in that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient C's left lower extremity, both upper extremities, and spine.

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FOURTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient D)

59. On or about January 7, 2005[5], Respondent first saw Patient D for an office visit. Patient D was a 77-year-old female who presented with a chief complaint of left knee pain arising from a work related injury she sustained on or about September 22, 2004. A prior MRI study revealed a left medial meniscus tear. During this visit, Respondent decided to proceed with an arthroscopic surgery for her left knee.

60. On or about March 10, 2005, Respondent saw Patient D for a preoperative examination and x-ray of Patient D's left knee. On or about March 17, 2005, Patient D had surgery on her left knee, an arthroscopic partial medial meniscectomy, lateral release, and microfracture chondroplasty.

61. On or about April 1, 2005, Respondent saw Patient D for a postoperative exam. Respondent ordered x-rays of Patient D's left knee. On or about May 13, 2005, Respondent saw Patient D for another postoperative visit. During this visit, Respondent ordered x-rays of Patient D's left knee.

62. During the period of June 2005 to 2009, Respondent saw Patient D multiple times for office visits. During this period, Respondent ordered multiple x-rays of Patient D's left knee.

63. On or about July 24, 2006, Respondent also saw Patient D for lower back pain. Respondent ordered x-rays of Patient D's lumbosacral spine, pelvis, and both hips. Respondent documented Patient D's chief complaint as, "low back pain and bilateral leg pain." On or about August 17, 2006, Respondent ordered an MRI study, which revealed degenerative disc disease and lumbosacral spine and mild to moderate spinal stenosis at the L4/5 level.

64. During the period of February to December 2009, Respondent saw Patient D multiple times for office visits. On or about May 1, 2009, Respondent ordered exploratory x-rays of Patient D's left knee and both full length extremities. On or about September 4, 2009, Respondent ordered x-rays of Patient D's left knee.

[5] Conduct occurring prior to July, 2011, is for informational purposes only, and is not alleged as a basis for disciplinary action.

65. On or about September 25, 2009, Respondent saw Patient D for complaints with respect to Patient D's left ankle, left hand, and right elbow, having fallen 2 days earlier. During this visit, Respondent ordered x-rays of Patient D's left calcaneus, left foot, left ankle, right elbow, both wrists, and both hands. On or about October 9, 2009, Respondent ordered x-rays of Patient D's right elbow, right wrist, and right hand.

66. During the period of January to December 2010, Respondent saw Patient D for multiple office visits. During these visits, Respondent ordered x-rays of Patient D's left knee, left femur, and left tibia.

67. During the period of January to December 2011, Respondent saw Patient D for multiple office visits. On or about January 22, 2011, Respondent ordered full-length x-rays of Patient D's lower extremity. On or about April 28, 2011, Respondent ordered x-rays of Patient D's left knee, left femur, and left tibia. On or about August 31, 2011, Respondent ordered full-length x-rays of Patient D's lower extremities. On or about October 12, 2011, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia.

68. During the period of January to December 2012, Respondent saw Patient D for multiple office visits. On or about January 18, 2012, Respondent ordered full length x-rays taken of Patient D's lower extremities. On or about April 9, 2012, Respondent ordered x-rays of Patient D's left knee, left femur, and left tibia. On or about August 30, 2012, Respondent ordered full-length x-rays of Patient D's lower extremities. On or about October 18, 2012, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia.

69. On or about May 2, 2012, Patient D underwent another MRI of the lumbosacral spine, upon orders of a third party physician. The MRI scan revealed L4/5 spinal stenosis. Respondent saw Patient D on or about November 12, 2012 with a chief complaint of "TL spine... Low back pain radiating into left leg." Respondent ordered x-rays of Patient D's lumbosacral spine, pelvis, both hips, and the thoracic spine.

70. On or about December 5, 2012, Patient D had another MRI of her thoracic spine and both hips. The spinal MRI revealed degenerative disc disease, and the hip study showed no

avascular necrosis. Respondent saw Patient D on or about December 13, 2012 with a complaint of "TL spine" and had x-rays of the lumbosacral spine, left femur, and a scoliosis study.

71. During the period of January to December 2013, Respondent saw Patient D for multiple office visits. On or about February 4, 2013, Respondent ordered full-length x- rays of Patient D's lower extremities. On or about April 11, 2013, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about August 30, 2013, Respondent ordered full length x-rays of Patient D's lower extremities. On or about October 23, 2013, Respondent ordered x-rays of the Patient D's left femur, left knee, and left tibia. On or about December 19, 2013, Respondent ordered x-rays of Patient D's left tibia, left calcaneus, left foot, and left ankle.

72. During the period of January to December 2013, Respondent also saw Patient D multiple times for back pain. On or about January 31, 2013, Respondent ordered x-rays of Patient D's cervical spine, right humerus, right elbow, right forearm, left tibia, left calcaneus, left foot, and left ankle. On or about February 5, 2013 Respondent ordered an MRI study of Patient D's cervical spine, which revealed degenerative disc disease. On or about February 14, 2013, Respondent documented complaints of "CTL spine, left sciatica" and ordered x-rays of Patient D's cervical spine, a full-length right lower extremity x-ray, x-rays of Patient D's left forearm, wrists, and hands. On or about March 14, 2013, Respondent documented complaints of "CTL spine, left sciatica, right hand, left and right ankle begin." Respondent ordered x-rays Patient D's right tibia, right calcaneus, right foot, and right ankle. On or about May 2, 2013, Respondent documented complaints of "CTL spine, right hand, both ankles." Respondent ordered x-rays of Patient D's left foot, and left ankle. On or about May 20, 2013, Respondent documented complaints of "CTL spine, both ankles." Respondent ordered x-rays of Patient D's cervical spine and lumbosacral spine. Respondent's chart notation for that day stated "CTL spine good." On or about May 28, 2013 Respondent ordered an MRI study of Patient D's cervical, thoracic, and lumbar spine, which revealed degenerative disc disease. On or about June 28, 2013, Respondent documented complaints of "CTL spine, both ankles." Respondent ordered a scoliosis x-ray, x-rays of Patient D's pelvis and both hips. On or about the July 26, 2013, Respondent documented complaints of "CTL spine, both feet." Respondent ordered x-rays of Patient D's cervical spine,

and a scoliosis study. Respondent documented "CTL spine okay." On or about August 30, 2013, Respondent ordered an MRI of Patient D's left ankle and left foot, which revealed left midfoot osteoarthritis. On the same day, Patient D had an MRI of her chest showing left sternoclavicular osteoarthritis. On or about September 6. 2013, Respondent documented a chief complaint of "CTL spine, both feet." Respondent ordered an x-ray of Patient D's left ankle and sternum, with a chart notation that stated "chest bump."

73. On or about October 15, 2013, Respondent saw Patient D for her 2009 fall and complaints of the left ankle, left hand, and right elbow pain. Respondent ordered x-rays of Patient D's right elbow, right wrist, right hand, left calcaneus, left foot, and left ankle.

74. During the period of January to December 2014, Respondent saw Patient D for multiple office visits. On or about January 16, 2014, Respondent ordered full length x-rays of Patient D's lower extremities. On or about February 11, 2014, Respondent documented Patient D's chief complaint of "left knee and CTL-spine." During this visit, Respondent ordered x-rays of Patient D's thoracic spine, lumbosacral spine, pelvis, and both hips. On or about March 4, 2014, Respondent documented a chief complaint of "left knee" and a notation stating "pain radiating into [Patient D's] back." During this visit, Respondent ordered x-rays of Patient D's lumbosacral spine and a full-length scoliosis film. On or about April 1, 2014, Respondent documented a chief complaint of "left knee pain radiating into the back." Respondent ordered x-rays of Patient D's left femur, left knee, left tibia, and another full-length scoliosis x-ray. On or about May 6, 2014, Respondent documented a chief complaint of "knee pain radiating into the lower back and into both feet and ankles." Respondent ordered x-rays of Patient D's left tibia, left calcaneus, left foot, and left ankle. On or about July 28, 2014, Respondent documented a chief complaint of "left knee pain radiating into the left foot and ankle." Respondent ordered full length x-rays taken of Patient D's lower extremities. On or about August 22, and September 12, 2014, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about October 10, 2014, Respondent documented a chief complaint of "left knee, CTL-spine." Respondent ordered x-rays of Patient D's thoracic spine, lumbosacral spine, pelvis, and both hips. On or about November 7, 2014, Respondent documented a chief complaint of "left knee, CTL-

spine... knee pain radiating into back." Respondent ordered x-rays of Patient D's lumbosacral spine, a full-length scoliosis study, and x-rays of both femurs. On or about December 5, 2014, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia x-rays, and another scoliosis film.

75. During the period of January to December 2015, Respondent saw Patient D for multiple office visits. On or about January 7, 2015, Respondent ordered x-rays of Patient D's left femur, left knee, left tibia, left calcaneus, left foot, left ankle. On or about February 9, 2015, Respondent documented a chief complaint of "left knee, CTL spine... Pain/stiffness radiating into the neck and mid lower back." Respondent ordered x-rays of Patient D's cervical spine and lower extremities, full length. On or about March 2, 2015, Respondent ordered x-rays of the Patient D's left femur, left knee, left tibia, and cervical spine. On or about April 6, 2015, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about May 11, 2015, Respondent documented a chief complaint of "left knee... Pain into back and neck." Respondent ordered x-rays of Patient D's thoracic spine, lumbosacral spine, pelvis, hips, and both femurs. On or about June 11, 2015, Respondent documented a chief complaint of "left knee... pain into back." Respondent ordered x-rays of Patient D's lumbosacral spine and a full length scoliosis study. On or about July 16, 2015, Respondent ordered a full length scoliosis film, x-rays of the left femur, left knee, and left tibia. On or about August 20, 2015, Respondent ordered x-rays of Patient D's cervical spine, and full length lower extremities. On or about December 4, 2015, Respondent ordered x-rays Patient D's left femur, left knee, and left tibia.

76. During the period of January to December 2016, Respondent saw Patient D for multiple office visits. On or about January 11, 2016, Respondent ordered x-rays of Patient D's thoracic and lumbosacral spine, pelvis, hips, and femur. On or about February 10, Respondent ordered x-rays of Patient D's lumbosacral spine, and a full-length lateral scoliosis study. On or about March 16, 2016, Respondent ordered x-rays of Patient D's left femur, left tibia, left knee, and an AP scoliosis study. On or about April 29, 2016, Respondent ordered x-rays of Patient D's left lower extremity, full length, x-rays of the left tibia, left calcaneus, left foot, and left ankle. On or about June 13, 2016, Respondent ordered x-rays of Patient D's left femur, left knee, and left

tibia. On or about July 28, 2016, Respondent ordered x-rays Patient D's left tibia, left calcaneus, left foot, and left ankle. On or about October 19, 2016, Respondent ordered x-rays of Patient D's left lower extremity.

77. On or about January 4, 2017, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about February 24, 2017, Respondent ordered x-rays of Patient D's left tibia, left calcaneus, left foot, and left ankle.

78. Respondent committed gross negligence in his care and treatment of Patient D in that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient D's left knee, left femur, left tibia, spine, left foot, left ankle, left calcaneus, right elbow, right wrist, and right hand.

FIFTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient E)

79. On or about August 6, 2014, Respondent first saw Patient E for an office visit. Patient E was a 65-year-old female who presented with a chief complaint of "both knees left greater than right and both hips." Patient E's knees had been popping, locking and have interfered with her sleep. Patient E also complained that she had "pain in both hips especially at night when lying down or doing activities." Respondent documented "I firmly believe that her pain is sciatic from her back." Respondent ordered x-rays of Patient E's pelvis, hips, right femur, right knee, right tibia, left femur, left knee, and left tibia. Respondent documented his plan was to obtain MRIs of both hips, pelvis, and both knees.

80. On or about August 20, 2014 Patient E had an MRI study of both hips and pelvis. This study was unremarkable for any bony abnormalities. On or about August 22, 2014, Patient E had an MRI study of both knees showing medial and lateral meniscus tears, osteoarthritis and mild patellar tilt on the left, and medial and lateral meniscal tears and osteoarthritis on the right.

81. On or about August 25, 2014, Respondent saw Patient E for an office visit. Respondent documented Patient E's chief complaint as "both knees left greater than right, both hips, C-T-L-spine, left foot, ankle." During this visit Respondent ordered x-rays of Patient E's

lower extremities, full length, a scoliosis x-ray, x-rays of Patient E's cervical and lumbar spine, left foot, left ankle, left heel, and left tibia.

82. On or about September 10, 2014, Respondent saw Patient E for a preoperative examination of her left knee. Respondent documented Patient E's chief complaint as "bilateral knees left greater than right and bilateral hips." Respondent documented that both hips had some pain and that the knees continue to have pain, popping, and catching. Respondent documented that Patient E had pain into her back and neck. Respondent ordered x-rays of Patient E's cervical and lumbar spine, a scoliosis x-ray, left femur, left knee, left tibia, left ankle, left foot, and left heel. Patient E had surgery on September 25, 2014.

83. On or about September 26, 2014, Respondent saw Patient E for a post operative visit. Respondent ordered x-rays of Patient E's left lower extremity, full length, the left knee, left femur, left tibia, left heel, left ankle, and left foot.

84. On or about October 3, 2014, Respondent saw Patient E for an office visit. Respondent ordered x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, and the left heel.

85. On or about October 10, 2014, Respondent saw Patient E for an office visit. Respondent ordered x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, and the left heel.

86. On or about October 24, 2014, Respondent saw Patient E for an office visit. Respondent documented "status post left knee, both hips, right knee," knee is "50% better, at the C-T-L-spine is fine, feet and ankle are good." During this visit, Respondent ordered x-rays of Patient E's left femur, left knee, left ankle, left foot, and left heel, with no acute changes noted.

87. On or about November 18, 2014, Respondent saw Patient E for an office visit. Respondent documented, "left knee 90% better, C-T-L-spine doing good." Respondent ordered x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, left heel, and thoracic spine. Respondent noted "no acute changes."

88. On or about November 13, 2015, Respondent saw Patient E for an office visit. Respondent documented a "15 mm diameter mass left lateral anterior knee." Patient E stated that

a bump appeared on the knee approximately 6 months prior to the office visit. Patient E noted that there was some pain at this location. She also stated that her "left knee was 90-95% better and that her right knee was doing good." During this visit, Respondent ordered x-rays of Patient E's left femur, left knee, left tibia, right femur, right knee, and right tibia.

89. On or about December 1, 2015, Respondent saw Patient E for an office visit. Respondent documented a "both knees left greater than right, C-T-L-spine." Respondent noted that Patient E had a left knee flare up because of prolonged walking, and that the right knee was 95% better. Respondent ordered x-rays of Patient E's cervical, thoracic, and lumbar spine, pelvis, and both hips. Respondent failed to note any information regarding the left knee mass discussed in the November 13, 2015 visit.

90. Respondent committed gross negligence in his care and treatment of Patient E in that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient E's lower extremities, and cervical and lumbar spine.

SIXTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient F)

91. On or about November 20, 2014, Respondent first saw Patient F for an office visit. Patient F was a 56-year-old male who presented with a chief complaint of "bilateral shoulder pain, right greater than left." He had a history of right shoulder pain with overhead activities for approximately 3 months. During this visit, Respondent ordered x-rays of Patient F's shoulders, humeri, and clavicles. Patient F also had an MRI of his right shoulder which revealed "adhesive capsulitis, tendinopathy, bursitis, degenerative changes."

92. On or about December 4, 2014, Respondent saw Patient F for an office visit. Respondent documented a chief complaint of "both shoulders right greater than left," and "left shoulder doing good." Respondent ordered x-rays of Patient F's shoulders, humeri, and clavicles.

93. On or about December 18, 2014, Respondent saw Patient F for an office visit. Respondent saw Patient F for shoulder pain and an additional chief complaint of "pain radiating into both hands." Respondent ordered x-rays of Patient F's forearms, wrists, and hands.

94. On or about January 7, 2015, Respondent saw Patient F for a pre-operative examination of Patient F's right shoulder scheduled for January 15, 2015. Respondent documented Patient F's chief complaint as "both shoulders, right greater than left." Respondent ordered x-rays of Patient F's right shoulder, right humerus, right elbow, right forearm, wrists, cervical spine, thoracic spine, lumbar spine, pelvis, and hips. Respondent failed to document any spinal or hip issues.

95. On or about January 15, 2015, Patient F had a right shoulder arthroscopy that included a glenohumeral joint debridement, a microfracture chondroplasty, a subacromial bursectomy, and a subacromial decompression.

96. During the period of January 15 to February 20, 2015, Respondent saw Patient F multiple times for post operative visits. On or about January 16, 2015, Respondent ordered x-rays of Patient F's right shoulder, right humerus, right elbow, right forearm, and clavicles. On or about January 23, 2015, Respondent documented "CTL spine, left/right shoulder" and ordered x-rays of Patient F's right shoulder, right humerus, right elbow, and right forearm. On or about January 30, 2015, Respondent documented "CTL spine, right/left shoulder." Respondent ordered x-rays of Patient F's right shoulder, right humerus, right elbow, and right forearm, cervical and lumbar spine, and a full-length of the spine. On or about February 20, 2015, Respondent documented "S/P right shoulder, left shoulder CTL-spine" and a "history of gout both knees and both ankles/feet last attack 03/2014." Respondent ordered x-rays of Patient F's right shoulder, right humerus, right elbow, right forearm, left knee, left femur, left tibia, right tibia, right ankle, right foot, right heel. On or about March 6, 2015, Respondent documented "CTL-spine, S/P right shoulder." Respondent also documented that Patient F was "about 70% better since surgery-CTL-spine pain radiates into both lower extremities." Respondent ordered x-rays of Patient F's right femur, right knee, both tibias, left calcaneus, left foot, left ankle, right humerus, and right shoulder.

97. On or about March 19, 2015, Patient F called Respondent's office asking for an appointment for an evaluation for injuries sustained in an accident on March 2, 2015. He reported

that "a chair fell down on him while he was sitting in it and that he had fallen backward hurting his right shoulder/arm." He also complained of pain in his right ankle.

98. On or about March 19, 2015, Respondent saw Patient F for an office visit. Respondent documented Patient F's chief complaint as "right shoulder, ankle." Respondent ordered x-rays of Patient F's right tibia, right calcaneus, right foot, right ankle, right shoulder, right humerus, right elbow, and right forearm.

99. During the period of April 2015 to December 30, 2015, Respondent saw Patient F multiple times for office visits. On or about April 7, April 10, April 17, April 24, May 4, May 18, June 1, June 22, July 14, July 8, August 12, September 2, September 16, October 7, November 4, December 9, and December 30, 2015, Respondent ordered x-rays of Patient F's right tibia, right calcaneus, right foot, right ankle, right shoulder, right humerus, right elbow, and right forearm. During this period, Respondent also ordered x-rays of Patient F's spine three times.

100. During the period of January 2016 to November 2016, Respondent saw Patient F multiple times for office visits. On or about January 20, 2016, Respondent documented that Patient F's right shoulder was "75% better." Respondent ordered x-rays of Patient F's right shoulder and right humerus. On or about February 10, 2016, Respondent ordered x-rays of Patient F's right shoulder and right humerus. On or about February 29, 2016, Respondent documented that the right foot was "about 90% better." Respondent ordered x-rays of Patient F's right tibia, right calcaneus, right foot, and right ankle, with the right foot. On or about April 8, 2016, Respondent documented that Patient F's right shoulder felt "about 75% better", right foot "about 90% better." Respondent ordered x-rays of Patient F's shoulders and humeri. On or about May 6, 2016, Respondent documented that Patient F's right foot was "about 90%." Respondent ordered x-rays of Patient F's right foot, right ankle, right heel, and right tibia. On or about May 27, 2016 Respondent documented Patient F's right shoulder was "75% better." Respondent ordered x-rays of Patient F's right shoulder, left shoulder, right humerus, and left humerus. On or about June 24, 2016, Respondent documented Patient F's right shoulder was "75-80% better," "his right foot still same as last visit, with pain on and off." Respondent ordered x-rays of Patient F's right foot, right ankle, right heel, and right tibia. On or about July 15, 2016, Patient F left

without being seen, due to reported illness. On or about August 17, 2016, Respondent ordered x-rays of Patient F's left tibia, left foot, left ankle, and left heel. On or about September 14, 2016, Respondent documented Patient F's chief complaint as "S/P right shoulder, right foot, both knees." Respondent ordered x-rays of Patient F's left shoulder and left humerus. On or about October 10, 2016, Patient F called and asked to come in to talk to Respondent "about working." Respondent documented Patient F's chief complaint as "S/P right shoulder, right foot, both knees, CTL-spine." Respondent documented "right shoulder feels better since last visit-75-80%," and that "Patient has pain in CTL-spine (especially lower) because of falling out of a chair@ Jiffy Lube." Respondent ordered x-rays of Patient F's cervical spine, thoracic spine, lumbar spine, pelvis, and hips. On or about November 7, 2016, Respondent documented Patient F's chief complaint as "S/P right shoulder, right foot, CTL-spine; right shoulder feels about 75% better-occasional pain into his foot." Respondent ordered x-rays of Patient F's cervical spine, lumbar spine, and both clavicles.

101. Respondent committed gross negligence in his care and treatment of Patient F in that Respondent obtained excessive, non-medically necessary and repeated x-rays of remote areas, without complaints specific to that area, and/or without a change in complaint, and/or sufficient time to demonstrate radiographic degenerative changes.

SEVENTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient G)

102. On or about June 26, 2012, Respondent first saw Patient G for an office visit. Patient G was a 59-year-old female who presented with a chief complaint of "low back pain spasms into both legs," and "TL spine." Respondent ordered x-rays of Patient G's thoracic and lumbar spine, pelvis, and both hips. Respondent also referred Patient G for an MRI of her thoracolumbar spine to "R/O HNP," and an MRI of her pelvis and both hips, "R/O AVN."

103. During the period of June 29, 2012 to December 31, 2012, Respondent saw Patient G multiple times for office visits. Respondent ordered x-rays of Patient G's spine,

left ankle, both knees, both femurs, and both tibias, multiple times without any acute changes.

104. During the period of January 2013 to December 31, 2013, Respondent saw Patient G, multiple times for office visits. Throughout the year, Respondent ordered 8 spinal x-ray sets, 2 sets of x-rays of Patient G's knees, 17 x-rays of Patient G's left tibia, 18 x-rays of Patient G's left calcaneus, 18 x-rays of Patient G's left foot, 18 x-rays of Patient G's left ankle, 4 full-length x-rays of Patient G's lower extremity, 4 x-rays of both of Patient G's wrists, 2 x-rays of Patient G's hands, 4 x-rays of Patient G's shoulders, 4 x-rays of Patient G's humeri, and 3 x-rays of Patient G's clavicles. Patient G's February 22, 2013 x-ray reveal no rotator cuff tears. Patient G's July 23, 2013 MRI of both wrists reveal only mild osteoarthritis of the thumb carpometacarpal joints. Patient G's July 14 and July 24, 2013, MRI reveal mild osteoarthritis of the thumb carpometacarpal joints. Respondent also documented no upper extremity complaints during the February 4, 2013 and July 8, 2013, visits.

105. During the period of January 2014 to December 31, 2014, Respondent saw Patient G, multiple times for office visits. On or about March 12, 2014, Patient G had an MRI of her cervical, thoracic, and lumbar spines which revealed degenerative disc disease. Patient G also had an MRI of her right hip which revealed "no avascular necrosis." On or about March 13, 2014, Patient G had an MRI of her left hip which revealed "avascular necrosis." Patient G also had an MRI of her pelvis which revealed "avascular necrosis." Throughout the year, Respondent ordered 18 x-ray sets of Patient G's left femur, 18 x-rays of Patient G's left knee, 20 x-rays of Patient G's left tibia, 17 x-rays of Patient G's left calcaneus, 17 x-rays of Patient G's left foot, 17 x-rays of Patient G's left ankle, 10 x-rays of Patient G's spine, 3 x-rays of Patient G's pelvis, and 3 x-rays of both Patient G's hips. On or about May 29, 2014, Patient G underwent left knee arthroscopy, for an arthroscopic debridement, a microfracture chondroplasty of a lesion of the medial femoral condyle, and a lateral release.

106. During the period of January 2015 to December 31, 2015, Respondent saw Patient G, multiple times for office visits. On or about April 21, 2015 Patient G had an MRI of her cervical and thoracic spine showing degenerative disease disc disease. On or about April 22,

2015, Patient G had an MRI of her lumbosacral spine showing an "L2/3 disk bulge." On or about August 4, 2015, Patient G had a left total hip replacement. Throughout the year, Respondent ordered x-rays of Patient G's left femur 23 times, left knee 23 times, left tibia 22 times, left calcaneus 15 times, left foot 16 times, left ankle 16 times, 7 separate spine studies, x-rays of Patient G's pelvis 11 times, x-rays of Patient G's left hip 16 times, and x-rays of Patient G's right hip 5 times.

107. During the period of January 2016 to June, 2016, Respondent saw Patient G, multiple times for office visits. During these visits, Respondent ordered x-rays of Patient G's pelvis 7 times, left hip 7 times, left femur 9 times, left knee 5 times, left tibia 5 times, calcaneus 2 times, left foot 2 times, left ankle 2 times, and 3 spinal studies.

108. Respondent committed gross negligence in his care and treatment of Patient G in that Respondent ordered excessive and/or non-medically necessary x-rays without complaints specific to that area, and/or without a change in complaint, and/or sufficient time to demonstrate radiographic degenerative changes

EIGHTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient H)

109. On or about December 31, 2015, Respondent first saw Patient H for an office visit. Patient H was a 37-year-old male who was seen by another provider with complaints of "pain in the left knee for 1 month, swelling of the left knee for 4 days." Before being seen by Respondent, Patient H had an MRI which revealed "horizontal cleavage tear left medial meniscus." Patient H was referred to Respondent. Patient H completed a patient questionnaire that noted "meniscus tear 2-3 weeks", and "knee pain." Respondent documented a chief complaint of "both knees left greater than right" and states "patient states he kneeled down and felt some popping and burning." Respondent ordered x-rays of Patient H's left knee, the left femur, left tibia, right knee, right femur, and right tibia. Respondent also ordered an MRI of the right knee to "R/O internal derangement," and extensive laboratory studies including a "CBC, complete chem panel, uric acid, sed rate, C-reactive protein, Lyme disease panel, RA panel."

110. On or about January 15, 2016, Respondent saw Patient H for an office visit. Respondent documented the chief complaint as "bilateral knee pain left greater than right." Under the "history of present illness," Respondent noted "patient states he feels about 80% better since last visit," and "pain radiates into feet." Respondent noted the results of the MRI, revealing "complex tear right medial meniscus." Respondent ordered x-rays of Patient H's full-length left lower extremity x-ray, x-rays of the right ankle, right heel, right tibia, left ankle, left heel, left tibia, and left foot. Respondent prescribed physical therapy and documented a discussion of conservative treatment and surgical intervention options.

111. On or about March 1, 2016, Respondent saw Patient H for an office visit. Respondent documented the chief complaint as "bilateral knees, CTL spine." Under the "history of present illness." Respondent noted "patient states that therapy is helpful and feels about 70% better-occasional pain with activities-pain radiates up into his back at times." Respondent ordered x-rays of Patient H's cervical spine, thoracic spine, lumbar spine, pelvis, and both hips.

112. On or about March 22, 2016, Respondent saw Patient H for an office visit. Respondent documented the chief complaint as "both knees, CTL spine, both shoulders." Under the "history of present illness," Respondent noted "patient states that he feels about 90% better and therapy was helpful. CTL spine and shoulders are doing good." Respondent ordered x-rays of Patient H's cervical spine, lumbar spine, right shoulder, right humerus, left shoulder, left humerus and a full-length right lower extremity.

113. Respondent committed gross negligence in his care and treatment of Patient H in that Respondent obtained excessive, non-medically necessary and repeated x-rays (with the exception of the x-ray of Patient H's left knee) without complaints specific to that area, and/or without a change in complaint, and/or sufficient time to demonstrate radiographic degenerative changes.

NINTH CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

114. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent

acts in his care and treatment of Patient A, B, C, D, E, F, G, and H, as more particularly alleged hereinafter: Paragraphs 7 through 113, above, are hereby incorporated by reference and realleged as if fully set forth herein.

TENTH CAUSE FOR DISCIPLINE
(Failure to Keep Adequate Records)

115. Respondent is further subject to discipline under sections 2227 and 2334, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate medical records in the care and treatment of Patient A, B, C, D, E, F, G, and H, as more particularly alleged in paragraphs 7 through 113, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

ELEVENTH CAUSE FOR DISCIPLINE
(General Unprofessional Conduct)

116. Respondent is further subject to discipline under sections 2227 and 2234, as defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter: Paragraphs 7 to 113, above, are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 41236, issued to Gary Royce Wisner, M.D.;

2. Revoking, suspending or denying approval of Gary Royce Wisner, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Gary Royce Wisner, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: July 23, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT I

Gary R Wisner

From: Johnna S. LaRue <jlarue@medboard.nv.gov>
Sent: Monday, June 09, 2025 8:33 AM
To: Gary R. Wisner
Subject: RE: Suspension Status - Compliance Case #24-11112-1 - Nevada License #7759

Good Morning Gary

I spoke to the Chief of Licensing, and they will be changing your license status from Suspended to Active-Probation this morning. Once that changes you are okay to start working and seeing patients. I will look for the first report from Dr. Schenk, but have no worries that you will do great!

Let me know if your license status is not changed at the end of the day.

Thank you,

Johnna S. LaRue, CMBI
Deputy Chief of Investigations
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
Ph: (775) 324-9377 Fax: (775) 688-2553
Website: medboard.nv.gov

From: Gary R. Wisner [redacted]>
Sent: Saturday, June 7, 2025 10:37 AM
To: Johnna S. LaRue <jlarue@medboard.nv.gov>
Subject: Suspension Status - Compliance Case #24-11112-1 - Nevada License #7759

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Johnna LaRue:

Thank you for your follow-up communication enclosed below, regarding my completion of the PACE Assessment on May 31, 2025. However, I thought I should have your specific written permission before I start seeing patients in Nevada, in association with my new employer, Dr. Pejman Bady. If you give me permission to do so, I will start seeing patients on this coming week of June 9, 2025.

Thank you for your prior permission of our monthly chart monitoring process, through Dr. Sheldon Schenk, who completely understands the monthly reporting obligations to be sent directly to you, before the end of each month. As such, Dr. Schenk will send his first chart monitoring report for the month June, for 25% of the patients that I see, with a summary report sent to you before July 31, 2025. Dr. Schenk will then continue sending monthly chart reports directly to you thereafter.

But even though it is now June 7, 2025 as the termination date of my medical license suspension, I still thought I should have your specific written permission and clarification that the Suspension status of my medical License #7759 through the Nevada State Board of Medical Examiners is now over. Thank you for all of your time involved with this process.

Respectfully,

Gary

Gary R. Wisner, M.D.
[redacted]
Pahrump, NV [redacted]
Cell: [redacted]
E-mail: [redacted]

From: Johnna S. LaRue <jlarue@medboard.nv.gov>
Sent: Monday, June 2, 2025 8:29 AM
To: Velde, Monique <mvelde@health.ucsd.edu>
Cc: Gary R. Wisner [redacted]
Subject: RE: PACE-Dr. Wisner Letter of Completion

Great, thank you so much!

Thank you,

Johnna S. LaRue, CMBI
Deputy Chief of Investigations
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
Ph: (775) 324-9377 Fax: (775) 688-2553
Website: medboard.nv.gov

From: Velde, Monique <mvelde@health.ucsd.edu>
Sent: Saturday, May 31, 2025 8:18 PM
To: Johnna S. LaRue <jlarue@medboard.nv.gov>
Cc: Gary R. Wisner [redacted]
Subject: PACE-Dr. Wisner Letter of Completion

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ms. LaRue,

Attached is Dr. Wisner's official Letter of Completion verifying that he has completed his PACE Assessment.

Thank you,

Monique Velde
UC San Diego PACE Program
Case Manager
Phone (619) 471-0633
Fax (619) 488 -6078
http://www.paceprogram.ucsd.edu/

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EXHIBIT J

Nevada State Board of
Medical Examiners

LICENSE CARD

This is to certify that
GARY ROYCE WISNER, M.D.
holds
ACTIVE-PROBATION
status as a
MEDICAL DOCTOR
in the state of Nevada in accordance with
Nevada Revised Statutes Chapter 630.

License #
7759

Issue Date:
05/02/1996

Expiration Date:
06/30/2027

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 MEDICAL EXAMINERS OF ANY CHANGE OF ADDRESS IMMEDIATELY

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

President, Nevada State Board of
Medical Examiners

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EXHIBIT K

Eugene S. Krauss, MD, FAAOS, FACS
Director, Orthopaedics
Syosset Hospital

Director, Surgical Clinical Quality
and Research
Krasnoff Quality Management Institute
Northwell Health

Associate Professor
Orthopaedic Surgery
Zucker School of Medicine

January 4, 2024

Re: Gary R. Wisner, M.D.

To Whom it May Concern:

It is with great pleasure that I offer this letter of recommendation for Gary R. Wisner, M.D.

For the past 36 years I have been the Chairman of the Department of Orthopedic Surgery and the Surgeon In Chief of several of the largest Orthopedic Departments in New York State and for Northwell Heath System which is the largest health care system in the State of New York.

In my role as Chairman, I have had the pleasure of teaching and mentoring many Orthopedic Surgeons and I have also had the responsibility of monitoring the quality of care given by hundreds of Orthopedic surgeons and health care providers under my supervision.

I believe that this has given me the longstanding experience needed to judge the care and behavior of my fellow surgeons and colleagues. I would also like the court to know that I am one of the physicians most qualified to comment on Dr. Gary Wisner as a surgeon and a physician, as well as attest to the integrity and kindness of his character.

I have known Gary Wisner for 40 years. We first met in July 1982 when I was an intern at Mount Sinai Hospital in New York and Dr. Wisner was doing his in Fifth Pathology Program. He was assigned to work with me at Elmhurst County Hospital where we cared for the poor and under privileged. One gets to know who a person really is when you work together covering the emergency room on all night shifts. Gary was caring, compassionate and eager to learn everything he could in order to care for people and be the best possible physician.

Eugene S. Krauss, MD, FAAOS, FACS
Director, Orthopaedics
Syosset Hospital

Director, Surgical Clinical Quality
and Research
Krasnoff Quality Management Institute
Northwell Health

Associate Professor
Orthopaedic Surgery
Zucker School of Medicine

At the end of his clinical year, I introduced Gary to Dr. Arthur Aufsis the Chairman of the Department of Surgery for Mount Sinai Hospital and Medical School, one of the premier hospitals in America. Dr. Aufsis, who was the President of the American Academy of Surgeons, was so impressed by Gary's hard work, eagerness to learn and compassionate patient care that he accepted Gary into the General Surgery Residency Program immediately.

During the many hours that we spent together talking into the late hours of the night, Gary spoke of only two things; wanting to be a highly skilled Orthopedic Surgeon so he could help people who had suffered significant injuries return to active, happy lives, and wanting to return to his native Lodi to bring his skills to the community where he had grown up.

I also have had the pleasure of meeting Gary's father, who was a hardworking, honest family man who spent his life caring for his family, neighbors and community. This was Gary's role model and these are the characteristics that Gary inherited and who he became.

Gary was never satisfied being anything but the best physician and surgeon and always sought to improve himself. We remained in close contact throughout his early years in practice (1988-1993) and often met at national conferences.

In 1993 he called me in New York when I was the Surgeon in Chief of the Musculo-Skeletal Institute (MSI) for North Shore University Hospital and asked me to help him with obtaining a fellowship in Spine surgery. Gary applied and was accepted for a one-year spine surgery fellowship at Queens Medical Center in Northern England, one of the most prestigious spine centers in the world.

When he finished his fellowship, he came back to New York and joined the Musculo-Skeletal Institute (MSI), myself and 43 other Orthopedic Surgeons, a renowned neurosurgeon and two plastic surgeon all of whom trained at the finest institutes in America.

Eugene S. Krauss, MD, FAAOS, FACS
Director, Orthopaedics
Syosset Hospital

Director, Surgical Clinical Quality
and Research
Krasnoff Quality Management Institute
Northwell Health

Associate Professor
Orthopaedic Surgery
Zucker School of Medicine

Gary and I worked side by side sharing hundreds of patients and surgeries. As Chief of the group, I can attest to the fact that Gary's skills, judgment, integrity, decision making, attitude and work ethics were outstanding.

What struck me most, however, was that Gary had enormous compassion and capacity of caring for others. Certainly, Gary was not driven by economics.

Whereas many of my other colleagues were looking at payer-mix and insurance payments, Gary was the one physician who took all patients including those with no insurance.

Dr. Wisner, MD was the surgeon that was willing to care for anyone, even if they were a "no" pay patient. He provided extensive coverage to the busiest inner city hospital's ER's and would take on the difficult emergencies that other colleges avoided.

Certainly, if Dr. Wisner had been driven by economics, he would have never left his busy thriving practice in Lodi in 1993 in order to pursue further fellowship training in England's premier spine center

In the same vain he would not have left the Musculo-Skeletal Institute in New York where he had an enormously promising career and was loved by his patients and colleagues.

I tried very had to convince Dr. Wisner to remain with our group in New York knowing that his career would be much more lucrative, academic and prestigious then if he returned to Lodi.

Gary was however, very clear in his wishes to return to Lodi so he could serve his community better with the skills he had honed over the past two years and so he could raise his family in the community that he was raised and that he would care for.

Eugene S. Krauss, MD, FAAOS, FACS
Director, Orthopaedics
Syosset Hospital

Director, Surgical Clinical Quality
and Research
Krasnoff Quality Management Institute
Northwell Health

Associate Professor
Orthopaedic Surgery
Zucker School of Medicine

I could tell you endless stories and anecdotes about Gary Wisner, MD and the loving and caring physician, father and husband that he is. I am sure that many of his patients, colleagues, and associates will attest to the fineness and honestly of his character.

Having known Dr. Wisner and his family personally for 40 years I am positive he would never do anything deliberately to harm anyone. He is not a person who is capable of malice to anyone and he certainly had not lived his life or charted his career with the *goal* of making more money.

Gary Wisner is one of the only physicians, that I know who has accepted all patient's, including the indigent and those with "Medicaid". The truth is that few physicians are willing to accept these patients because of the poor reimbursement, the known high risk of poor compliance and the high rate of malpractice suits. Of note, is the fact that, prior to Dr. Wisner's criminal charges he was never sued by any his patients.

I realize Dr. Wisner was found guilty; however I remain convinced that he is not a person or a physician who is guilty of malice to anyone. What Gary suffers from is an obsessive-compulsive need to make sure he is not missing a diagnosis, not neglecting a patient, and meticulously following up on patients that can otherwise be lost to needed follow up. That behavior has enabled Gary to provide outstanding care, but also to unintentional excess visits, x-rays, and diagnostic tests.

Northwell Health
Physician Partners

DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

Eugene S. Krauss, MD, FAAOS, FACS
Director, Orthopaedics
Syosset Hospital

Director, Surgical Clinical Quality
and Research
Krasnoff Quality Management Institute
Northwell Health

Associate Professor
Orthopaedic Surgery
Zucker School of Medicine

In my four decades of experience as the Chairman of the two (2) largest Orthopedic Programs on Long Island, Dr. Wisner stands out as one of the few surgeons who I would feel comfortable enough to have care for my family. It is without reservation that I submit this letter of reference for Dr. Gary R. Wisner. He would make an outstanding addition to your medical staff and will quickly become a valuable member of your Orthopedic Department.

Sincerely,

Eugene S. Krauss, M.D. FAAOS, FACS
Director, Orthopedic Surgery, Syosset Hospital
Vice President of Surgical Services, Syosset and Plainview Hospitals
Director, Surgical Clinical Quality & Research
Kransoff Quality Management Institute
Associate Professor, Orthopedic Surgery
Director, Total Joint Replacement Program
Peconic Bay Medical Center
Associate Professor, Orthopedic Surgery
Hofstra Northwell School of Medicine

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EXHIBIT L

Northwell Health

DONALD AND BARBARA ZUCKER SCHOOL of MEDICINE AT HOFSTRA/NORTHWELL

Nicholas A. Sgaglione, MD
Mauri-Martocci Endowed Professor
Northwell Orthopaedics New York
North Shore University Hospital
Long Island Jewish Medical Center

Professor, Chair
Department of Orthopaedic Surgery
Zucker School of Medicine

November 30, 2023

RE: Gary R. Wisner, M.D.
Professional Medical Testimonial Support

Dear Sir/Madam:

I am writing this strongest letter of professional support for Dr. Gary Wisner who is currently applying for a position in orthopedic surgery in your state. I have personally known Dr. Wisner for over forty years since 1983 when we met and worked together as interns in General Surgery at the Mount Sinai Hospital in New York City, where we trained. At that time, Dr. Wisner and I initiated a professional relationship and friendship that has lasted to date and has included shared collaborated approaches to education, leadership, mentorship, and clinical care of patients. I have come to know Dr. Wisner as an outstanding physician who is extraordinarily responsible and attentive to all details. He is the consummate patient advocate and truly a community - minded altruistic champion for all of his patients. I respect Dr. Wisner immensely.

Dr. Wisner had been convicted of insurance fraud in Sacramento, California for which he has professionally faced and admirably complied with in regard to all legal issues that needed to be addressed. Most importantly throughout Dr. Wisner's professional career, he consistently and always has done the right thing as far as parents are concerned. His recent transgressions are not reflective or consistent with the rest of his practice career or body of work. I have personally remained close with Dr. Wisner and despite noting full awareness of the charges that were directed towards him and his resultant legal ordeal, I cannot say enough to support him in his ability to try to carry on with his life and his career as an orthopedic surgeon dedicated to patient care.

It is my sincere opinion that Dr. Wisner is an individual who should be given another chance to return to practice, which is something he is very focused and passionate about. On a personal note, Dr. Wisner has suffered the loss of a child and he and his wife have made significant efforts to carry on by starting a new family. He now has 4 young children under the age of 20 and his family circumstances should be recognized regarding his determination to return to practicing orthopedics. The ability to forgive another in a setting where isolated behaviors occur and are then corrected should be a fundamental consideration and an essential driver in dealing with an individual who demonstrates insight, mindfulness, and contrition.

I fully support the potential for Dr. Wisner to resuming practice in your state, preserving his medical licensure, and completing the credential in process. I would be happy to discuss the matters personally and can be contacted on my cell for subsequent discussion (516-729-8560). I appreciate your consideration in advance.

Respectfully,

Nicholas A. Sgaglione, MD
Mauri-Martocci Endowed Professor of Orthopedics
Chair, Department of Orthopedic Surgery
Zucker School of Medicine
Senior VP and Executive Director of Orthopedic Institute
Northwell System Chair, Northwell Health, New York

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EXHIBIT M

UC San Diego
SCHOOL OF MEDICINE

May 31, 2025

Johanna S. LaRue, CMBI
Deputy Chief of Investigations
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

RE: Clinical Competency Evaluation of Gary Wisner, M.D., CA Medical License No. 7759

Dear Ms. LaRue:

Dr. Gary Wisner is a 68-year-old interventional orthopedic surgeon who was referred to the UC San Diego PACE Program by the Nevada State Medical Board. Dr. Wisner participated in the PACE Program's evaluation on March 12, 2025, March 24, 2025, May 28, 2025, and May 31, 2025. His customized evaluation included the following components:

1. Oral Clinical Exam
2. Standard Patient Evaluation
3. Suture Simulation
4. Orthopedic Simulation
5. Suture Simulation
6. Cognitive Screenings
7. Physical health Screening

Please note, this letter provides verification ONLY that Dr. Wisner has completed his PACE Assessment. This letter should NOT be considered the final report. The complete evaluation results are still pending. Dr. Wisner has been cooperative throughout his entire evaluation and has been extremely patient during the scheduling delays at PACE.

If you have any questions, please contact us via email at mvelde@health.ucsd.edu or phone at (619) 471 – 0633.

Sincerely,

Monique Velde

Monique Velde
Case Manager
UC San Diego PACE Program

FILED
NOV 20 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GARY ROYCE WISNER, MD,** **Certificate of Registration No. CS28822,** **Respondent.**	**Case No. 22-423-CS-N** **OPPOSITION TO MOTION FOR RECONSIDERATION**

The Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Brett Kandt, General Counsel, files this opposition to Respondent Gary Royce Wisner, MD's Motion for Reconsideration filed November 14, 2025 (Motion). This opposition is submitted pursuant to NRS 622A.390(3) and based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. PROCEDURAL BACKGROUND

The Notice of Intended Action and Accusation together with the Statement to Respondent and Notice of Hearing was filed and served on March 3, 2025. On March 14, 2023, Board staff served Respondent with a second notice of hearing. The hearing was noticed for April 12, 2023, at which time Respondent failed to appear, and the Board made default findings of fact, and conclusions of law and entered an order revoking Respondent's Certificate of Registration No. CS28822 pursuant to NRS 453.241(l)(b) (Order). Revocation was based upon Respondent's conviction on 10 felony counts of health care insurance fraud in violation of California Penal Code §550(a). Pursuant to NRS 622A.410(1) and 639.257(1), the Order specifies that Respondent may not petition for reinstatement of his revoked controlled substance registration for a period of 5 years from the effective date of the Order.

II. LEGAL STANDARD

Respondent seeks reconsideration of the Order pursuant to NRS 622A.390(1)(b). A motion requesting reconsideration may be based only on one of the following grounds:

(a) Newly discovered or available evidence.

(b) Error in the hearing or in the findings and recommendations or the decision that would be grounds for reversal of the findings and recommendations or the decision.

(c) The need in the public interest for further consideration of the issues or evidence, or both.

NRS 622A.390(5). *See also Lakeshore House Ltd. v. Bank of W.*, 475 P.3d 397 (Nev. 2020) (articulating a similar standard for granting a motion for reconsideration in district court).

III. ARGUMENT

Respondent's Motion is a thinly veiled petition for reinstatement of his revoked controlled substance registration and should be denied since reinstatement is premature. Furthermore, the Motion is predicated upon erroneous application of the law and Respondent was not denied due process. Nor is there any other basis for reinstatement or for reconsideration of the Order.

A. Respondent's Motion is a Premature Petition for Reinstatement.

The timing of Respondent's Motion bears out that it is essentially a petition for reinstatement. Respondent is seeking reconsideration of the Order 31 months after entry, and shortly after Respondent's License No. 7759 to practice medicine from the Nevada State Board of Medical Examiners (NSBME) was restored after a period of suspension.[1]

NRS 639.257(1) and NRS 622A.410(1) mandate that the Board in a revocation order shall prescribe a period during which the person may not apply for reinstatement of the license; the period must not be less than 1 year and not more than 10 years. In this instance, Respondent may

[1] Respondent previously filed a Petition for Reinstatement on July 21, 2025, that was not placed on the Board's meeting agenda due to the fact that it was premature.

not petition for reinstatement of his revoked Certificate of Registration No. CS28822 before April 12, 2028.

B. Respondent was Given Notice of the Hearing in Compliance with Nevada Law.

Respondent misapprehends and/or misapplies the statutory notice requirements in an attempt to secure reinstatement on a technicality. However, Board staff satisfied the notice and service requirements of NRS 241.0333, NRS 233B.127(3), NRS 639.242 and NRS 639.245, and Respondent was given sufficient legal notice of the April 12, 2023, hearing.

On March 2, 2023, Respondent was served with the Notice of Intended Action and Accusation together with the Statement to Respondent and Notice of Hearing by certified mail, return receipt requested, addressed to the Respondent at his address of record with the Board. On March 14, 2023, Respondent was served with a second Notice of Hearing by certified mail, return receipt requested, addressed to the Respondent at his address of record. This complied with the 14-day notice requirement of NRS 241.0333 and permitted sufficient time for the 20-day statutory period that Respondent was accorded by NRS 622A.320(1) and NRS 639.244 to file a response.

Despite Respondent's assertion to the contrary, there is no requirement that the Notice of Hearing must be filed *after* the 20-day response period.[2] "Courts should avoid hypertechnical constructions that frustrate legislative intent." *Heath v. Kiger*, 176 P.3d 690, 693 (Ariz. 2008) (citations omitted); *see also Beazer Homes Nev., Inc. v. Eighth Judicial Dist. Court*, 97 P.3d 1132, 1135 (Nev. 2004) (the plain language of an unambiguous statute controls); *City of Reno v. Bldg. & Constr. Trades Council of N. Nev.*, 251 P.3d 718, 722 (Nev. 2011) ("this court will not read statutory language in a manner that produces absurd or unreasonable results").

[2] Respondent also mistakenly cites to NRS 639.2445, which is not applicable in this instance.

C. Respondent was Not Denied Due Process.

Respondent's attempt to bootstrap a due process claim to his bid for reinstatement must fail. *See, e.g., State v. Gonzalez*, 535 P.3d 248 (Nev. 2023). While he held a property interest in his Certificate of Registration No. CS28822 that was protected by due process, he was accorded all the necessary due process guarantees of fundamental fairness in the process of revoking his controlled substance registration. *See Dutchess Business Services, Inc. v. Nevada State Bd. of Pharmacy*, 191 P.3d 1159, 1166-69 (Nev. 2008).

Respondent cannot manufacture a due process claim based on his incarceration at the time of the Board's commencement of the administrative action against him. The law imposes no affirmative duty on the Board to take extraordinary measures in such an instance.

D. There is no Compelling Reason to Reinstate Respondent's Registration Now.

Nor is there a due process violation for denying Respondent's plea for reinstatement if the Board has a rational basis for doing so. *See Malfitano v. Cty. of Storey*, 133 Nev. 276, 396 P.3d 815 (Nev. 2017). The Board may deny Respondent's request if it determines that registration would be inconsistent with the public interest. *See* NRS 453.236(1)(e) and NRS 453.241(1). In the process of making such a determination the Board may consider "any . . . factors relevant to and consistent with the public health and safety." NRS 453.231(1)(h). The fact that his criminal conviction was not related to controlled substances is not dispositive.

Aside from claiming remorse for his egregious acts, Respondent's argument for reinstatement at this juncture is largely predicated upon the current status of his NSBME License No. 7759 to practice medicine and his treatment by that board. Yet the Board's authority to take disciplinary action against the holder of a controlled substance registration is independent of any action taken by the NSBME. *See* NRS 453.577. The Board is not bound by the decisions of the NSBME or the terms of the Settlement Agreement between Respondent and the NSBME in Case No. 24-11112-1. The Board is bound only by its statutory mandate to carry out and enforce Nevada law to protect the public. *See* NRS 622.080 and NRS 639.070(1)(a).

IV. CONCLUSION

For the foregoing reasons, the prosecution respectfully submits that reinstatement is not available, nor reconsideration warranted, at this time.

RESPECTFULLY SUBMITTED this 20th day of November 2025.

By: 

BRETT KANDT, Esq.
Nevada Bar. No. 5384
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway – Suite 206
Reno, NV 89509
bkandt@pharmacy.nv.gov

CERTIFICATE OF SERVICE

I certify that I am an counsel for the Nevada State Board of Pharmacy, and that on this 20th day of November 2025, I served a true and correct copy of the foregoing document by electronic mail to the following:

Jessica R. Gandy, Esq.
HUTCHISON & STEFFEN, PLLC
Peccole Professional Park
10080 W. Twain Ave., Suite 200
Las Vegas, NV 89145
jgandy@hutchlegal.com



BRETT KANDT

FILED
NOV 25 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, GARY ROYCE WISNER, M.D., Certificate of Registration No. CS28822, Respondent.	Case No.: 22-423-CS-N

RESPONDENT'S REPLY IN SUPPORT OF HIS MOTION FOR RECONSIDERATION OF DISCIPLINARY ACTION AGAINST DR. GARY WISNER'S CONTROLLED SUBSTANCE REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW, Respondent Gary Royce Wisner, M.D., by and through his counsel Jessica R. Gandy, Esq. of the law firm of Hutchison & Steffen PLLC, and hereby submits this Reply in Support of his petition to the Nevada State Board of Pharmacy ("Board of Pharmacy") for reconsideration of the five-year suspension of Dr. Wisner's Controlled Substance Registration. This Reply is made based on the following Memorandum of Points and Authorities and any oral argument that the Board may permit at the time of the hearing of this matter, if any.

This Reply incorporates all facts and legal arguments set forth in the original Motion.

I. INTRODUCTION

In its Opposition, the Board takes the draconian position that despite lengthy discussion of all of the facts and circumstances surrounding the five-year suspension of Dr. Wisner's controlled substances registration, there was no reason to even *pause to reconsider* the decision making which led to the same. Respondent asserts that this is the true definition of a circumstance under which decisions were made without the benefit of all relevant facts and reconsideration should be afforded under the "need for public interest for further consideration of the issues or evidence, or

both." NRS 622A.390. It is important to recognize that Respondent is not merely *disagreeing* with the Board's decision, but is asserting that the Board made its decision without the benefit of all relevant facts and he was not afforded the opportunity to present the same.

Moreover, and contrary to the Opposition, Dr. Wisner did present a valid reason for his request which serves the public interest: he is currently providing medical care and treatment to the underserved population in Nye County. While he can continue provide medical care without prescribing controlled substances, the complete ban on controlled substance prescription necessarily limits the care and treatment that he can provide.

Beyond that, the previous submission of a Motion for Reinstatement and the immediate rejection of the same does not bar Respondent from requesting relief via a different path.

II. REASONS WHY RECONSIDERATION IS JUSTIFIED

A. The Board's Actions have Deprived Dr. Wisner of his Due Process Rights Under the Nevada Constitution

The Nevada Constitution requires that "[n]o person shall be deprived of life, liberty, or property, without due process of law." Nev. Const. art. 1, § 8(5). The adjudication of formal disciplinary proceedings against a professional licensee implicates due process protections. *Sarfo v. Bd. of Med. Examiners*, 134 Nev. 709, 712, 429 P.3d 650, 653 (2018) (citing *Hernandez v. Bennett-Haron*, 128 Nev. 580, 591-593, 287 P.3d 305, 313-314 (2012)).

An agency's occupational license revocation proceeding is deserving of due process through the preponderance of the evidence standard. *Nassiri*, at 251, 491. There, Court stated that "the license at issue can be no less deserving of due process than the one at issue in [in another matter] because, [the Nevada Supreme Court] approved of the use of the minimum civil standard

of proof. There is no lower standard." *Id.* (internal citations omitted). "If there were a lower standard, it would be nonsensical; it would allow a tribunal to reach a conclusion even after reasoning that the conclusion is more likely to be incorrect than it is to be correct." *Id.* at n.3. Thus, while an administrative proceeding is held to the *lowest evidentiary standard*, it is still required to meet that standard. That is, the finder of fact must determine that the preponderance of the admitted evidence and testimony supports each and every finding.

The *Nassiri* Court went on to cite the Fourth Circuit Court of Appeals case *United States Steel Mining Co* to "clarify[] that, 'to prove by a preponderance of the evidence each element of a claim before an administrative agency, the claimant must present reliable, probative, and substantial evidence of such sufficient quality and quantity that a reasonable [administrative fact-finder] could conclude that the existence of the facts supporting the claim are more probable than their nonexistence.'" *Id.* at 552, 491 (citing *United States Steel Mining Co.*, 187 F.3d 384, 389 (1999)).

The Supreme Court has explained that [a]n elementary and fundamental requirement of due process in any proceeding which is to be accorded finality is notice reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and afford them an opportunity to present their objections. *Mullane v. Cent. Hanover Bank & Trust Co.*, 339 U.S. 306, 314 (1950). *See also Richards v. Jefferson Cnty.*, 517 U.S. 793 (1996) (res judicata may not apply where taxpayer who challenged a county's occupation tax was not informed of prior case and where taxpayer interests were not adequately protected). The notice requirement may include an obligation to take reasonable followup measures that may be available upon learning that an attempt at notice has failed. *Jones v. Flowers*, 547 U.S. 220, 235 (2006) (state's certified letter, intended to notify a property owner that his property would be sold unless he satisfied a tax

delinquency, was returned by the post office marked unclaimed; the state should have taken additional reasonable steps to notify the property owner, as it would have been practicable for it to have done so). Ordinarily, service of notice must be reasonably structured to assure that the person to whom it is directed receives it. *Armstrong v. Manzo*, 380 U.S. 545, 550 (1965); *Robinson v. Hanrahan*, 409 U.S. 38 (1972); *Greene v. Lindsey*, 456 U.S. 444 (1982).

Here, at the time of the Accusation and Notice of Hearing Dr. Wisner was serving the sentence for the criminal conviction and was unable to appear before the Board. It is important to note that the Board was ***aware*** of Dr. Wisner's conviction and in-custody status. The Board attached the sentencing documents, which explicitly stated that Dr. Wisner would be incarcerated for a term of two years, less one day credit for time served, to its Complaint. At the formal hearing, the only evidence presented was that of the administrative staff that testified the Complaint and Notice of Hearing were sent to the address on file for Dr. Wisner.

Respondent asserts that the Board's knowledge of his incarceration combined with the service to Dr. Wisner's home address and lack of reasonable attempt to assure that ***Dr. Wisner*** received notice of the charges against him violates due process, as held by the US Supreme Court. The Court has held time and again that mere mailing without reasonable assurance that the person to whom the notice is addressed will receive the same is insufficient to deprive the individual of a property right, such as a professional license. Here, as asserted in the moving Motion, the Board was acutely aware that Dr. Wisner was not residing at his home address. The charging documents included discussion of his incarceration and included copies of his sentencing order. Pursuant to due process requirements, there should have been *some* reasonable effort to ensure that Dr. Wisner, and not merely some arbitrary individual, was receiving notice of the action. Based on the Board's file, and contrary to the assertions in the Opposition, there was confirmation that the March 14

Notice of Hearing was *delivered* but not that it was delivered to Dr. Wisner or anyone that would be acting on his behalf. Records from the US Postal Service, which were used to confirm "service" merely state that the letter was "left with individual" without so much as confirmation that it was left at the correct address, let alone the *correct* individual.

Respondent asserts that this not only violates the *spirit* of due process, but that it fails to meet the constitutional requirements for the same. The Opposition's claims that due process was met simply because the letter was sent to Dr. Wisner's last known address – not that it was received by Dr. Wisner or that that was any confirmation that Dr. Wisner would receive the same – is sufficient is not enough and does not meet the constitutional requirements.

B. <u>The Nevada State Board of Pharmacy Made their Determination Without the Benefit of all Relevant Information</u>

Once again, it must be stressed that the Board made its decision without the benefit of all relevant information, which would have been provided had the Board afforded Dr. Wisner his due process rights. When the Nevada State Board of Pharmacy made its determination, it did so without considering the full picture. Beyond this, the Opposition's position that the five-year suspension is consistent with its mandate to "protect the public" is truly disingenuous and inconsistent with the facts of this case.

To be clear, and this is undisputed in the Opposition, there is no indication that the Board was under any requirement to act on this Allegation immediately, or could not have acted in such a way which would have suspended Dr. Wisner's registration until such time that he *could* appear before the Board. The conviction and incarceration had been a matter of public record for nearly six months. The Board had no reason to believe Dr. Wisner was actively harming anyone by virtue of his Nevada Pharmacy License; to the contrary, the Board knew that Dr. Wisner ***was not*** using

his Pharmacy License at the time of this suspension. There was no valid interest in "protecting the public" that was served by suspending Dr. Wisner's certificate while he was incarcerated and without hearing his defense.

Beyond this, the criminal charges and subsequent convictions were unrelated to prescribing, a fact which the Board was aware of and again did not dispute in the Opposition. The charges were relating to an alleged overuse of x-rays and financial impropriety related to the same. Dr. Wisner has always followed the standard of care regarding the care of his patients and their prescription medications. He understands the importance of appropriate prescriptions used in conjunction with the care and treatment of patients is what contributes to their overall health, wellbeing, and recovery and has never faced any allegations, let alone criminal charges, relating to the same. There was no "public safety" interest served by immediately and without due process, suspending Dr. Wisner's certificate for five years. The ability to prescribe medications was and remains wholly unrelated to his criminal conviction.

When the Nevada State Board of Medical Examiners determined the terms of the Settlement Agreement, they had the benefit of all of this information as well as letters of recommendation written by Dr. Wisner's colleagues.

To date, Dr. Wisner's care and treatment of patients or prescribing practices have not been subject to any allegations. The allegations which form the basis of his criminal conviction are related to *billing* and not an allegation that he put patients in harms way or fell below the standard of care as it relates to the provision of care and treatment.

C. <u>The Nevada State Board of Medical Examiners Implemented a One (1) Year Suspension with Two (2) Years of Probation</u>

Here again, Dr. Wisner would encourage the Board to consider reconsidering its

disciplinary action and revise its decision to something more consistent with that of the other licensing boards to which Dr. Wisner is subject. Dr. Wisner understands that the Board of Pharmacy has no obligation to consider the Board of Medical Examiners' decisions; however, he believes that the Board of Medical Examiners' decision is indicative of what disciplinary action looks like when there is a full review of all relevant facts and circumstances.

After a full review of the relevant facts and applicable law, the Nevada State Board of Medical Examiners implemented a one (1) year suspension followed by two years of probation. The first year of the Probation Period requires 25% of patient charts be monitored on a monthly basis, and the monitor must report monthly directly to the Board. The second year of the Probation Period requires 10% of patient charts be monitored on a monthly basis, and the monitor must report monthly directly to the Board.

Dr. Wisner is currently halfway through his first year of probation under the Nevada State Board of Medical Examiners and has consistently complied with all terms and conditions of his probationary period. There have been no allegations that he has failed to meet Board requirements or has otherwise acted in a way that violates Medical Board policies and procedures.

D. Dr. Wisner is Currently Serving the Nevada Community in Pahrump

Dr. Wisner asserts that his current position serving rural Nevada does support reconsideration of facts and circumstances for purposes of "public interest" as allowed by NRS. He asserts that Nevada is consistently lamenting the stark lack of physician providers in rural counties, especially those with specialized practices such as Dr. Wisner. He asserts that as the Nevada Medical Board has seen fit to allow him to continue the practice of medicine under supervised probation, he urges this Board to support his desire to continue this service to community and reconsider his five-year suspension.

Dr. Wisner had originally applied for his Nevada Medical license in order to move to Northern Nevada, but was unable to do so due to the COVID-19 Pandemic. Dr. Wisner has been eager to move to Nevada and serve rural members of our community, as he had previously done in California.

Dr. Wisner continues to reside and practice in Pahrump, Nevada serving the communities medical needs. His intention has always been to give back to a community in need and serving in a rural area in need of medical practitioners. He asserts that his years of experience can provide the underserved community in Nye County with a valuable resource. However, Dr. Wisner's current practice, and the level of care he can provide his patients, is limited due to the suspension of his Controlled Substance Registration. Ultimately, it is the community members who suffer the most from the current restriction.

E. Dr. Wisner Proposes an Alternate Suspension Term

Dr. Wisner would encourage the Board to consider all facts and circumstances, including the issues relating to due process under the Nevada and US Constitution and reconsider the five-year disciplinary sentence and either reinstate his license with "time served" or consider a probationary period similar to the one implemented by the Nevada State Medical Board. This would allow the Board of Pharmacy oversight of Dr. Wisner for the duration of the original suspension period and would allow Dr. Wisner to fully serve the Pahrump community. Changing the Board of Pharmacy's suspension term to mirror the Nevada State Board of Medical Examiners' suspension terms would be in line with the interests of justice, the benefit of our Nevada community, and the mission and oversight purpose of the Board of Pharmacy.

. . .

. . .

III. CONCLUSION

Dr. Wisner respectfully requests that the Board reconsider the disciplinary action which was undertaken in violation of due process and reinstate his Controlled Substances Registration fully, or in the alternative, reinstate his Controlled Substances Registration to Active-Probation for a probationary period to mirror the one imposed by Nevada State Board of Medical Examiners.

DATED THIS 25th day of November, 2025.

HUTCHISON & STEFFEN, PLLC

/s/ Jessica Gandy
Jessica R. Gandy, Esq. (14202)
Peccole Professional Park
10080 W. Twain Ave., Suite 200
Las Vegas, NV 89145
Attorneys for Gary R. Wisner, M.D.

8

8A

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: PROFICIENT MEDICAL LLC

MDEG Physical Address: 3866 CIVIC CENTER DR

City: NORTH LAS VEGAS State: NV. Zip: 89030

Mailing Address (if different from physical address): _____

City: proficientmedicalnv@gmail.com State: Zip:

Telephone: (702) 971-6450 Website: _____

Email: proficientmedicalnv@gmail.com

Name of MDEG Administrator (NAC 639.694): TAFILELE P MAUGA JR

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** PUMP ONLY
☐ 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.

[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)

**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: TAFILELE P MAUGA JR

Telephone: (702) 971-6450

☒ Mon: 8:30A – 5:00P	☒ Tue: 8:30A – 5:00P	☒ Wed: 8:30A – 5:00P	☒ Thurs: 8:30A – 5:00P	☒ Fri: 8:30A – 5:00P
☐ Sat:	☐ Sun:	☐ Holidays:		

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.

N/A

Name: TAFILELE P MAUGA JD	Credentials: OWNER	%: 30	
Name: MARIA A MAUGA	Credentials: OWNER	%: 30	
Name: THOMAS W FENDER	Credentials: OWNER	%: 40	
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: PROFICIENT MEDICAL LLC

Mailing Address: 3866 CIVIC CENTER DR

City: NORTH LAS VEGAS State: NV. Zip: 89030

Telephone: (702) 971-6450 Email: proficientmedicalnv@gmail.com

Contact Person Name: JUNIOR MAUGA

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/	✓	✓	✓	✓
• **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.

TAFILELE P MAUGA JR

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/16/2025

Date

Board Use Only	Date Received: 9/25/25	Amount: $500.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/26/2025

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:	
BRADFORD C RICH 34471250 1674 WEST ALPENGLOW CIRCLE FARMINGTON UT 84025	PHONE (A/C, No, Ext): (801) 664-4454	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Property and Casualty Insurance Company of Hartford	34690
INSURED PROFICIENT MEDICAL LLC 3866 CIVIC CENTER DR NORTH LAS VEGAS NV 89030-7524	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			34 SBU BV8PJ0	09/05/2025	09/05/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $2,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Employment Practices Liability Insurance			34 SBU BV8PJ0	09/05/2025	09/05/2026	Each Claim Limit Annual Aggregate Limit	$25,000 $25,000

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
3866 CIVIC CENTER DR
NORTH LAS VEGAS NV 89030-7524

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 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 **Proficient Medical, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) 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 04/29/2025, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/08/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202505085704745
You may verify this certificate online at https://www.nvsilverflume.gov/home

From: Tafilele Mauga
To: Kristy Langston
Subject: Re: MDEG Application - Additional Information Needed
Date: Friday, September 26, 2025 4:24:36 PM
Attachments: image001.png
COI 2025.pdf
COI(1)2025.pdf
NVBOP CLARIFICATION PAGE.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon, Kristy,

I will attach the needed documents to this email. I apologize for missing those items.

In terms of my partners and myself, none of us are practitioners of any kind. Or what is described up above.

In regard to, the Officers, they are as follows:

CEO/President - Tafilele P Mauga Jr
CMO/Secretary/Treasurer - Maria D Mauga

Thank you,

Tafilele P Mauga Jr

On Fri, Sep 26, 2025 at 11:20 AM Kristy Langston <klangston@pharmacy.nv.gov> wrote:

> Thank you for submitting a Medical Devices, Equipment and Gasses (MDEG) application to the Nevada State Board of Pharmacy. Deficiencies have been identified.
>
> - Please complete section three of the attached document. If there is no information to share use NA.
> - In section four of the attached document three individuals are named, do any of them meet the legal definition of a practitioner? See NRS 639.0125 below for the legal definition.
> - Please provide a list of Officers and/or Directors
> - The liability insurance policy must include the facility address. The insured address on the policy provided with the application does not match the facility address.
>
> **NRS 639.0125 "Practitioner" defined.** "Practitioner" means:
>
> 1. A physician, dentist, veterinarian or podiatric physician who holds a license to

practice his or her profession in this State;

2. A hospital, pharmacy or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or administer drugs in the course of professional practice or research in this State;

3. An advanced practice registered nurse who has been authorized to prescribe controlled substances, poisons, dangerous drugs and devices;

4. A physician assistant who:

(a) Holds a license issued by the Board of Medical Examiners; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of a physician as required by chapter 630 of NRS;

5. A physician assistant who:

(a) Holds a license issued by the State Board of Osteopathic Medicine; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of an osteopathic physician as required by chapter 633 of NRS;

6. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers pharmaceutical agents within the scope of his or her certification;

7. A dental hygienist who:

(a) Holds a valid license to practice dental hygiene in this State;

(b) Is authorized to prescribe and dispense the dangerous drugs and devices listed in NRS 631.3105 in accordance with the provisions of that section and the regulations adopted pursuant thereto; and

(c) Holds a certificate issued pursuant to NRS 639.1374 by the State Board of Pharmacy authorizing him or her to so prescribe;

8. A pharmacist who is registered pursuant to NRS 639.28079 to prescribe and dispense drugs for medication-assisted treatment; or

9. A certified registered nurse anesthetist who orders, prescribes, possesses or administers controlled substances, poisons, dangerous drugs or devices in accordance with NRS 632.2397.

Thank you.

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 PROFICIENT MEDICAL LLC MDEG License # (if applicable) _____

Physical Address 3866 CIVIC CENTER DR

City NORTH LAS VEGAS State NV Zip 89030

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (702) 971-6450 Website _____

Licensing Company Email proficientmedicalnv@gmail.com

Section 2: Personal Information

First TAFILELE Middle P Last MAUGA

Alias(es, nicknames, name changes, etc.) JUNIOR MAUGA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 89081

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

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CONCORDE CAREER COLLEGE		2007 - 2009	
Address	**City**	**State**	**Zip**
4393 IMPERIAL AVE. STE. 100	SAN DIEGO	CA.	92113
Diploma/Degree obtained, if any			
AA DEGREE			

School Name		From - To (MM/YY – MM/YY)	
CARLSBAD HIGH SCHOOL		1989 - 1993	
Address	**City**	**State**	**Zip**
3557 MONROE AVE.	CARLSBAD	CA.	92008
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
CURRENT	[redacted]	[redacted]	[redacted]	89081
09/18 - 02/21				89101
02/16 - 08/18				89128
04/01 - 02/16				89128
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
MONTGOMERY DME			11/22 – 04/25	
Business Address	**City**		**State**	**Zip**
2915 LOSEE RD. STE. 108	NORTH LAS VEGAS		NV.	89030
Phone	**Title**		**Number of Employed Hours**	
(702) 248-0056	DIRECTOR OF OPERATIONS		4,160.0 HRS.	
Description of Duties				
IN CHARGE OF PROFIT + GROWTH, THROUGHOUT ITS EVERY FUNCTION, FROM HR TO PRODUCTION. IN CHARGE OF CONTRACTS, STAFF, EXPENSE CONTROL AND ALL AUDITS VIA BOP + COMPLIANCE.				

Business Name			From - To (MM/YY – MM/YY)	
ADVANTAGE HOME MEDICAL SERVICES, INC.			09/13 – 11/22	
Business Address	**City**		**State**	**Zip**
2915 LOSEE RD. STE. 108	NORTH LAS VEGAS		NV,	89030
Phone	**Title**		**Number of Employed Hours**	
(702) 248-0056	DIRECTOR OF OPERATIONS		23,680.0 HRS.	
Description of Duties				
IN CHARGE OF PROFIT + GROWTH, THROUGHOUT ITS EVERY FUNCTION, FROM HR TO PRODUCTION, IN CHARGE OF CONTRACTS, STAFF, EXPENSE CONTROL + ALL AUDITS VIA B.O.P. + COMPLIANCE.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, TAFILELE P MAUGA, JR., **certify that as the MDEG Administrator for**

PROFICIENT MEDICAL 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.

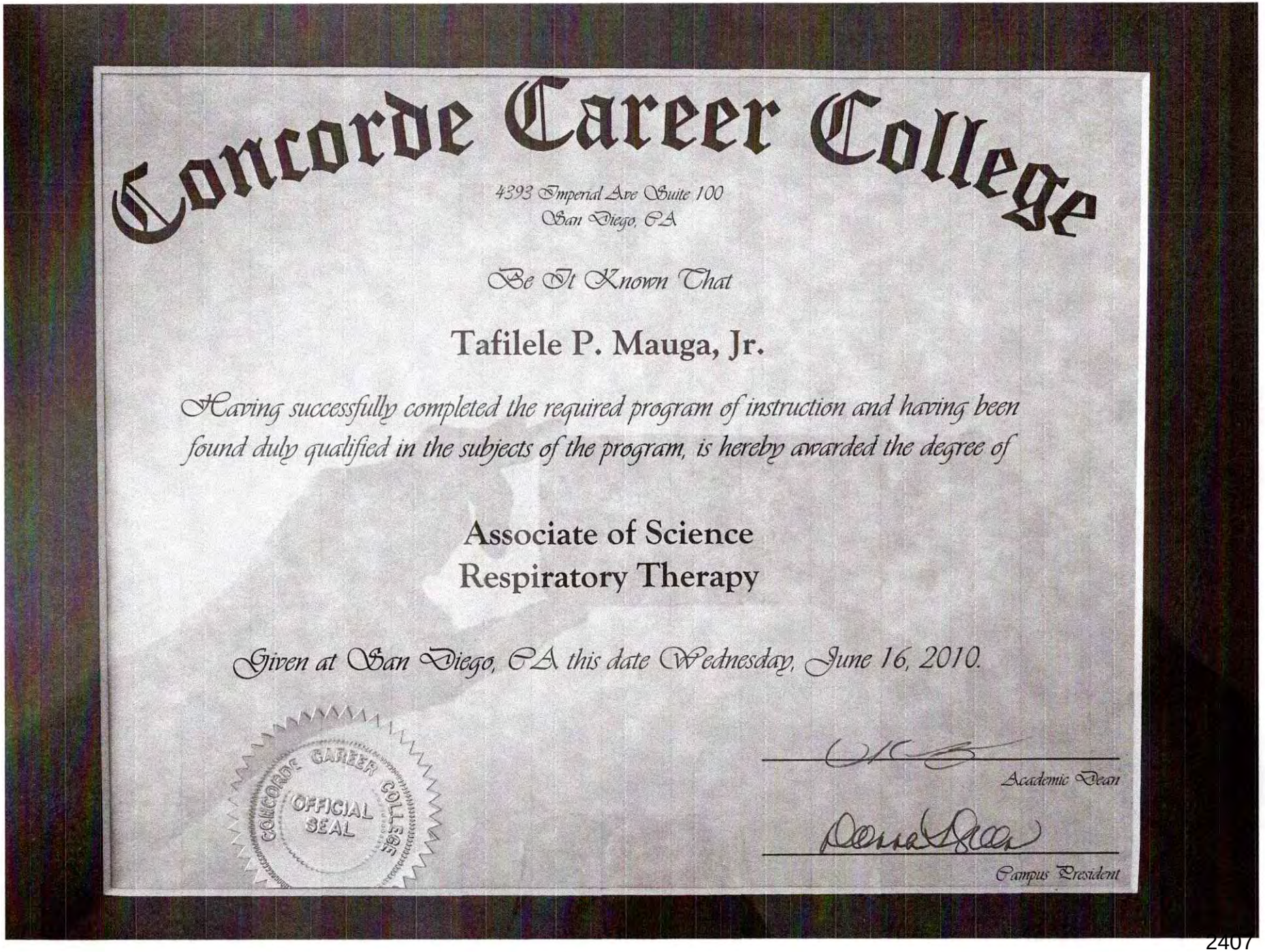
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

TAFILELE P MAUGA, JR.
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/16/2025
Date

Board Use Only	Date Received: 9/25/25



Concorde Career College

4393 Imperial Ave Suite 100
San Diego, CA

Be It Known That

Tafilele P. Mauga, Jr.

Having successfully completed the required program of instruction and having been found duly qualified in the subjects of the program, is hereby awarded the degree of

Associate of Science
Respiratory Therapy

Given at San Diego, CA this date Wednesday, June 16, 2010.

CONCORDE CAREER COLLEGE
OFFICIAL SEAL

Academic Dean

Campus President

IMG_9455.jpg
9/22/25, 11:18 AM

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 PROFICIENT MEDICAL LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3866 CIVIC CENTER DR

City NORTH LAS VEGAS State NV. Zip 89030

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (702) 971-6450 Website _____

Licensing Company Email proficientmedicalnv@gmail.com

Section 2: Personal Information

First TAFILELE Middle P Last MAUGA

Alias(es, nicknames, name changes, etc.) JUNIOR MAUGA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 89081

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

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CONCORDE CAREER COLLEGE		2007 - 2009	
Address	**City**	**State**	**Zip**
4393 IMPERIAL AVE STE. 100	SAN DIEGO	CA.	92113
Diploma/Degree obtained, if any			
AA DEGREE			

School Name		From - To (MM/YY – MM/YY)	
CARLSBAD HIGH SCHOOL		1989 - 1993	
Address	**City**	**State**	**Zip**
3557 MONROE AVE.	CARLSBAD	CA.	92008
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
CURRENT	[redacted]	[redacted]	[redacted]	89081
09/18 - 02/21				89101
02/16 - 08/18				89128
04/01 - 02/16				89128
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
MONTGOMERY D.M.E.			11/22 – 04/25
Business Address	**City**	**State**	**Zip**
2915 LOSEE RD. STE. 108	NORTH LAS VEGAS	NV.	89030
Phone	**Title**		
(702) 248-0056	DIRECTOR OF OPERATIONS		

Description of Duties: RESPONSIBLE FOR PROFIT AND GROWTH OF THE ORGANIZATION THROUGHOUT ITS EVERY FUNCTION, FROM HR TO PRODUCTION. IT ALSO INCLUDES EXPENSE CONTROL, STAFF MANAGEMENT, GOODS PRODUCTION + DEPT. SUPERVISION.

Business Name			From - To (MM/YY – MM/YY)
ADVANTAGE HOME MEDICAL SERVICES, INC.			09/13 – 11/22
Business Address	**City**	**State**	**Zip**
2915 LOSEE RD. STE. 108	NORTH LAS VEGAS	NV.	89030
Phone	**Title**		
(702) 248-0056	DIRECTOR OF OPERATIONS		

Description of Duties: RESPONSIBLE FOR PROFIT + GROWTH OF THE ORGANIZATION THROUGHOUT ITS EVERY FUNCTION, FROM HR TO PRODUCTION. IT ALSO INCLUDES EXPENSE CONTROL, STAFF MANAGEMENT, GOODS PRODUCTION + DEPT. SUPERVISION.

Business Name			From - To (MM/YY – MM/YY)
PACIFIC SLEEP MEDICINE			04/11 – 06/13
Business Address	**City**	**State**	**Zip**
2420 W. VISTA WY. STE. 125	OCEANSIDE	CA.	92054
Phone	**Title**		
(800) 837-0639	RESPIRATORY THERAPIST, CRT.		

Description of Duties: SET PATIENTS UP ON CPAP/BIPAP. CONTROLLED THE SETTINGS. MONITORED FOR LEAKAGE IN FACIAL APPARATUS.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties:

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties:

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TAFILELE P MAUGA, JR.
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/16/2025
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, TAFILELE P MAUGA 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

9/16/2025
Date

Subscribed and Sworn to before me this 16th day of September

Notary Public Signature

PATRICIA MCAFEE
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 24-6920-01
My Appt. Expires July 15, 2028

(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 Proficient Medical LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3866 Civic Center Dr

City North Las Vegas State NV. Zip 89030

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (702) 971-6450 Website _____

Licensing Company Email proficientmedicalnv@gmail.com

Section 2: Personal Information

First Maria Middle de los Angeles Last Mauga

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 89081

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)	
Carlsbad High School		09-95 - 06-99	
Address	**City**	**State**	**Zip**
3557 Monroe st.	Carlsbad	CA	92008
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
02-21 current	[redacted]	[redacted]	[redacted]	89081
09-18 - 02-21				89101
2-16 - 8-18				89108
11-12 - 2-16				89128
From - To (MM/YY – MM/YY)			State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Advantage Home Medical / Mantgament / DME			11/21 - 04/25
Business Address	**City**	**State**	**Zip**
2915 Losee Rd	N. Las Vegas	NV	89030
Phone	**Title**		
702-248-6056	Dispatch / Customer Service		

Description of Duties: Customer service, answer phones order intake Dispatch orders for technicians.

Business Name			From - To (MM/YY – MM/YY)
Vegas Medical Supplies			8/19 - 4/21
Business Address	**City**	**State**	**Zip**
3111 S. Valley View Blvd	Las Vegas	NV	89102
Phone	**Title**		
702-638-7900	Customer Service		

Description of Duties: Order intake. insurance verification / qualification Dispatch orders to technician.

Business Name			From - To (MM/YY – MM/YY)
Universal Industries			8/13 - 10/15
Business Address	**City**	**State**	**Zip**
3455 W. Reno Ave	Las Vegas	NV	89118
Phone	**Title**		
702-434-1694	Logistics / Customer Service		

Description of Duties: Order equipment and schedule pickup/delivery with freight companies. Order intake.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Maria Mauga
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9.16.2025
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Maria Mauga, 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

9.16.2025
Date

Subscribed and Sworn to before me this 16th day of SEPTEMBER.

Notary Public Signature

WEN-HAO WU
Notary Public, State of Nevada
Appointment No. 22-5116-01
My Appt. Expires Jul 12, 2026

(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 PROFICIENT MEDICAL LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable)

Physical Address 3866 CIVIC CENTER DR

City NORTH LAS VEGAS State NV. Zip 89030

Mailing Address (if different from physical address)

City State Zip

Telephone (702) 971-6450 Website

Licensing Company Email proficientmedicalNVC gmail.com

Section 2: Personal Information

First Thomas Middle Wilson Last Fender

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 89138

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)	
College of Southern NV			7/08 - 7/09	
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)	
Utah Valley Un			10/04 - 3/05	
Address		City	State	Zip
800 W University Pkwy		Orem	UT	84058
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Palo Verde Highschool			8/99 - 5/03	
Address		City	State	Zip
333 Pavillion Center Dr.		Las Vegas	NV	89144
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
7/22 - present	[redacted]	[redacted]	[redacted]	89138
6/20 - 7/22				89138
11/09 - 6/20				89148
[redacted]	Address		State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Hospice of Vegas INC DbA AMG Hospice of Las Vegas			
Business Address	**City**	**State**	**Zip**
9510 W. Sahara Ave # 225	Las Vegas	NV	89117
Phone	**Title**		
702-843-1353	COO/Administrator/Owner.		

Description of Duties

Oversee day to day operations. AP, AR, Hiring, Marketing, Compliance, licensing,

Business Name			From - To (MM/YY – MM/YY)
Care Pro Hospice INC DbA. AMG Hospice of Colorado			
Business Address	**City**	**State**	**Zip**
3401 Quebec Street suite 8400	Denver	CO	80207
Phone	**Title**		
(303) 879-1700	Owner / COO		

Description of Duties

Oversee operations From a Senior Management level. Annual budget, Compliance. training

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Thomas Fender
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Sep. 16th. 2025
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Thomas Fender, 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

Sept 16th 2025
Date

Subscribed and Sworn to before me this 16th day of September.

Notary Public Signature

PATRICIA MCAFEE
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 24-6920-01
My Appt. Expires July 15, 2028

(Seal)

8B

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)	* If making a change, provide current license number:	MDEG Business Type (check applicable box)
☐ New MDEG ☑ Ownership Change* ☑ Name Change* ☐ Location Change*	M 003109	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: All Desert Respiratory - Change to - Serendipity Medical Supply

MDEG Physical Address: 5000 West Oakey Blvd Suite D4

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): SAM

City: _____ State: _____ Zip: _____

Telephone: 702-498-1344 Website: _____

Email: Serendipity Supply25@Gmail.Com

Name of MDEG Administrator (NAC 639.694): Christian Breener

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.

[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)

**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: Christian Breener

Telephone: 702-498-1344

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 24 hr	☑ Tue: 24 hr	☑ Wed: 24 hr	☑ Thurs: 24 hr	☑ Fri: 24 Hr
☑ Sat: 24 hr	☑ Sun: 24 hr	☑ Holidays: 24 hr		

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)?		N
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?		N
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?		N
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?		N
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)?		N

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))

None

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: _____

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: Christian Breeter

Business Name: Serendipity Medical Supply LLC

Business Address: 5000 W Oakey Blvd Suite D4

City: Las Vegas State: NV Zip: 89146

Telephone: 702 498-1344 Email: SerendipitySupply25@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	Partnership	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.

Christian Breeher

Print Name of Authorized Person Submitting Application

X _____

Original signature of Authorized Person (copies or stamps not accepted)

12-3-2025

Date

Board Use Only	Date Received: _____	Amount: _____

ALLIED WORLD
A FAIRFAX Company

Vantapro Specialty Insurance Company
199 Water Street, 24th Floor
New York, NY 10038
(646) 794-0500
(646) 794-0611

POLICY NUMBER: 5027-0698-00

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Named Insured and Mailing Address:	Producer:
Serendipity Medical Supply LLC 5000 West Oakey Boulevard Suite D4 Las Vegas, NV 89146	NFP - ProTek 6992 East Broadway Tucson, AZ 85710

Policy Period From: 9/19/2025 **To: 9/19/2026** at 12:01 AM. Standard Time at your mailing address shown above

Previous Policy Number: New

Business Description: Medical Equipment Sales and / or Service

THIS COVERAGE FORM AND/OR ENDORSEMENT(S) ATTACHED TO THE POLICY MAY PROVIDE COVERAGE ON CLAIMS-MADE BASIS CONTAINING DEFENSE EXPENSES WITHIN THE LIMIT OF LIABILITY PROVISIONS. PLEASE READ THE ENTIRE COVERAGE FORM AND ENDORSEMENT(S) CAREFULLY.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	$ 1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	$ 100,000	Any one premises
MEDICAL EXPENSE LIMIT	$ 10,000	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	$ 1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT		$ 3,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		$ 3,000,000

RETROACTIVE DATE (CG 00 02 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

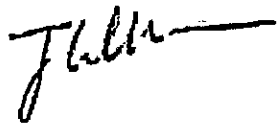
RETROACTIVE DATE: NONE

(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

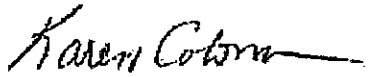
Includes copyrighted material of Insurance Services Office, Inc. with its permission

2434

In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless the Policy Declarations is countersigned by a duly authorized representative of the Insurer.



President



Secretary

AUTHORIZED REPRESENTATIVE

Includes copyrighted material of Insurance Services Office, Inc. with its permission

Hi Kristy!

Administrative support is provided by Christian Breeher, who serves as Administrator. While not physically present in the office at all times, he remains accessible 24/7 via phone, text, and email to ensure clients receive continuous support with their MDEG needs.

Company officers are as follows:

- **President/Owner:**
- **Christian Breeher**
- **Administrator: Christian Breeher**

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, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

Serendipity Medical Supply LLC

Organizational Documents on File	Filing Date
Articles of Organization	08/12/2025

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence Serendipity Medical Supply LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 08/12/2025, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/15/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202508156005399
You may verify this certificate online at
https://www.nvsilverflume.gov/home

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 Serendipity Medical Supply LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5000 W Oakey Suite D4

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) SAA

City _____ State _____ Zip _____

Telephone 702-498-1344 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Christian Middle Robert Last Breeher

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 89115

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.)		Y
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		Y
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		Y

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		N
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		Y

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Birmingham High School			1990 - 1992
Address	**City**	**State**	**Zip**
17000 Haynes St	Van Nuys	CA	91406
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
1/21 – 12/25	[redacted]	[redacted]	[redacted]	89119
2/2012 – 1/2021				43551
From - To (MM/YY – MM/YY)	Address		State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	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: 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: High Desert Respitory			From - To (MM/YY – MM/YY): 5/2015 – 8/2025
Business Address: 5000 W oakey Blod # D4	City: Las Vegas	State: NV	Zip: 89146
Phone: 702-498-1344	Title: Manager		
Description of Duties: Clean and Maintain Equipment Keep Records of mentnes Delivery & Pick up - delivery of Equipment - Maintain W/H of Equipment			
Business Name: A.V Respitory Care Inc			From - To (MM/YY – MM/YY): 3/04 – 4/15
Business Address: 1321 West Ave J	City: Lancaster	State: CA	Zip: 93534
Phone: 661-350-3575	Title: Operations Manager		
Description of Duties: Oversee Operations / Supervise employees Daily Activities to ensure Compliance with Regulations of State			
Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			
Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	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.

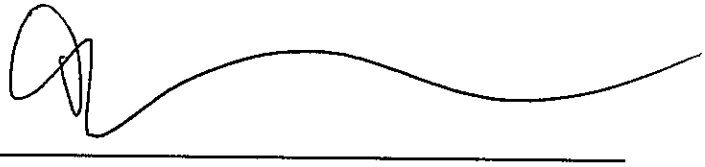
Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		N
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
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		N
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.)		N
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?		N
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)?		N
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		N
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.		N
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).		N
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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents 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)

12/3/2025

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.

Christian Breeher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-3-25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Christian Breeher, 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

12-3-25

Date

Subscribed and Sworn to before me this 3rd day of December 2025.

Notary Public Signature

ANDY J MELLO
Notary Public, State of Nevada
Appointment No. 25-3274-01
My Appt. Expires Sep 14, 2029

(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 Serendipity Medical Supply MDEG License # (if applicable) _____

Physical Address 5000 West Oakey Suite D4

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 702-498-1344 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Christian Middle Robert Last Breeher

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 89119

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

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Birmingham High School			1990 - 1992	
Address	City		State	Zip
17000 Haynes St	Van Nuys		CA	91406
Diploma/Degree obtained, if any				
High School Diploma.				

School Name			From - To (MM/YY – MM/YY)	
Los Angels Baptist			1985 - 1990.	
Address	City		State	Zip
9825 Woodley Ave.	~~Cal~~ North Hills.		CA.	91343
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
West Valley Christian Academy.			1985 - 1991	
Address	City		State	Zip
1140 Winnetka	Winnetka		CA	60043
Diploma/Degree obtained, if any				
Grammer 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
1/15/21 8/18/25	[redacted]	[redacted]	[redacted]	89119
2/5/2012/05/21	[redacted]	[redacted]	[redacted]	93551
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
High Desert Respitory.			5/4/15 8/10/25
Business Address	**City**	**State**	**Zip**
5000 Oakey Blvd. Ste D4	Las Vegas	NV	89146
Phone	**Title**		**Number of Employed Hours**
(702) 498-1344	Manager		1,500
Description of Duties	Cleaning equipment and theory to del equipment, Everything in between.		

Business Name			From - To (MM/YY – MM/YY)
A-V. Respitary. Care. Inc.			3/2/04 4/[illegible]/15
Business Address	**City**	**State**	**Zip**
1321 W. Ave. J.	Lancaster	CA	93534
Phone	**Title**		**Number of Employed Hours**
(661) 350-3575	Operation manager		21500
Description of Duties	Oversee all operations, monitor employee duties, make sure everything was taken care of. Did Loss Prevention, and also Hire and Fire.		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description 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)

8/18/25
Date

I, Christian R Breeher, **certify that as the MDEG Administrator for** Serendipity medical Supply,

that I (initial that you have read and meet the following requirements):

1. CB Have a high school diploma or its equivalent;
2. CB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christian, Breeher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/18/25

Date

Board Use Only	Date Received: 9/9/25