

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Medical, Inc. 															
_	2 Business name/disregarded entity name, if different from above															
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):													
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	te	Exempt payee code (if any)													
Print or type. c Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member ov LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a since	Exemption from FATCA reporting code (if any)														
P ecific	is disregarded from the owner should check the appropriate box for the tax classification of its own. Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)													
See Sp	5 Address (number, street, and apt. or suite no.) See instructions.8516 NW Expressway	me	and address (optional)													
0)	6 City, state, and ZIP code Oklahoma City, OK 73162-6010															
	7 List account number(s) here (optional)															
Par	Taxpayer Identification Number (TIN)															
Enter your thresh the appropriate box. The threpressed made materiale harms given on the avoid								curity number								
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>																
TIN, la		0	r		_											
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer identification nu									n number							
Numb	per To Give the Requester for guidelines on whose number to enter.		1 3		- 4	2	1	1	2	2	0					
Par	t II Certification															
Unde	r penalties of perjury, I certify that:															

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	
Here	

Signature of U.S. person ▶



3/13/2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Oklahoma State Board of Pharmacy



John A. Foust, D.Ph., Executive Director Oklahoma City, OK 73105-3413

4545 Lincoln Boulevard, Suite 112 Telephone: (405) 521-3815

Fax: (405) 521-3758

pharmacy@pharmacy.ok.gov

www.pharmacy.ok.gov

Ron Howell. President and CEO 180 Medical, Inc. 8516 NW Expressway Oklahoma City, OK 73162

Dear Mr. Howell

The Oklahoma State Board of Pharmacy at this time does not require a license for any business that provides legend devices. Therefore there would be no need for a pharmacist in charge or a licensed exemptee as part of your staff.

Sincerely,

Day M. Ja Rue Gary M. LaRue, D.Ph. Compliance Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/3/2020

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).

and doranted deed not define righte to the destandate notice in head of each endercoment(e).							
PRODUCER MARSH USA, INC.		CONTACT NAME:					
99 HIGH STREET		PHONE (A/C, No. Ext):	FAX (A/C, No):				
BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com	Fav. 212 040 4277	E-MAIL ADDRESS:	<u>, , , , , , , , , , , , , , , , , , , </u>				
Attii: boston.certrequest@Marsh.com	FdX, 212-940-4377	INSURER(S) AFFORDING COVERAGE	NAIC #				
257281-ALL-GAWUP-17-18		INSURER A: Liberty Insurance Company	42404				
INSURED 180 MEDICAL, INC.		INSURER B: XL Insurance America Inc.	24554				
8516 NW Expressway		INSURER C: Lloyd's of London					
OKLAHOMA CITY, OK 73162		INSURER D: Ironshore Specialty Company	25445				
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	NYC-009221019-21 REVISION NUI	MBFR: 12				

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Χ	COMMERCIAL GENERAL LIABILITY	X		TB5-621-094326-030	07/01/2020	07/01/2021	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	
		OTHER:							\$	
A	AUT	TOMOBILE LIABILITY			AS7-621-094326-020	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В		UMBRELLA LIAB X OCCUR	X		US00011089L120A	07/01/2020	07/01/2021	EACH OCCURRENCE	\$	5,000,000
	Χ	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
Α		RKERS COMPENSATION EMPLOYERS' LIABILITY			WC2-621-094326-040	07/01/2020	07/01/2021	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	IN / A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Pro	fessional Liability			LSR-PCO-00215-20	07/01/2020	07/01/2021	Occurrence/Aggregate		15,000,000
D	Exc	ess Product Liability			001115709	07/01/2020	07/01/2021	Occurrence/Aggregate		5,000,000
\vdash										

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

CERTIFICATE HOLDER	CANCELLATION						
NATIONAL SUPPLIER CLEARINGHOUSE Palmetto GBA AG-495 PO BOX 100142 COLUMBIA, SC 29202-3142	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 of Marsh USA Inc.						
	Hilary Zeller May C Zeller						