NEBRASKA

Good Life. Great Mission.

DEPT OF CORRECTIONAL SERVICES

Pete Ricketts, Governor

November 15, 2017

Amy Miller
ACLU of Nebraska
134 S. 13th St. #1010
Lincoln, NE 68508

RE: Public Records Request

Dear Ms. Miller,

I am writing in response to your email of November 15, 2017, wherein you request to prioritize or modify your request of October 27, 2017. Specifically, you have requested records that are clearly outside of any privilege or confidentiality be provided immediately with the remaining items provided following internal review. Below and attached are items that fit your criteria.

(1)Any documents including email, letter, phone message or other communication with any and all potential pharmaceutical manufacturers, distributors, brokers, suppliers and/or pharmacies – whether domestic or foreign – showing efforts to obtain lethal injection drugs or discussing lethal injection drugs.

- Letter from Pfizer

(2)Any documents including email, letter, phone message or other communication with any officials from other states or the federal government regarding efforts to obtain lethal injection drugs or discussing lethal injection drugs.

- Email (3) from the Association of State Correctional Administrators to Scott Frakes
- Notice of Inspection of Controlled Premises – US DOJ/DEA
- Drug Enforcement Administration – Closing Inventory
- DEA Form 225-A – Completed
- Controlled Substance Registration Certificate

(3)Any documents including email, letter, phone message or other communication with Chris Harris and or Harris Pharma.

- NDCS has no records responsive to this request.

Scott R. Frakes, Director
Dept of Correctional Services
P.O. Box 94661 Lincoln, NE 68509-4661
Phone: 402-471-2654 Fax: 402-479-5623
corrections.nebraska.gov

(5)Any documents including email, letter, phone message or other communication between the Department and the Governor, or Governor's office, or Governor's corrections advisory committees, or Governor's private political consultants related to the efforts to obtain injection drugs.

- NDCS has no records responsive to this request

(6)Any documents including email, letter, phone message or other communication with any representatives of the United States Food and Drug Administration (FDA) in regards to obtaining a license for the importation and acquisition of injection drugs or any other matters relating to the importation and acquisition of injection drugs.

- NDCS has no records responsive to this request

(7)Any documents including email, letter, phone message or other communication with any representatives of the United States Drug Enforcement Administration (DEA) in regards to obtaining a license for the importation and acquisition of injection drugs or any other matters relating to the importation of injection drugs.

- See response to #2

(8)Any documents including email, letter, phone message or other communication with any representatives of the United States Customs and Border (CBP) in regards to obtaining a license for the importation and acquisition of injection drugs or any other matters relating to the importation of injection drugs.

- NDCS has no records responsive to this request

(9)Any documentation showing the expiration date for the injection drugs currently in the Department's possession, including a copy of the packaging itself.

- Inventory logs

(11)Any documentation from any common carrier such as the United States Postal Service, Fed Ex, UPS, or other commercial entity or private courier related to the importation or acquisition of injection drugs or conveyance of public funds to purchase injections drugs.

- NDCS has no records responsive to this request.

(13)Any documentation showing the use of public funds to pay for legal services related to efforts to purchase injection drugs, including any invoice, contract, check, receipt or other similar record.

- NDCS has no records responsive to this request

If you believe records have been withheld contrary to Neb. Rev. Stat. § 84-712, you may pursue administrative or judicial remedies as outlined in Neb. Rev. Stat. § 84-712.03.

Sincerely,

Dawn-Renee Smith
NDCS Communications Director

SENT VIA EMAIL AND REGISTERED MAIL

Robert W. Jones
Pfizer, Inc.
235 E. 42nd Street, Fl. 11
New York, NY 10017

RECEIVED

OCT 10 2017

NDCS Director's Office

October 4, 2017
Nebraska Department of Corrections
ATTN: Scott R. Frakes, Director
P.O. Box 94661
Lincoln, NE 68509

RE: Request for Return of Pfizer Products for Use in Lethal Injection for Capital Punishment

Dear Director Scott R. Frakes:

Pfizer wishes to inform you of the addition of diazepam and fentanyl citrate to its list of Restricted Products in Pfizer's Position on Use of Our Products in Lethal Injections for Capital Punishment and seeks the return of any Pfizer or Hospira product that you have in your possession that you intend to misuse in a lethal injection procedure.

Diazepam and fentanyl citrate along with eleven (11) Restricted Products currently listed in our Position statement will not to be sold to correctional facilities or other affiliated organizations where they may be misused for lethal injection. Pfizer makes its products to enhance and save the lives of the patients we serve. Consistent with these values, Pfizer strongly objects to the use of its products as lethal injections for capital punishment.

A copy of the updated policy with the expanded list of Restricted Products is enclosed and can be accessed at http://www.pfizer.com/files/b2b/GlobalPolicyPaperLethalInjection.pdf. Pfizer will continually review its product offerings and update this policy as necessary to prevent the misuse of our products in lethal injection protocols.

We request that you return to us any Hospira or Pfizer manufactured Restricted Product listed above in your possession. Pfizer will provide full credit for any returned Restricted Product regardless of from where you purchased it. Return instructions are enclosed for your convenience. If you seek to use or purchase Restricted Product to address a legitimate medical need, we request that your Medical Director contact Jerry Boesch (Director, Commercial Services & Analysis) at (224) 212-2462 or jerry.boesch@pfizer.com.

Thank you for your attention to this matter.

Respectfully,

Robert W. Jones

Robert Jones
Vice President
U.S. Government Relations
Encl.

GENERAL INFORMATION: PRICE LIST/TERMS OF SALE/RETURN GOODS POLICY

April 3, 2017

TERMS OF SALE

Pfizer's Price List and these Terms of Sale/Return Goods Policy, applies to the U.S. market only. The U.S. market includes all U.S. Territories. The Price List and Terms of Sale/Return Goods Policy are subject to change without advance notice to customers.

No terms in any purchase order or any acknowledgement thereof (whether printed, stamped, typed or handwritten) issued by a customer or Pfizer distributor or contained on a customer portal, except terms expressing the quantity and product ordered, will be considered applicable to customer's purchase. No modifications of these Terms of Sale/Return Goods Policy, whether different or additional terms contained in any purchase order, acknowledgement form, or any other document or contained on a customer portal will be binding on Pfizer.

All orders and any correspondence pertaining thereto should be sent to:

CUSTOMER SERVICE CENTERS

Distributors/Wholesalers & Drop Ship Order Information
Pfizer Inc.
1855 Shelby Oaks Drive North
Memphis, TN 38134
Attn: Pharmaceutical Customer Service
Phone 800-533-4535
Fax 800-741-4237

Vaccines and Hemophilia
Pfizer Inc.
500 Arcola Road E-4 Box 64
Collegeville, PA 19426-3982
Attn: Pharmaceutical Customer Service
Phone 800-666-7248
Fax 484-563-0061
Email USCUSTS@pfizer.com

Pfizer Sterile Injectables
Pfizer, Inc.
275 N. Field Drive, D0991, HW1
Lake Forest, IL 60045
Attn: Pharmaceutical Customer Service
Phone 844-646-4398
Fax 262-577-6503

Hemophilia Customers
Phone 888-440-8100
Fax 484-563-0057

Puerto Rico Customers
Phone 800-981-4748
Fax 888-685-5960

Baxter (Zosyn® (piperacillin/tazobactam) Frozen Galaxy® containers)
Phone 888-229-0001
Fax 888-229-0020

For Drug Supply Chain Security Act (DSCSA) related correspondence, please send inquiries to Customer Service via our email: DSCSA@pfizer.com

All orders, whether based upon submitted quotations or not, are subject to acceptance and credit approval by Pfizer. Pfizer reserves the right to restrict order quantities. Pfizer reviews all submitted orders against lists of Restricted Parties maintained by applicable governmental authorities, including lists established under the U.S. Federal Food Drug and Cosmetic Act and the U.S. Foreign Assets Control Regulations. This review may result in orders that are delayed or blocked. Recipients of Pfizer products are required to follow all applicable laws in connection with the purchase, sale, distribution, or use of such products.

PRICES

All prices are submitted without offer.

Prices are subject to all taxes, excises, or other charges levied by any government (national, state, or local) upon the sale, consumption, or use of the products listed herein.

PAYMENT TERMS

Pfizer products may have unique payment terms as provided by contract or as indicated on the Price List or product invoice.

Payments submitted via Electronic Funds Transfer (EFT) may add an additional 4 days to the invoice due date.

Payment must be in the bank on the discount date.

Prompt pay discounts are an encouragement for prompt payment; discounts not taken at time of payment cannot be claimed at a later date.

Credit Card Policy – Pfizer may accept select credit cards as a payment option for direct purchases of Pfizer products; however, the prompt pay discount is not available when payment is made by credit card, except for physician offices purchasing vaccines. For important information concerning the use of your credit card for the purchase of Pfizer products including additional payment options for Prevnar® 13 and Trumenba®, please contact Pfizer Customer Service at 800-666-7248.

PFIZER DISTRIBUTORS – Pfizer wholesale customers and specialty distributors may only purchase Pfizer Pharmaceutical products directly from Pfizer or in the event of a supply shortage, another Pfizer distributor. A listing of Pfizer distributors can be found online at **www.pfizer.com/pdlist** or obtained from our Customer Service team.

GENERAL INFORMATION: PRICE LIST/TERMS OF SALE/RETURN GOODS POLICY

April 3, 2017

Pfizer may revoke Pfizer distributor status at any time.

Pfizer pharmaceutical products may only be sold to providers operating within the United States (and its Territories) who are appropriately licensed by states/territories in which they dispense or distribute product or other Pfizer distributors and in Puerto Rico, DACO priced product may only be sold to other Puerto Rico Pfizer Distributors or providers operating within Puerto Rico who are appropriately licensed by the Commonwealth of Puerto Rico in which they dispense product. Each Pfizer distributor must have a comprehensive program to ensure compliance with the Drug Supply Chain Security Act, and to assess all offers prior to purchase using a defined procedure that helps identify suspect product and suspicious orders.

Pfizer has the right to audit or request information on all purchases and sales of Pfizer Pharmaceutical products at any time and to audit processes used to purchase product from other Pfizer distributors.

Pfizer distributors must maintain their wholesale distributor license in good standing in each state/territory where it has operations and shall immediately upon request of Pfizer, forward a copy of all renewed licenses to Pfizer. Failure to submit a copy of a renewed license to Pfizer may lead to suspension of further shipments of Pfizer Product to such distributor at the applicable location until such license(s) is provided.

Each Pfizer distributor must notify Pfizer within 15 business days of its termination, suspension, revocation, forfeiture or nonrenewal of its wholesale distributor licenses for any location where it has operations.

Any deviation from these Terms of Sale may result in Pfizer terminating our business relationship and removal of recognition as a Pfizer distributor.

MINIMUM ORDER/ORDER FREQUENCY

The minimum order is $250.00.
Pfizer reserves the right to reject any order less than $250.00.

Accounts are limited to no more than one order per week per product per receiving location.

SHIPPING AND ROUTING

On orders where Pfizer pays transportation charges, Pfizer reserves the privilege of shipping via a carrier of its own choice. Where expedited delivery, special handling or routing is requested by the customer and is approved by Pfizer, the difference in transportation charges will be charged to the customer. Also, for after-hours or weekend emergency orders, Pfizer may apply a $250 handling charge.

DELIVERY

All deliveries shall be made F.O.B. point of shipment. Title to the goods sold shall pass upon delivery of the goods to the carrier.

DAMAGE OR DELAY IN TRANSIT

If merchandise arrives in broken or damaged condition, it is the customer's responsibility to ensure that the carrier's agent notes the damage or breakage on the delivery receipt. The transportation company acts as the agent of the customer/purchaser, and Pfizer is not responsible for loss of, damage to, or delay respecting the goods after delivery to the carrier. Pfizer shall assist, when requested, in formulating claims against the carrier, but Pfizer will not assume the responsibility of collecting claims against the carrier.

For any loss or damage evident at the time of delivery, customer must make notation on the delivery receipt and report to Pfizer within 7 business days of the date of delivery or 13 days from the invoice date. For concealed loss or damage, customer must report to the carrier and to Pfizer within 15 days after receipt of the shipment.

In cases in which damage, shortage, or loss is not due to transportation causes, and if upon discovery, a customer promptly reports to Pfizer any such damage, shortage, or loss, Pfizer will investigate such report and take appropriate actions, which may include, but are not limited to, providing even exchange or credit for such damage, shortage, or loss as is directly traceable to any fault or negligence on the part of Pfizer.

PRODUCT RECALLS

In the event of a Pfizer initiated recall, it is Pfizer's practice to reimburse customer for actual and reasonable expenses incurred in complying with the request as laid out in Pfizer's recall notification.

PERISHABLE PRODUCTS

Certain products require special temperature storage conditions and precautions in accordance with the caution label attached to each package. With regard to these products, Pfizer will not accept responsibility for any losses sustained through failure to store or handle as directed by the product label.

Restricted Products

Certain Pfizer products have been misused in capital punishment procedures. Such products are categorized as Restricted Products by a special designation on the Pfizer product price list. Purchasers of Restricted Products shall not use, nor resell to entities who may use, Restricted Products in capital punishment procedures. By purchasing Restricted Product(s) from Pfizer or a Pfizer wholesaler/distributor, federal, state and local government agencies, certify that any Restricted Products they acquire shall be used for medically appropriate patient care, and may not be used or resold to any other party for capital punishment uses. Pfizer may, in its discretion, determine which Products are Restricted Products.

GENERAL INFORMATION: PRICE LIST/TERMS OF SALE/RETURN GOODS POLICY

April 3, 2017

CHARGEBACKS

Periodically, Pfizer may recognize the request by a buying group or other Pfizer customer to designate certain Pfizer distributors as their designated Prime Vendor to supply eligible members with pharmaceutical and health care products. Pfizer products that appear on a bid award/contract will be ordered from and shipped to the eligible group members by such Pfizer distributor and invoiced at the current contract prices & quantities for each awarded item as notified to such Pfizer distributor by Pfizer.

Pfizer shall furnish such Pfizer distributor with the following information for each bid/contract awarded to Pfizer:

i. Contract number;
ii. Products under contract;
iii. Contract prices and their effective and expiration dates;
iv. A list of authorized purchasers; and
v. Such other information as may be necessary to accurately administer Chargebacks in accordance with Healthcare Distribution Alliance (HDA) guidelines applicable to such Pfizer distributor.

Pfizer shall use commercially reasonable efforts to provide such information at least five (5) business days prior to the effective date of the bid award/contract. Thereafter, Pfizer shall notify such Pfizer distributor of revisions to a bid award/contract, and any additions to or deletions from the list of authorized purchasers for each bid award/contract. The obligation of Pfizer to make reimbursements available to such Pfizer distributor shall only apply to items sold to the authorized purchaser for "its own use", as defined below. Pfizer distributor shall make commercially reasonable efforts to submit Chargeback requests that are limited to quantities of any item that were purchased for the own use of the authorized purchaser. Pfizer distributor shall notify Pfizer immediately if an authorized purchaser is suspected of using Pfizer products for purposes other than own use. In the event that Pfizer determines that an authorized purchaser is not eligible for contract prices, Pfizer distributor shall work with Pfizer to recover all discounts extended via Chargeback to the end customer and shall not deduct from Pfizer any disputed amounts. Thereafter, the Pfizer distributor shall remove the customer from all Pfizer contract pricing agreements.

The amount of a Chargeback credit/debit memo will be determined on the basis of the difference between the acquisition price furnished by Pfizer and the bid award/contract price as of the invoice date to the authorized purchaser by such Pfizer distributor. Pfizer shall furnish a list of acquisition prices and updates thereto to such Pfizer distributor whenever changes are made by Pfizer. Contract prices under a bid award/contract are considered confidential and such Pfizer distributor shall not disclose contract prices to anyone other than an authorized purchaser, buying groups representing such authorized purchasers and Pfizer unless requested by an authorized purchaser to support claims involving medical payments under Federal, State or local programs.

At least once each month and for each bid award where there are Chargebacks, the Pfizer distributor will send Pfizer an electronic Chargeback request (i.e., HDA established EDI 844 format) which shall contain:

i. Pfizer distributor's name, address and unique identifiers such as DEA, HIN number and suffix or any other additional identifiers where they exist;
ii. Pfizer distributor's debit memo number;
iii. Each authorized purchaser's DEA number and/or unique identifiers such as 340B ID, HIN number and suffix or any other additional identifiers where they exist;
iv. The contract number assigned by Pfizer and noticed to the Pfizer distributor;
v. Quantities, dates and the Pfizer distributor's invoice number for all products sold to each authorized purchaser;
vi. The NDC number for each product;
vii. The acquisition price for each product in effect on the date of invoice to the authorized purchaser
viii. The contract price for each product;
ix. Quantity of products returned to the Pfizer distributor that were covered by an earlier Chargeback request;
x. Extended Chargeback amounts for each product; and
xi. Chargeback amount requested for each transaction claimed in each debit memo and total Chargeback amount requested for all debit memos.

Pfizer shall use commercially reasonable efforts to verify the amounts in each Chargeback request and issue initial credit/debit memos in the amounts verified within five to seven (5-7) business days following receipt of a Chargeback request. Pfizer distributors acknowledge that the contract price for an item must be lower than the corresponding acquisition price for such Pfizer distributor to receive credit. Such Pfizer distributors shall not request Chargeback credit unless the authorized purchaser's acquisition price is higher than the corresponding contract price. Further, Pfizer distributors shall reverse all Chargebacks associated with products that are returned by Pfizer distributor's customers for resale.

Pfizer distributors shall not submit chargebacks for partial quantities of product less than the unit of sale as provided in the price list.

Pfizer distributors shall use the HDA EDI 844 and EDI 849 data sets to send and receive Chargebacks to/from Pfizer electronically, including for original submissions and resubmissions. Pfizer shall provide some type of response (typically in the form of EDI 849, unless there is a systems issue) within thirty (30) days of submission or resubmission of an EDI 844. Pfizer distributors shall refrain from taking any deduction prior to thirty (30) days after submission of any Chargeback for which Wholesaler has not received an EDI 849 response. If Pfizer fails to: (i) pay (in whole or in part) or (ii) provide a reason for non-payment of a Chargeback via EDI 849, during the first thirty (30) days following submission of a Chargeback request, Pfizer distributor may take a deduction for such Chargeback. Any EDI 849 response from Pfizer shall be considered as Pfizer's request for payback of any amounts that have been deducted related to the Chargeback request. If Pfizer distributor receives a response from Pfizer that denotes

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that Pfizer is investigating the request, Pfizer shall have an additional thirty (30) days to provide a determination on eligibility. After this sixty (60) day period following Chargeback submission, the Chargeback is considered closed unless a government audit requires correction or adjustment as described below. Pfizer's determination as to the Chargeback's disposition is final.

Chargebacks must be submitted within six (6) months of such Pfizer distributor's invoice to the authorized purchaser. Failure to submit a Chargeback request within this six (6) month period shall result in a waiver of rights to receive or take a credit with respect to any such Chargeback. Should a Pfizer distributor dispute the amount verified for a particular item covered by a Chargeback request, such Pfizer distributor may resubmit that item so long as such resubmission is done within six (6) months following the original invoice date to the authorized purchaser. Resubmissions made after this six (6) month period need not be considered by Pfizer. In the event of a government audit where new information surfaces that cause corrections or adjustments to prior sales, Chargeback claims can be reopened and resubmitted within twelve (12) months of the original invoice date to an authorized purchaser or as otherwise may be required in a government contract.

Pfizer reserves the right to perform random Chargeback verifications. Such verification requests may include, but are not be limited to invoice copies and proof of delivery, and will be required to be provided to Pfizer within thirty (30) days of the original request. If a response is not received within thirty (30) days, Pfizer will reverse the Chargeback paid by issuing a debit to Pfizer distributor's account. In the event that Pfizer has not already paid a Chargeback subject to verification, payment will be withheld until the requested information is received. Pfizer further reserves the right to perform an on-site audit to verify Chargeback sales. Such on-site audits may be subject to specific contract terms between Pfizer and the Pfizer distributor. In the event an audit reveals a discrepancy between the amounts of credit memos or debit memos issued under these provisions and the amounts verified, Pfizer shall issue a correcting credit memo or debit memo, as may be appropriate. Pfizer reserves the right to offset credits for Chargeback obligations with outstanding past due or previously written off invoices and deductions taken by either the Pfizer distributor or customer.
Pfizer will not reimburse any costs incurred by the Pfizer distributor or group members covering an event of product non-availability. Chargebacks will only be accepted on Pfizer products purchased in accordance with these Terms of Sale

PURCHASE FOR OWN USE
Sales by Pfizer to government agencies and other institutions (e.g., federal, state, city, charitable organizations) are made with the express understanding and agreement that the merchandise purchased by these organizations is subject to the "own use" laws; is for their sole use and may not be commercially sold by them to any other entity or person for further sale or resale.

ALL OTHER CLAIMS
All other claims must be submitted to Pfizer within nine (9) months of the original event upon which the claim is based. Pfizer reserves the right to offset credits for all other claims with outstanding past due or previously written off invoices and deductions taken by either a Pfizer distributor or customer.

NOTICE OF OBLIGATION TO REPORT DISCOUNTS
To the extent that purchaser avails itself of a prompt pay discount in accordance with the terms herein, or otherwise receives a discount from Pfizer in connection with any purchase, direct or indirect, these Terms of Sale shall constitute notice to purchaser of a discount that it may be obligated to report under applicable laws, including, without limitation, the federal anti-kickback statute, 42 U.S.C. § 1320a-7b(b), and its implementing regulations, 42 C.F.R. 1001.952(h) or (i).

PFIZER PHARMACEUTICALS PRODUCT LIABILITY PROTECTION POLICY
In the event of a claim or lawsuit arising out of the dispensing of a Pfizer pharmaceutical product, it is Pfizer's policy to defend and hold harmless the pharmacist or the pharmacist's employer if the following conditions are met:

- If a prescription product, the prescription product was properly filled by the pharmacist.
- The product was not improperly stored or packaged.
- There is no evidence of negligence or any improper or illegal act by the pharmacist or employer.
- The pharmacist has not made express warranties nor provided information inconsistent with the approved product labeling.
- The pharmacist and the pharmacist's employer, if any, provide Pfizer with prompt notice of the claim or lawsuit and fully cooperates with Pfizer in the defense of the claim or lawsuit.

GENERAL INFORMATION: PRICE LIST/TERMS OF SALE/RETURN GOODS POLICY

April 3, 2017

RETURN GOODS POLICY

Products may be returned on the following basis:

I. **Returnable Items:** The following products may be returned by customers for return goods credit without prior approval:
   A. Short dated merchandise, in the original container and bearing the original label, within six (6) months prior to the expiration date,
   B. Outdated merchandise, in the original container and bearing the original label, up to twelve (12) months beyond the expiration date.
   C. Product damaged in transit, subject to the terms and conditions as stated herein, or material shipped in error by Pfizer.
   D. Discontinued merchandise.

Note: No credit will be issued for merchandise returned more than twelve (12) months beyond its expiration date.

II. **Non-Returnable (for Credit) Items:** Product other than that listed above is defined as not returnable for credit, unless otherwise required by law. This includes, but is not limited to:
   A. In-date product (product with more than six (6) months dating remaining).
   B. Packages with trade label removed or unreadable.
   C. Repackaged product.
   D. Product that has been in a fire, clearance, bankruptcy, or similar sale.
   E. Product sold on a "non-returnable" basis.
   F. Products, including items affected by a market withdrawal or a recall, retained more than twelve (12) months beyond the expiration date noted on the package. (Product may be returned for destruction, but no credit will be issued.)
   G. Merchandise purchased or otherwise obtained in violation of any Federal, State, or local law or regulation.
   H. Merchandise obtained illegally or via diverted means including without limitation, products manufactured and/or imported by non-Pfizer sources from countries outside the United States.
   I. Merchandise destroyed or damaged from insurable causes such as fire, water, tornado, etc., and merchandise that has otherwise deteriorated due to conditions occurring after shipment and beyond the control of the manufacturer, such as improper storage, heat, cold, smoke, etc.
   J. Products marked "Non-Returnable", "Professional Sample", "Clinical Trial Package," or with similar markings or special labels.
   K. Product with a prescription label attached.
   L. Vaccine or biological supplies purchased through the Federal Vaccines for Children Program.
   M. The following products: Zosyn® Frozen Galaxy® containers, partial Prevnar® 13 (10 per package) and partial Relistor® (methylnaltrexone bromide) Retail Convenience kits.
   N. Product purchased for clinical trials or donated product

Note: Pfizer's determination as to the salvage, credit or exchange value of merchandise returned shall be final. Pfizer reserves the right to destroy returned merchandise without payment or liability.

III. **Procedure for Returning Pfizer Pharmaceutical Products:**

A. For all customers, returnable items may be returned without prior authorization by Company representative. Whenever you wish to return these items, pack the material in a container suitable for shipment and include a packing list that identifies each item being returned, the name and address of your company, DEA number, debit memo number, and Pfizer account number.

To ensure proper and timely handling of returns, please contact Inmar by using one of the following contact options below:

Website: **https://clsnetlink.com**
Email: **rarequest@inmar.com**
Phone: 800-967-5952
Fax: 817-868-5343

These returns should be sent to the following address for processing:

Inmar
4332 Empire Road
Fort Worth, TX 76155

If returning on behalf of another customer, you must include that customer's DEA number or HIN number to ensure the proper credit. To facilitate processing of controlled substances (schedule III-V), please segregate controlled from non-controlled items when returning product to Pfizer.

All returns shall be made in compliance with all applicable Federal and State laws and regulations. Non-direct customers (i.e., those that purchase primarily through wholesalers), see note B1 and B2 for additional credit information.

All products must be returned freight prepaid by the sender, using generally accepted shipment methods. Use a separate packing list for each carton. To facilitate processing of multiple debit memo numbers returned in a single container, please segregate product by debit memo number to ensure acceptance and accurate credit. Upon receipt of the merchandise and verification of the contents and condition of the merchandise, a

GENERAL INFORMATION: PRICE LIST/TERMS OF SALE/RETURN GOODS POLICY

April 3, 2017

credit memorandum will be issued as appropriate. Credit for customers other than Pfizer designated distributor customers will be issued at the lower of:

1. current list price less 10%, or
2. lowest current contract price less 10%. If there is no current contract, the most recent expired contract within the preceding 3 years will be used, less 10%.

Pfizer designated distributors will be issued credit at current list price for product submitted for credit via a Pfizer Return Authorization. Pfizer designated distributors should contact Pfizer Customer Service for a Pfizer Return Authorization and additional requirements. Partial bottles may be returned, and credit will be issued on the basis of the actual pill count. Credit will not be issued for pill counts in excess of the original container quantity. For liquids, oral powders, syringes, injectables, sponges, inhalation systems, cream and ointment products, credit will only be issued for intact and unused units of an inner pack. No credit will be issued for any others, including reconstituted product. For liquid configurations larger than a unit of use, credit will be issued in 25% increments to a maximum of 75% for any opened package.

Pfizer will not issue credit or accept charges/deductions for administrative, handling, or freight charges associated with the return of product to Pfizer. In the event product received from Pfizer is damaged to such an extent that physical return is impossible, written explanation of the product involved, nature of damage, and explanation as to why return cannot be made may be submitted to Pfizer for consideration. Pfizer will consider the request and issue no credit, partial credit, or full credit as Pfizer deems appropriate. In all other circumstances, credit or reimbursement will not normally be issued for product destroyed by customers or third parties.

B. Additional information for specific types of customers:
   1. Hospitals, Clinics, Government facilities, and other contract price entities: The Prescription Drug Marketing Act (PDMA) places specific restrictions on the return of pharmaceutical products from hospitals, healthcare entities, and charitable institutions. The following applies to those returns in compliance with the PDMA guidelines.
      (a) If products were purchased from a wholesaler under a guaranteed price contract, we will issue a refund in the form of a check mailed directly to you. Credit amounts over $5,000 will be issued as a credit through your primary wholesaler.
         i. You must supply the following information with your return: your institution's name, address, hospital DEA number and/or HIN number, and your buying group association name.
      (b) If products were purchased under a guaranteed price contract direct from Pfizer, then applicable credit will be issued to your direct account number.
      (c) For products returned from a government facility, credit will be processed through the prime vendor wholesaler. Government facilities must supply the following information with their return: institution's name, address, hospital DEA number and/or HIN number, and prime vendor wholesaler name.
   2. Non-Direct Accounts: Customarily, returned goods are channeled through your authorized wholesaler. If returned to Pfizer, appropriate credit will be issued in the form of a check mailed directly to you. Credit amounts over $5,000 will be issued as a credit through your primary wholesaler. So that we may process these returns, please include a packing list that details the product being returned, the pharmacy name, DEA number, and address to which a refund should be mailed. Should the pharmacy name, DEA number or address information be incomplete, Pfizer reserves the right to issue no reimbursement. Pfizer will not issue refunds to third party return goods processors.

NDC NUMBER LABELER CODES

0005	Wyeth Pharmaceuticals Division
0008	Wyeth Pharmaceuticals Company
0009	Pharmacia and Upjohn Company
0013	Pharmacia and Upjohn Company
0025	G.D. Searle LLC
0046	Wyeth Pharmaceuticals Inc.
0049	Roerig
0069	Pfizer Laboratories Div. Pfizer Inc.
0071	Parke Davis, Division of Pfizer, Inc.
0206	Wyeth Piperacillin
00409	Hospira Worldwide, LLC
24478	NextWave Pharmaceuticals
55724	Anacor Pharmaceuticals
58394	Wyeth Biopharma (Note: Galaxy is a registered trademark of Baxter International Inc.)
60793	Pfizer Laboratories Div. Pfizer Inc.
61570	Pfizer Laboratories Div. Pfizer Inc.
61703	Hospira Worldwide, LLC
76310	Clinigen Healthcare Ltd.

Frakes, Scott

From: Association of State Correctional Administrators <jstewart@asca.net>
Sent: Saturday, July 29, 2017 10:06 AM
To: Frakes, Scott
Subject: Can you help?

Nevada Director Jim Dzurnada has asked that we send this letter to you and that you follow up with him if you can assist. Please click the link below to view the letter.

Letter from Director Dzurnada

See what's happening on our social sites

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 8918
(702) 486-9912

Brian Sandoval
Governor

James Dzurenda
Director

State of Nevada
Department of Corrections

July 28, 2017

Kevin Kempf, Executive Director
Association of State Correctional Administrators (ASCA)
1105 2nd Street South,
Nampa Idaho 83651
kkempf@idoc.idaho.gov

The Nevada Department of Corrections (NDOC) has received an order of execution by the court for an inmate on death row. The State of Nevada stands ready to proceed with the ordered execution and has drugs with which to do so. Nonetheless, the NDOC wants to review its options to obtain other drugs. While understanding the sensitive nature of this request, the NDOC seeks to exhaust its options to obtain the following drugs: Midazolam, Hydromorphone Sodium Thiopental, Pancuronium Bromide, Potassium Chloride, and Pentobarbital.

Although the NDOC would like to obtain these drugs as long as they do not expire on or before October 6, 2017, the NDOC is particularly interested in obtaining drugs that are in possession of other states which are nearing their expiration dates but do not expire on or before October 6, 2017. If these drugs are unlikely to be used by your state before they expire, we would appreciate you giving or selling them to us. Therefore I am requesting from all of you, please contact me at either 702-486-9912 or jedzurenda@doc.nv.gov if your state has any of these drugs which you are willing to transfer to us directly or through each state's pharmacy. To the extent you are not prohibited due to confidentiality laws, I am also requesting that you convey to me how you obtained your state's drugs. Additionally, if there is a drug that you are using that is not listed above, we would like to know what it is, how you obtained it, whether you are willing to provide it to us, and whether you can help us obtain it from another source.

Although I would appreciate a response by end of business on July 31, 2017, if possible, I understand that it might take a bit longer for you to respond. If you are unable to respond by July 31, 2017, please respond as soon as possible. I appreciate your understanding in the necessity of this request.

Sincerely,

James E. Dzurenda, Director

CC: Ann M. McDermott, Litigation Bureau Chief, Office of the Attorney General

Frakes, Scott

From: Association of State Correctional Administrators <jstewart@asca.net>
Sent: Tuesday, August 01, 2017 2:20 PM
To: Frakes, Scott
Subject: Revised Letter from Nevada Director Dzurenda

Nevada Director Dzurenda has asked ASCA to resend this letter to members again requesting help. There have been some changes made to some of the dates. Please click the link below to view the letter.

Letter from Director Dzurenda

See what's happening on our social sites

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9912

Brian Sandoval
Governor

James Dzurenda
Director

State of Nevada
Department of Corrections

August 1, 2017

Kevin Kempf, Executive Director
Association of State Correctional Administrators (ASCA)
1105 2nd Street South,
Nampa Idaho 83651
kkempf@idoc.idaho.gov

The Nevada Department of Corrections (NDOC) has received an order of execution by the court for an inmate on death row. The State of Nevada stands ready to proceed with the ordered execution and has drugs with which to do so. Nonetheless, the NDOC wants to review its options to obtain other drugs. While understanding the sensitive nature of this request, the NDOC seeks to exhaust its options to obtain the following drugs: Midazolam, Hydromorphone Sodium Thiopental, Pancuronium Bromide, Potassium Chloride, and Pentobarbital.

Although the NDOC would like to obtain these drugs as long as they do not expire on or before October 6, 2017, the NDOC is particularly interested in obtaining drugs that are in possession of other states which are nearing their expiration dates but do not expire on or before October 13, 2017. If these drugs are unlikely to be used by your state before they expire, we would appreciate you giving or selling them to us. Therefore I am requesting from all of you, please contact me at either 702-486-9912 or jedzurenda@doc.nv.gov if your state has any of these drugs which you are willing to transfer to us directly or through each state's pharmacy. To the extent you are not prohibited due to confidentiality laws, I am also requesting that you convey to me how you obtained your state's drugs. Additionally, if there is a drug that you are using that is not listed above, we would like to know what it is, how you obtained it, whether you are willing to provide it to us, and whether you can help us obtain it from another source.

Although I would appreciate a response by end of business on August 4, 2017, if possible, I understand that it might take a bit longer for you to respond. If you are unable to respond by August 4, 2017, please respond as soon as possible. I appreciate your understanding in the necessity of this request.

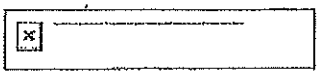
Sincerely,

James E. Dzurenda, Director

CC: Ann M. McDermott, Litigation Bureau Chief, Office of the Attorney General

Frakes, Scott

From: Association of State Correctional Administrators <jstewart@asca.net>
Sent: Wednesday, August 09, 2017 1:41 PM
To: Frakes, Scott
Subject: Request for Assistance



Please take a moment to read a letter from Mississippi DOC Director, Pelicia Hall. MDOC is currently involved in a death penalty litigation and seeking assistance in trying to obtain Pentobarbital. Any assistance you can give would be very much appreciated. Click the link below to view the letter.

Letter from Director Hall

STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
PELICIA E. HALL, Esq.
COMMISSIONER

August 7, 2017

BY ELECTRONIC MAIL
Kevin Kempf, Executive Director
Association of State Correctional Administrators (ASCA)
1105 2nd Street South
Nampa, Idaho 83651
kkempf@idoc.idaho.gov

Dear Executive Director Kempf:

The Mississippi Department of Corrections (MDOC) is currently involved in death penalty litigation whereby the availability of Pentobarbital is an issue. MDOC has been unable to obtain Pentobarbital despite its best efforts. As such, MDOC writes to exhaust all available options to obtain Pentobarbital, one of the execution drugs currently in Mississippi's three-drug protocol. In doing so, MDOC asks that any state in a position to provide us with Pentobarbital contact me by August 11, 2017, if possible, at 601-359-5622 or peliciahall@mdoc.state.ms.us. If your state is not in a position to provide us with Pentobarbital, to the extent that you are not prohibited due to confidentiality laws, we respectfully request information regarding where your state obtains its supply of Pentobarbital.

We understand the sensitive nature of this matter and appreciate your understanding of the necessity of this request.

Sincerely,

Pelicia E. Hall

Pelicia E. Hall, Commissioner

cc: Jason Davis, Litigation Chief, Office of the Attorney General

633 NORTH STATE STREET • JACKSON, MISSISSIPPI 39202 • PH: (601) 359-5600
FAX: (601) 359-5680

U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

NOTICE OF INSPECTION OF CONTROLLED PREMISES

DEA USE ONLY
FILE NUMBER

NAME OF INDIVIDUAL	TITLE	
Robert S. Madsen	Warden	
NAME OF CONTROLLED PREMISES		DEA REGISTRATION NO.
Nebraska State Penitentiary		RN0414184
NUMBER AND STREET		DATE
4201 S. 14th Street		8/8/17
CITY AND STATE	ZIP CODE	TIME *(initial inspection)*
Lincoln, NE	68502	9:10 am

STATEMENT OF RIGHTS

1. You have a constitutional right not to have an administrative inspection made without an administrative inspection warrant.
2. You have the right to refuse to consent to this inspection.
3. Anything of an incriminating nature which may be found may be seized and used against you in a criminal prosecution.
4. You shall be presented with a copy of this Notice of Inspection.
5. You may withdraw your consent at any time during the course of the inspection.

ACKNOWLEDGMENT AND CONSENT

I, Robert S. Madsen *(Name)*, have been advised of the above Statement of Rights

by DEA Investigators Holsapple, Tate, Pomphrey *(Title and Name)*, who

has identified himself/herself to me with his/her credentials and presented me with this Notice of Inspection containing a copy of sections 302(f) and 510(a), (b) and (c) of the Controlled Substances Act (21 U.S.C. 822(f) and 21 U.S.C. 880(a), (b) and (c), printed hereon, * authorizing an inspection of the above-described controlled premises. I hereby acknowledge receipt of this Notice of Inspection. In addition, I hereby certify that I am the Warden *(President) (Manager) (Owner)* for the premises described in this Notice of Inspection; that I have read the foregoing and understand its contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

I understand what my rights are concerning inspection. No threats or promises have been made to me and no pressure of any kind has been used against me. I voluntarily give consent for inspection of these controlled premises.

Robert S Madsen
(Signature)

8/8/2017
(Date)

WITNESSES:

(signed) _____ 8/8/17 (date)

(signed) _____ 08/08/17 (date)

* See Reverse

*** These sections are quoted below.**

SEC. 302.(f) The Attorney General is authorized to inspect the establishment of a registrant or applicant in accordance with the rules and regulations promulgated by him.

SEC. 510.(a) As used in this section, the term "controlled premises" means -

(1) places where original or other records or documents required under this title are kept or required to be kept, and

(2) places, including factories, warehouses, or other establishments, and conveyances, where persons registered under section 303 (or exempted from registration under section 302(d)) may lawfully hold, manufacture, or distribute, dispense, administer, or otherwise dispose of controlled substances.

(b)(1) For the purpose of inspecting, copying, and verifying the correctness of records, reports, or other documents required to be kept or made under this title and otherwise facilitating the carrying out of his functions under this title,

the Attorney General is authorized, in accordance with this section, to enter controlled premises and to conduct administrative inspections thereof, and of the things specified in this section, relevant to those functions.

(2) Such entries and inspections shall be carried out through officers or employees (hereinafter referred to as "inspectors") designated by the Attorney General. Any such inspector, upon stating his purpose and presenting to the owner, operator, or agent in charge of such premises (A) appropriate credentials and (B) a written notice of his inspection authority (which notice in the case of an inspection requiring, or in fact supported by, an administrative inspection warrant shall consist of such warrant), shall have the right to enter such premises and conduct such inspection at reasonable times.

(3) Except as may otherwise be indicated in an applicable inspection warrant, the inspector shall have the right -

(A) to inspect and copy records, reports, and other documents required to be kept or made under this title;

(B) to inspect, within reasonable limits and in a reasonable manner, controlled premises and all pertinent equipment, finished and unfinished drugs and other substances or materials, containers, and labeling found therein, and, except as provided in paragraph (5) of this subsection, all other things therein (including records, files, papers, processes, controls, and facilities) appropriate for verification of the records, reports, and documents referred to in clause (A) or otherwise bearing on the provisions of this title; and

(C) to inventory any stock of any controlled substance therein and obtain samples of any such substance. (4) Except when the owner, operator, or agent in charge of the controlled

(4) Except when the owner, operator, or agent in charge of the controlled premises so consents in writing, no inspection authorized by this section shall extend to -

(A) financial data;
(B) sales data other than shipment data; or
(C) pricing data.

(c) A warrant under this section shall not be required for the inspection of books and records pursuant to an administrative subpena issued in accordance with section 506, nor for entries and administrative inspections (including seizures of property) -

(1) with the consent of the owner, operator, or agent in charge of the controlled premises;

(2) in situations presenting imminent danger to health or safety;

(3) in situations involving inspection of conveyances where there is

reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant;

(4) in any other exceptional or emergency circumstances where time or opportunity to apply for a warrant is lacking; or

(5) in any other situations where a warrant is not constitutionally required.

DRUG ENFORCEMENT ADMINISTRATION
Closing Inventory

Date: 8/8/2017

BOB / MOB / COB

Registrant Information:

Name: Nebraska State Penitentiary

Address: 4201 S. 14th St., Lincoln, Nebraska 68502

DEA #: RN0414184

Controlled Substance:	Physical Count:	Total Mg:
No Controlled Substances	Ø	Ø
On-Hand		

Registrant witness:

Robert S. Madsen — Printed Name

Robert S Madsen — Signature

8/8/2017 — Date

Investigator:

IVAN SATO — Printed Name

Signature

8/8/17 — Date

Investigator:

Dwayne Alsapple — Printed Name

Signature

08/08/17 — Date

Completed Internet Form - NOT FOR SUBMISSION
DEA/Control Number - RN0414184
Submission Date: 09-01-2017

APPLICATION FOR REGISTRATION
UNDER CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 225A - Completed
Internet Receipt. NOT FOR
SUBMISSION

Application Complete. Internet
confirmation no.: 6843460
Fee Paid: $0.00

THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PL 104-134) REQUIRES THAT YOU FURNISH YOUR FEDERAL TAXPAYER IDENTIFYING NUMBER TO DEA. THIS NUMBER IS REQUIRED FOR DEBT COLLECTION PROCEDURES SHOULD YOUR FEE BECOME UNCOLLECTABLE. IF YOU DO NOT HAVE A FEDERAL TAXPAYER IDENTIFYING NUMBER, USE YOUR SOCIAL SECURITY NUMBER.

NAME: APPLICANT OR BUSINESS (LAST)
NEBRASKA STATE PENITENTIARY

(First, MI)

TAX IDENTIFYING NUMBER AND/OR
470491233

SOCIAL SECURITY NUMBER

PROPOSED BUSINESS ADDRESS. *(WHEN ENTERING A P.O. BOX, YOU ARE REQUIRED TO ENTER A STREET ADDRESS)*
4201 SOUTH 14TH STREET

SCOTT FRAKES

CITY
LINCOLN

STATE ZIP CODE
NE 68502 -

APPLICANT'S BUSINESS PHONE NUMBER
402 - 479 - 5710

POC CELL PHONE NUMBER
402 - 217 - 3066

POC NAME
Scott Frakes

POC EMAIL
scott.frakes@nebraska.gov

REGISTRATION CLASSIFICATION

1. BUSINESS ACTIVITY: IMPORTER

2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS. ☐

3. Drug Schedules. (Fill in all circles that apply)

☐ Schedule I ☐ Schedule II Narcotic ☐ Schedule II Non Narcotic ☐ Schedule III Narcotic ☑ Schedule III Non Narcotic ☑ Schedule IV ☐ Schedule V ☐ List 1

4. All Applicants must answer the following:

Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

State License No. 2572 State: NE
Expire Date: 07-01-2018

State Controlled Substance Lic. No.
Expire Date: --

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending? N

2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending? N

3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? N

4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? N

1 of 4
633/656

NEBRASKA STATE PENITENTIARY
801 W. PROSPECTOR PLACE, #1
LINCOLN, NE 68522-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0414184	10-31-2018	FEE EXEMPT

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	IMPORTER	09-19-2017

NEBRASKA STATE PENITENTIARY
SCOTT FRAKES
4201 SOUTH 14TH STREET
LINCOLN, NE 68502-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0414184	10-31-2018	FEE EXEMPT

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	IMPORTER	09-19-2017

NEBRASKA STATE PENITENTIARY
SCOTT FRAKES
4201 SOUTH 14TH STREET
LINCOLN, NE 68502-0000

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
RN0414184	10-31-2018	FEE EXEMPT

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	IMPORTER	09-19-2017

NEBRASKA STATE PENITENTIARY
SCOTT FRAKES
4201 SOUTH 14TH STREET
LINCOLN, NE 68502-0000

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:

2100, 2138

Drug Codes

2100 2138

6. Payment Method: N/A

7. Certification for Fee Exemption

Certifying Official's Name: Candace Bottorf

Certifying Official's Title: Agency Legal Counsel

Certifying Official's Phone: 402- 479- 5735

Application Certification:

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than $250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

*** Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company**

e-Signature: Candace Bottorf

This electronic DEA application must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. See 21 C.F.R § 1301.13(j) for more information on who can certify this application

ADDITIONAL INFORMATION

Form 224 *Approved OMB Form No. 1117-0014 Expires: 04/30/2019 (12 minutes)*
Form 225 *Approved OMB Form No. 1117-0012 Expires: 07/31/2018 (15 minutes)*
Form 510 *Approved OMB Form No. 1117-0031 Expires: 05/31/2019 (15 minutes)*
Form 363 *Approved OMB Form No. 1117-0015 Expires: 06/30/2018 (15 minutes)*

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is (See Above). Public reporting burden for this collection of information is estimated to average (See Above) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.
4. **PRIVACY ACT NOTICE:**
   Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.

DIVERSION CONTROL PRIVACY POLICY

DEA PERPETUAL INVENTORY

DEA/Control Number: RN0414184

Tax Identifying Number: 4704912334201

Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502

Item Description: Cisatracurium

Unit of Measure: 20 mL

10/18

Date	Location	Quantity Received	Quantity Used	Balance
10/12/17	NSP FV Room	10	—	10

October 12, 2017

DEA PERPETUAL INVENTORY

DEA/Control Number: RN0414184

Tax Identifying Number: 4704912334201

Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502

Item Description: Fentanyl

Unit of Measure: 2 ML

7/2019

Date	Location	Quantity Received	Quantity Used	Balance
10/12/17	NSP IV Room	25	—	25

October 12, 2017

DEA PERPETUAL INVENTORY

DEA/Control Number: RN0414184

Tax Identifying Number: 4704912334201

Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502

Item Description: Diazepam

Unit of Measure: 10 ML

7118

Date	Location	Quantity Received	Quantity Used	Balance
10/12/17	NSP IV Room	10	—	10

October 12, 2017

DEA PERPETUAL INVENTORY

DEA/Control Number: RN0414184

Tax Identifying Number: 4704912334201

Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502

Item Description: Potassium Chloride

Unit of Measure: 30 mL (2meq/ml) 8/18

Date	Location	Quantity Received	Quantity Used	Balance
10/12/17	NSP IV Room	25	—	25

October 12, 2017

DEA PERPETUAL INVENTORY

DEA/Control Number: RN0414184

Tax Identifying Number: 470491234201

Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502

Item Description: Cisatracurium

Unit of Measure: 20 ml

10/18

Date	Location	Quantity Received	Quantity Used	Balance
10/24/17	NSP IV Room	10	—	10
10/25/17	NSP IV Room	0	1 sent to Medtox	9
10/31/17	NSP IV Room	0	1 sent to Medtox	8

DEA PERPETUAL INVENTORY

DEA/Control Number: RN0414184
Tax Identifying Number: 4704912334201
Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502

Item Description: Potassium Chloride (2 meq/ml) 8/18

Unit of Measure: 30 mL

Date	Location	Quantity Received	Quantity Used	Balance
10/12/17	NSP IV Room	25	—	25
10/31/17	NSP IV Room	Ø	1 removed for testing	24