

Make Check Payable to:  
Treasurer, State of New  
Hampshire

STATE OF NEW HAMPSHIRE  
BOARD OF PHARMACY  
7 Eagle Square, Suite 300  
Concord, NH 03301  
(603) 271-2350 Fax: (603) 271-2856  
www.oplc.nh.gov/pharmacy

RECEIVED  
OCT 31 2022  
OPLC-FINANCE  
CK# 135000965  
\$250.00

### APPLICATION FOR PERMIT TO CONDUCT A PHARMACY IN NEW HAMPSHIRE

#### Type of Application:

New Pharmacy / Original Application - **\$500.**       Change of Pharmacy Name - **\$250.**  
Estimated Date of Opening: \_\_\_\_\_      Effective Date of Change: \_\_\_\_\_

Change of Location - **\$250.**       Change of Ownership - **\$250.**  
Estimated Date of Move: \_\_\_\_\_      Estimated Date of Change: \_\_\_\_\_

Change of Pharmacist-In-Charge - **\$250.**  
Effective Date of PIC Change: 10/28/2022      Name of Former PIC: David J Ausevich (License 3186)  
*24*

#### PHARMACY INFORMATION

Name of Pharmacy		
Shaws Supermarkets Inc dba Osco Pharmacy #2403		License 0582
Street Address of Pharmacy		
1150 Eastman Rd		
City/Town	State	Zip Code
Center Conway	NH	03813
Telephone Number	Fax Number	E-Mail Address (Must be entered to receive permit)
(603) 356-5888	(603) 356-2555	rxlicenses@albertsons.com; s2403c01@albertsons.com
DEA Number	Expiration Date	
FO3747194	06/30/2025	

#### PHARMACIST-IN-CHARGE STATEMENT

I, Lawrence Matthew Nowak (PHCY-04578) of 78 GROVE STREET #2294  
Designated Pharmacist      Home Address (Not P.O. Box)

NORTH CONWAY      NH      03860 do hereby agree to serve as  
City/Town      State      Zip Code

pharmacist-in-charge at the above pharmacy.      *no disc.*

#### TYPE OF PHARMACY

This application is for a permit to conduct a: (check one)

- Community Pharmacy ⇒ If community pharmacy, licensing:  Entire Store Area  Pharmacy Dept. Only
- Hospital Pharmacy (For Profit)  Home Infusion Pharmacy
- Other (Specify) \_\_\_\_\_

### TYPE OF OWNERSHIP

(Check One)

- Sole Proprietorship  Partnership  Corporation  LLC

(Check One)

- For Profit  Non-Profit

- If **non-profit organization**, and **IRS tax exempt**, attach a copy of the 501(c)(3) exemption approval issued by the U.S. Internal Revenue Service for each applicable entity.
- In the case of non-501(c)(3) organizations, attach a disclosure listing of **any practitioner ownership** which is not exempt as a "passive investment acquired at open market terms". (practitioner means any person lawfully entitled to prescribe medicine, or such person's spouse or dependent children).

If a **sole proprietorship**, list the name, official address, and occupation/business of owner:

N/A

If a **partnership**, list the name, official address, and occupation/business of each partner and the percentage of ownership held by each partner:

N/A

If any partner is a corporation, that partner shall **also** provide the information required of corporations below.

If a **corporation** (list, the following):

Corporation name and date and state of incorporation:

SHAWS SUPERMARKETS INC - State of MA 9/10/1979

If applicable, date of filing with the State of New Hampshire as a foreign corporation:  
(attach copy of authorization issued by the NH Secretary of State)

Please see attached

Address of principal place of business:

Albertsons Companies Inc. 250 E Parkcenter Blvd. Boise, ID 83706

### CORPORATE INFORMATION (CONTINUED)

Name, address, & telephone number of **agent of record**, in New Hampshire, for service of process:

CT Corporation

9 Capital St. PO Box 1256. Concord, NH 03302-1256 (PH) 855-316-8944

List each type, or class, of voting stock and the number of shares authorized and outstanding for each class:

Please see attached

- Provide as a supplement to this application, the name, address, corporate title, occupation and percentage of stock held for all corporate officers/directors, and of all holders of 5% or more of each class of voting stock.
- If a listed shareholder is itself a corporation, provide the same for each such corporation.
- If a listed shareholder is a partnership, provide the information required under the partnership section on page 2 for each such partnership.
- Provide as a supplement to this application, the disclosure of the corporate structure, including parent company or companies.

### LEGAL PROCEEDINGS/ACTIONS

To your knowledge, have there been or are there now pending any indictments of any nature or any alleged violations of the law governing the practice of pharmacy, controlled substances, or other regulated drugs against the corporation, members of the corporation or partnership, or any of the individuals named in this application?

Yes  No (If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a local, state, or federal drug or pharmacy law?

Yes  No (If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a felony within the past 10 years?

Yes  No (If yes, attach explanation)

### PHARMACY HOURS OF OPERATION

This pharmacy shall be open a total of 70 hours per week and available to provide professional services during the following time periods:

MON. 9 AM to 8 PM      TUES. 9 AM to 8 PM      WED. 9 AM to 8 PM  
 THUR. 9 AM to 8 PM      FRI. 9 AM to 8 PM  
 SAT. 9 AM to 5 PM      SUN. 10 AM to 5 PM

\*Note: There must be pharmacist coverage (as noted in next section) for all hours the pharmacy is open.

**PHARMACISTS TO BE EMPLOYED AT PHARMACY**

(Including Owner/Manager, if A Licensed Pharmacist – Attach additional sheet if necessary)

PHARMACIST NAME	NH LICENSE #	HOURS/WEEK
Lawrence Nowak	PHCY-04578	40
SCOTT DAHN	R 2584	24
MELISSA MURPHY	3361	30
3 MORE PHARMACISTS (SEE ATTACHED)		

**PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY – Attach additional sheet if necessary**

TECHNICIAN NAME	NH TECHNICIAN REG. #
JUDY CLEMENTS	PhT 05424

**GENERAL PHARMACY INFORMATION/SPECIFICATIONS**

What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions?

788 SQ FT (please see attached floor plan) Enter either total square footage or dimension (length x width)

Give a brief description of the pharmacy department. (Complete **only** if this is an original application for a new pharmacy **or** if changes have occurred to an existing pharmacy)

N/A - no changes to registered pharmacy

**GENERAL PHARMACY INFORMATION/SPECIFICATIONS (Continued)**

Scott Dahn R2584

Melissa Murphy 3361

List persons (names & titles) who have security access to the pharmacy [according to Ph 303.02(m) and Ph 702.05(b)].

~~SEE EMPLOYEE LIST. THANKS!~~

Chris Kottig # 4279

Kristina Ouellette # 3539

Dominique Lapin # 2343

Lawrence Nowak Phcy-04578

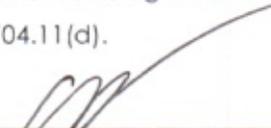
**PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT**

As chief administrative officer of Shaws Supermarkets Inc, I certify that  
Corporation/Partnership

Lawrence Matthew Nowak  
Name of Pharmacist

is designated by me as pharmacist-in-charge to operate

this pharmacy in compliance with all federal, state, and local laws. I have read this application and all of the statements made on it are, to the best of my knowledge, true and correct. As the owner or corporate representative of this pharmacy, my signature below acknowledges my (the corporation's) responsibilities as the permit holder, including all of the corporate / permit holder duties and responsibilities noted in NH RSA 318:38 and Ph 704.11(d).

  
Signature of Company / Corporate Representative

Dawn Burrow, Licensing Supervisor

Charlie Painter, Compliance Manager

10/28/2022  
Date

POA is attached

**PHARMACIST-IN-CHARGE AFFIDAVIT**

**PHARMACIST-IN-CHARGE AFFIDAVIT**

I swear and affirm that the answers and statements made on this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read. I agree to replace promptly any item on the required equipment list which becomes lost, broken, or otherwise becomes unfit for use. I also agree to display the pharmacy permit in a conspicuous place in this pharmacy. I understand that this permit is issued to the pharmacy in the name of the corporation or the owner of the pharmacy. Upon my termination as pharmacist-in-charge this permit is not transferable; and upon any change in partnership composition; or upon the acquisition of the existing corporation by any person; or change in controlling interest in the corporation; or should the pharmacy be moved or closed or if the premises are damaged by fire or otherwise, this permit shall be immediately surrendered to the Board of Pharmacy.

I further agree to operate this pharmacy in accordance with all federal, state, and local pharmacy/drug laws and regulations.

  
Signature Lawrence Nowak

10/24/2022  
Date

Pharmacists to be employed at pharmacy (continued)

Pharmacist Name	NH License#	Hours/Week
Kristina Ouellette	3539	30
Dominique Lapin	2343	30
Chris Kottig	4279	30

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

# ALBERTSONS SAFEWAY

BANK OF AMERICA, NA

DL123  
611

ALBERTSONS COMPANIES  
20427 N 27th Avenue  
Phoenix AZ 85027-3241

VENDOR NO: 564324  
CC/PC: 1094\_BSE

VOID AFTER 90 DAYS

CHECK DATE  
10/24/2022

CHECK NUMBER  
1350000965

CHECK AMOUNT  
\$.....250.00

U.S. DOLLARS

PAY Two hundred fifty and xx/100 Dollars

TO THE ORDER OF:  
TREASURER STATE OF NH  
BOARD OF PHARMACY  
121 S FRUIT ST STE 401  
CONCORD NH 03301

  
AUTHORIZED SIGNING OFFICER

⑆ 1350000965 ⑆ ⑆ 061112788 ⑆ 3359981084 ⑆



# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SHAW'S SUPERMARKETS, INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on September 10, 1979. 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; and the attached is a true copy of the list of documents on file in this office.

Business ID: **3800**

Certificate Number: **0005334964**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 1st day of April A.D. 2021.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State



# State of New Hampshire

## Department of State



Business Name : **SHAW'S SUPERMARKETS, INC.**

Business ID : **3800**



# State of New Hampshire

## Department of State



### Filing History

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005277465	03/04/2021	03/04/2021	Annual Report	2021
0005110492	01/15/2021	01/15/2021	Annual Report Reminder	N/A
0004825212	03/04/2020	03/04/2020	Annual Report	2020
0004734198	01/07/2020	01/07/2020	Annual Report Reminder	N/A
0004422713	02/27/2019	02/27/2019	Annual Report	2019
0004295295	01/01/2019	01/01/2019	Annual Report Reminder	N/A
0004151017	07/17/2018	07/17/2018	Commercial Registered Agent Address Change	N/A
0004040541	03/15/2018	03/15/2018	Annual Report	2018
0003699290	12/29/2017	12/29/2017	Annual Report Reminder	N/A
0003526522	02/28/2017	02/28/2017	Annual Report	2017
0003422232	12/26/2016	12/26/2016	Annual Report Reminder	N/A
0003287629	04/05/2016	04/05/2016	Survivor	N/A
0003242473	03/02/2016	03/02/2016	Annual Report	2016
0003086034	03/25/2015	03/25/2015	Annual Report	2015
0000558457	02/28/2014	02/28/2014	Annual Report	2014
0000558456	03/27/2013	03/27/2013	Annual Report	2013
0000558455	02/29/2012	02/29/2012	Annual Report	2012
0000558454	03/03/2011	03/03/2011	Annual Report	2011
0000558453	03/02/2010	03/02/2010	Annual Report	2010
0000558452	03/02/2009	03/02/2009	Annual Report	2009
0000558451	08/22/2008	08/22/2008	Change of Business Address	N/A
0000558450	03/11/2008	03/11/2008	Annual Report	2008
0000558449	03/30/2007	03/30/2007	Annual Report	2007
0000558448	08/30/2006	08/30/2006	Agent Change/Resign	N/A
0000558447	04/06/2006	04/06/2006	Annual Report	2006
0000558446	03/11/2005	03/11/2005	Agent Change/Resign	N/A
0000558445	03/10/2005	03/10/2005	Annual Report	2005



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0000558444	03/31/2004	03/31/2004	Annual Report	2004
0000558443	03/24/2003	03/24/2003	Annual Report	2003
0000558442	03/06/2002	03/06/2002	Annual Report	2002
0000558441	04/13/2001	04/13/2001	Annual Report	2001
0000558440	05/26/2000	05/26/2000	Agent Change/Resign	N/A
0000558439	04/05/2000	04/05/2000	Annual Report	2000
0000558438	04/07/1999	04/07/1999	Annual Report	1999
0000558437	04/13/1998	04/13/1998	Annual Report	1998
0000558436	03/31/1997	03/31/1997	Annual Report	1997
0000558435	04/09/1996	04/09/1996	Annual Report	1996
0000558434	04/04/1995	04/04/1995	Annual Report	1995
0000558433	04/04/1994	04/04/1994	Annual Report	1994
0000558432	03/31/1993	03/31/1993	Annual Report	1993
0000558431	04/01/1992	04/01/1992	Annual Report	1992
0000558430	07/19/1991	07/19/1991	Agent Change/Resign	N/A
0000558429	03/25/1991	03/25/1991	Annual Report	1991
0000558428	07/20/1990	07/20/1990	Annual Report	1990
0000558427	07/21/1989	07/21/1989	Agent Change/Resign	N/A
0000558426	04/03/1989	04/03/1989	Annual Report	1989
0000558425	03/24/1988	03/24/1988	Annual Report	1988
0000558424	01/26/1987	01/26/1987	Annual Report	1987
0000558423	03/20/1986	03/20/1986	Annual Report	1986
0000558422	12/24/1985	12/24/1985	Agent Change/Resign	N/A
0000558421	01/17/1985	01/17/1985	Annual Report	1985
0000558420	03/23/1984	03/23/1984	Annual Report	1984
0000558419	03/30/1983	03/30/1983	Annual Report	1983
0000558418	02/04/1982	02/04/1982	Annual Report	1982
0000558417	01/19/1981	01/19/1981	Annual Report	1981
0000558416	03/05/1980	03/05/1980	Annual Report	1980

**Mailing Address** - Corporation Division, NH Department of State, 107 North Main Street, Room 204, Concord, NH 03301-4989

**Physical Location** - State House Annex, 3rd Floor, Room 317, 25 Capitol Street, Concord, NH

**Phone:** (603)271-3246 | **Fax:** (603)271-3247 | **Email:** [corporate@sos.nh.gov](mailto:corporate@sos.nh.gov) | **Website:** [sos.nh.gov](http://sos.nh.gov)



**State of New Hampshire**  
**Department of State**



0000558415	09/10/1979	09/10/1979	Business Formation	N/A
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# State of New Hampshire

## Department of State



### Trade Name Information

Business Name	Business ID	Business Status
SHAW'S SUPERMARKETS	386869	Expired
SHAW'S SUPERMARKETS	402335	Expired
SHAW'S SUPERMARKET	430202	Expired
SHAW'S SUPERMARKET	430201	Expired
SHAW'S SUPERMARKET HILLSBOROUGH	451087	Expired
SHAW'S SUPERMARKET MANCHESTER	451088	Expired
SHAW'S SUPERMARKET NEWPORT	451453	Expired
SHAW'S SUPERMARKET WOODSVILLE	451450	Expired
SHAW'S SUPERMARKET LANCASTER	451452	Expired
SHAW'S SUPERMARKET WALPOLE	451451	Expired
SUPER SHAW'S STRATHAM	105299	Expired
Shaw's Supermarket #7654	546145	Expired
Shaw's Supermaket #7678	554810	Expired Pending
Shaw's Supermarket #7669	584350	Active
Shaw's Supermarket #7695	608317	Expired
SHAW'S W. LEBANON	187450	Expired
SHAW'S WOODBURY AVE.	187264	Expired
Shaw's Supermarket #7686	645469	Expired Pending
SHAW'S ROYAL RIDGE	243623	Expired
SHAW'S PLAISTOW	181608	Expired
SHAW'S KEENE	181605	Expired
SHAW'S SALEM	176894	Expired
Shaw's Supermarket #7479	721924	Active
Shaw's Supermarket #7481	721925	Expired
Shaw's Supermarket #7483	721927	Active
OSCO PHARMACY #7483/348	721930	Active
Shaw's Supermarket #7484	721996	Active



# State of New Hampshire

## Department of State



OSCO PHARMACY #7484/349	721932	Active
Shaw's Supermarket #7486	721997	Active
Shaw's Supermarket #7489	721995	Active
Shaw's Supermarket #7490	721994	Active
Shaw's Supermarket #7492	721993	Active
Shaw's Supermarket #7501	721992	Active
OSCO PHARMACY #7501/372	721954	Active
Shaw's Supermarket #7502	721991	Active
OSCO PHARMACY #7502/373	721953	Active
Shaw's Supermarket #7503	721990	Active
OSCO PHARMACY #7503/374	721952	Active
Shaw's Supermarket #7505	721987	Active
OSCO PHARMACY #7505/376	721946	Active
Shaw's Supermarket #7510	721986	Active
Shaw's Supermarket #7511	721985	Active
OSCO PHARMACY #7511/392	721945	Active
Shaw's Supermarket #7512	721983	Active
Shaw's Supermarket #7513	721981	Active
OSCO PHARMACY #7513/395	721943	Active
Shaw's Supermarket #7514	721979	Active
OSCO PHARMACY #7514/396	721941	Active
Shaw's Supermarket #7532	721978	Active
Shaw's Supermarket #7533	721971	Active
Shaw's Supermarket #7534	721970	Active
Shaw's Supermarket #7535	721969	Active
Shaw's Supermarket #7545	721968	Expired
Shaw's Supermarket #7555	721965	Active
Shaw's Supermarket #7621	721962	Active
OSCO PHARMACY #7621/394	721940	Active

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# State of New Hampshire

## Department of State



OSCO PHARMACY #7678/381	721938	Active
OSCO PHARMACY #7686/321	721937	Active
OSCO PHARMACY #2403	791013	Active
OSCO PHARMACY #1402	791015	Active
OSCO PHARMACY #2601	791019	Active
OSCO PHARMACY #3483	791064	Active
SHAW'S #3505	791065	Active
SHAW'S #4534	791066	Active
SHAW'S #4694	791069	Active
SHAW'S #3510	791070	Active
SHAW'S #3533	791073	Active
SHAW'S #4486	791075	Active
SHAW'S #4555	791076	Active
SHAW'S #4512	791079	Active
SHAW'S #3669	791081	Active
SHAW'S #811	791090	Active
SHAW'S #113	791099	Active
OSCO PHARMACY #4514	791120	Active
SHAW'S #1402	791136	Active
SHAW'S #678	791138	Active
SHAW'S #686	791161	Active
OSCO PHARMACY #678	791166	Active
SHAW'S #2190	791195	Active
SHAW'S #484	791260	Active
SHAW'S #2601	791261	Active
SHAW'S #3483	791263	Active
SHAW'S #2489	791264	Active
OSCO PHARMACY #484	791265	Active
OSCO PHARMACY #686	791270	Active



# State of New Hampshire

## Department of State



OSCO PHARMACY #621	791273	Active
SHAW'S #621	791292	Active
SHAW'S #2403	791604	Active
OSCO PHARMACY #811	791606	Active
SHAW'S #2492	791608	Active
OSCO PHARMACY #3505	791609	Active
OSCO PHARMACY #113	791752	Active
SHAW'S #2532	791783	Active
SHAW'S #2535	791842	Active
SHAW'S #2479	791845	Active
SHAW'S #4514	791848	Active
SHAW'S #4481	791850	Active
SHAW'S TILTON	288812	Expired
SHAW'S GORHAM	308673	Expired
SHAW'S UPPER VALLEY	243624	Expired
SHAW'S SUPERMARKETS	367420	Expired
SUPER SHAW'S	367421	Expired
SHAW'S GILFORD	341132	Expired

### Name History

Name	Name Type
No Name Changes found for this business.	

### Principal Information

Name	Title
GARY R MORTON	Treasurer
CYNTHIA R GARNETT	Director
GARY R MORTON	Director
ROBERT B BACKUS	President
JULIETTE PRYOR	Secretary
ROBERT B BACKUS	Director

**Mailing Address** - Corporation Division, NH Department of State, 107 North Main Street, Room 204, Concord, NH 03301-4989

**Physical Location** - State House Annex, 3rd Floor, Room 317, 25 Capitol Street, Concord, NH

**Phone:** (603)271-3246 | **Fax:** (603)271-3247 | **Email:** corporate@sos.nh.gov | **Website:** sos.nh.gov

## CERTIFICATE OF AUTHORITY AND LIMITED POWER OF ATTORNEY

I, Omer Gajjal, Senior Vice President, Pharmacy, Health&Wellness of Albertsons Companies, Inc., a Delaware corporation, by authority granted to me under a standing resolution duly adopted by the Board of Directors of Albertsons Companies, Inc. on October 14, 2020, hereby delegate authority and grant a limited power of attorney to the persons listed in **Exhibit A (as such Exhibit A may be updated from time to time)** for and on behalf of Albertsons Companies, Inc. and its consolidated subsidiaries (the “Company”), to do the following:

**Make application to the various states and other governmental bodies for, and execute and deliver the documents necessary to acquire and maintain, all licenses, registrations, permits, and other documents relating to the provision of pharmacy services, as required by the issuing local, state, or federal governmental entity.**

Notwithstanding this Certificate of Authority and Limited Power of Attorney, the persons listed in Exhibit A remain subject to, and must comply with, any applicable approval and procedural requirements set forth in the Company’s policies on legal review, approval and signing of agreements, as such policy may be amended from time to time.

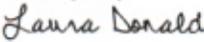
This Certificate of Authority and Limited Power of Attorney shall continue in effect for the persons listed in Exhibit A for so long as they remain in their present position (or any more senior position of authority) and maintain responsibility for the tasks or functions described herein, unless earlier modified or rescinded in writing.

11-10-2020 | 15:37:27 PST

DocuSigned by:  
  
122D3F60E1634D8  
\_\_\_\_\_  
Omer Gajjal  
Senior Vice President, Pharmacy, Health & Wellness

I, Laura A. Donald, hereby certify that I am the Group Vice President, Corporate Law & Assistant Secretary of Albertsons Companies, Inc.; that the standing resolution duly adopted by the Board of Directors of Albertsons Companies, Inc. on October 14, 2020 is still, on this day, in full force and effect; that Omer Gajjal is Senior Vice President, Pharmacy, Health & Wellness of Albertsons Companies, Inc.; and that Omer Gajjal has full right and authority to execute the above Certificate of Authority and Limited Power of Attorney.

11-10-2020 | 16:29:03 PST

DocuSigned by:  
  
7B26BAC988E54DC  
\_\_\_\_\_  
Laura A. Donald  
Group Vice President, Corporate Law  
& Assistant Secretary

**EXHIBIT A**

**Name**

Dawn Burrow  
Charles Painter

**Title**

Pharmacy Licensing Supervisor  
Manager, Pharmacy Professional Services Department

Updated 12/2021  
OWNERSHIP/CONTROL DISCLOSURE DOCUMENT

**SHAW'S SUPERMARKETS, INC.**

State of Domicile: Massachusetts  
 ID No. 041123420  
 Formation Date: 7/10/1920  
 FEIN: 04-1123420  
 Address: 250 E. Parkcenter Boulevard, Boise, ID 83706  
 Phone: (208) 395-6200

**OFFICERS/DIRECTORS**

FULL NAME	TITLE	EFFECTIVE	BUSINESS ADDRESS
Cody Perdue	Vice President, Treasurer & Assistant Secretary	12/3/2021	250 E. Parkcenter Boulevard Boise, ID 83706
Juliette Pryor	Executive Vice President, General Counsel & Secretary *also for New Albertsons L.P., 6/15/2020	6/15/2020	250 E. Parkcenter Boulevard Boise, ID 83706

**ADDITIONAL OFFICERS OF PRIMARY OPERATING ENTITY, NEW ALBERTSONS L.P.**

FULL NAME	TITLE	EFFECTIVE	BUSINESS ADDRESS
Robert Larson	Senior Vice President & Chief Accounting Officer	2/22/2016	250 E. Parkcenter Boulevard Boise, ID 83706
(Muhammad) Omer Gajjal	Executive Vice President, Pharmacy & Health	9/7/2020	250 E. Parkcenter Boulevard Boise, ID 83706

**OWNERSHIP INFORMATION**

OWNER	5% OR GREATER OWNERSHIP INTEREST	FEIN	BUSINESS ADDRESS	PHONE
SSM Holdings Company	100% Owner of Shaw's Supermarkets, Inc.	01-0523835	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
New Albertsons L.P. <i>(entity converted from an Ohio corporation to a Delaware limited partnership on 12/3/2017; no change to its address or FEIN)</i>	100% Owner of SSM Holdings Company	20-4057706	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
NAI Holdings GP LLC	5% Interest as General Partner of New Albertsons L.P.	No FEIN; disregarded tax entity	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
Safeway Inc.	95% Interest as Limited Partner of New Albertsons L.P. Sole Managing Member of NAI Holdings GP LLC	94-3019135	11555 Dublin Canyon Road Pleasanton, CA 94588	(877) 723-3929
Albertsons Safeway LLC	100% Owner of Safeway Inc.	86-3915481	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
Albertsons Companies, Inc.	100% Owner of Albertsons Safeway LLC	47-4376911	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200



Albertsons Companies Inc  
Pharmacy Professional Services Department  
250 E. Parkcenter Blvd.  
Boise, ID 83706

(P) 208-395-5305 (F) 623-869-1887 (E) rxlicenses@albertsons.com

10/28/2022

State of New Hampshire: Board of Pharmacy  
7 Eagle Square, STE 300, Concord NH 03301

RECEIVED  
OCT 31 2022  
OPLC-FINANCE  
CK 135000965  
\$250.-

RE: Change of PIC, Shaws Supermarkets Inc. dba Osco Pharmacy #2403

To whom it may concern,

Please find an *Application for Permit – Change of Pharmacist-in-Charge* for **Osco Pharmacy #2403** (permit 0582) enclosed with a check in the amount of \$250. You will also find the required floor plan and Certificate of Good Standing.

Should you need additional information regarding this change, feel free to get in contact with me. Thank you for your time and consideration,

Hunter Tipton  
Pharmacy Licenser



250 E Parkcenter Blvd  
Boise, ID 83706  
rxlicenses@albertsons.com

