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Treasurer, State of New  
Hampshire

RECEIVED STATE OF NEW HAMPSHIRE  
BOARD OF PHARMACY  
SEP 28 2022 Eagle Square, Suite 300  
Concord, NH 03301  
OPLC-FINANCE Fax: (603) 271-2856  
www.oplc.nh.gov/pharmacy

Amount 250.00  
Check 7509909

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: 10/19/22

Name of Former PIC: John Erickson

*(pending approval)*

PHARMACY INFORMATION

Name of Pharmacy

Rite Aid #10294

Lic # 0725

Street Address of Pharmacy

58 calef highway

City/Town

Lee

State

NH

Zip Code

03861

Telephone Number

603-868-6404

Fax Number

603-868-7251

E-Mail Address (Must be entered to receive permit)

DEA Number

BRT592771

Expiration Date:

6/30/2024

PHARMACIST-IN-CHARGE STATEMENT

I, David Ballard III

Lic # 4199

of 22 Mariette Dr

Designated Pharmacist

Home Address (Not P.O. Box)

Portsmouth

City/Town

NH

State

03801

Zip Code

do hereby agree to serve as

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:

Maxi Drug North, Inc., Incorporated in Delaware January 2022

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)

Filed as a foreign corporation with New Hampshire on January 18th 2022

Address of principal place of business:

30 Hunter Lane, Camp Hill PA 17011

### CORPORATE INFORMATION (CONTINUED)

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

CT Corporation System

9 Capitol Street, Concord NH 03301

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

3000 Shares of common stock authorized

2500 Shares issued & outstanding to Maxi Drug, Inc., a Delaware Corporation & wholly-owned subsidiary of Rite Aid Corporation, a publicly traded corporation

- 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 82 hours per week and available to provide professional services during the following time periods:

MON. 8am to 9pm      TUES. 8am to 9pm      WED. 8am to 9pm  
 THUR. 8am to 9pm      FRI. 8am to 9pm  
 SAT. 9am to 6pm      SUN. 9am to 5pm

\*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
David Ballard III	4199	41
Kenni Bui	3756	20
Thomas Beraha	PHCY-02857	21

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

TECHNICIAN NAME	NH TECHNICIAN REG. #
Liam Nunes	CPHT-124409
Joshua Madelung	CPHT-126963
Christine Coyne	PhT-125811
Sophie Bennett	PhT-125466

**GENERAL PHARMACY INFORMATION/SPECIFICATIONS**

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

733 sq. feet 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

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

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

David Ballard III

Kenn Bui

### PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

As chief administrative officer of Maxi Drug North, Inc. I certify that

Corporation/Partnership

David Ballard

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

Byron Purcell

Title

9/27/22

Date

### 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

9/14/22

Date



# State of New Hampshire

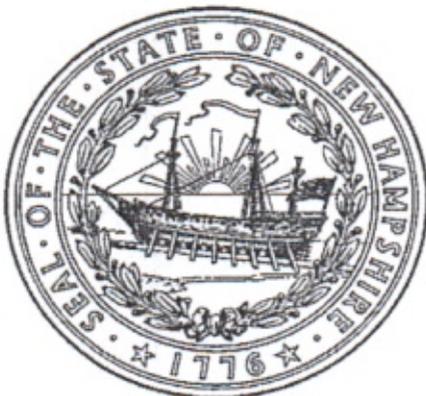
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MAXI DRUG NORTH, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on January 18, 2002. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **388889**

Certificate Number: **0004833195**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 9th day of March A.D. 2020.

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

William M. Gardner  
Secretary of State



With us, it's personal.

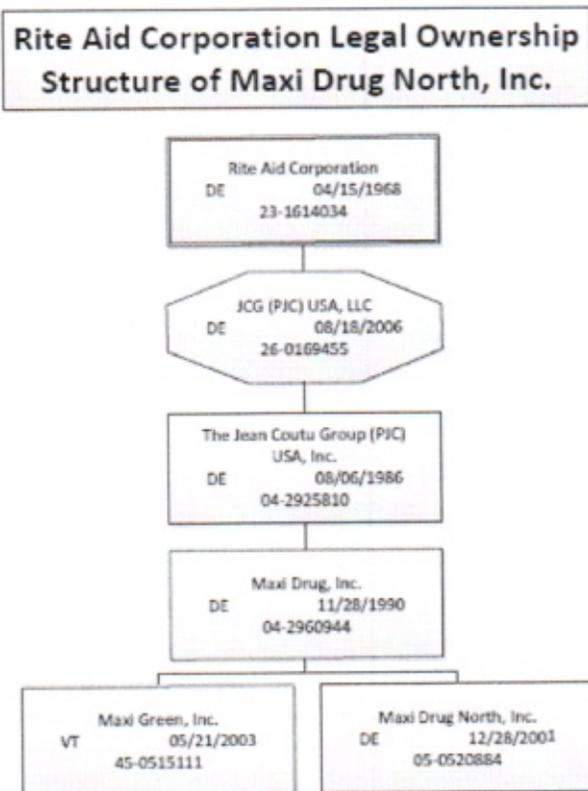
Application for Permit to Conduct a Pharmacy in New Hampshire  
Supplemental Information per page 3 of 5

No officers or directors of Maxi Drug North, Inc. hold any Maxi Drug North, Inc. Stock. 100% of Rite Aid of New Hampshire Inc stock is held by Rite Aid Corporation.

Rite Aid Corporation is a publicly traded company. No individual owns more than 5% of Rite Aid Stock. Its principal place of business is:

Rite Aid Corporation  
30 Hunter Lane  
Camp Hill, PA 17011

The following chart discloses the legal structure of Maxi Drug North, Inc.:



*Corporate Officers and Directors of  
Maxi Drug North, Inc.  
Incorporated in the State of Delaware on 12/28/2001  
Federal ID# 050520884*

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**Susan Lowell, President**

Office Address: Rite Aid Corporation, 200 Newberry Commons, Etters, PA 17319  
Office Phone: 717-975-5744

**Byron Purcell, Vice President & Treasurer**

Office Address: Rite Aid Corporation, 200 Newberry Commons, Etters PA 17319  
Office Phone: 717-975-5809

**Owen McMahon, Vice President & Secretary**

Office Address: Rite Aid Corporation, 30 Hunter Lane, Camp Hill, PA 17011  
Office Phone: 717-214-2505

**Andrew Palmer, Vice President & Asst Secretary**

Office Address: Rite Aid Corporation, 30 Hunter Lane, Camp Hill, PA 17011  
Office Phone: 717-730-8272