

INVOICE NO.	INVOICE DATE	EXPLANATION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
LIC26282SLC2016	05/23/2016	ST FL DEPT BUSINESS &	1,000.00		1,000.00
GRAND TOTALS			1,000.00		1,000.00

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW.



BANK OF AMERICA 64-1278/611 GA
 Controlled Disbursement
 Bank of America, N.A. 00249957
 Atlanta, Dekalb County, Georgia

CHECK DATE	CHECK AMOUNT
05/24/2016	\$*****1,000.00

PAY: ONE THOUSAND AND 00/100*****

TO THE ORDER OF: DEPT BUSINESS & PROFESSIONAL REGULATION
 DRUGS DEVICES & HOUSEHOLD PRODUCTS
 1940 N MONROE ST
 TALLAHASSEE FL 32399

Stephen M Kaufhold
 Authorized Signature

MEMO: _____

Authorized Signature
 BORDER CONTAINS MICROPRINTING

⑈00249957⑈ ⑆061112788⑆ 335 932 9524⑈

AL-SF-01428.00002

the information was previously sent to you, unfortunately, it was filed before being submitted for review. Attached is a copy of the letter you sent along with all the required information that you requested previously.

This name change was not due to a change of ownership or sale. I have attached a tax document with our tax ID# 870420511 included. Also attached are 5 FDA approval letters to meet the qualification question as a manufacturer.

Please let me know if you require anything further. My telephone number is 8622617179 and my email address is lynn.dacunha@actavis.com.

Thank you so much for all of your assistance with this matter. I appreciate all of your help.

Kind Regards,

Lynn DaCunha
Sr. DEA Compliance Analyst
Actavis
Morris Corporate Center III
400 Interpace Parkway
Parsippany, NJ 07054

This e-mail, including any attachments, is meant only for the intended recipient of the transmission, and may be a confidential or privileged communication. If you received this e-mail in error, any review, use, dissemination, distribution, or copying of this e-mail is strictly prohibited. Please notify us immediately of the error by return e-mail and please delete this message from your system. Thank you in advance for your cooperation.

Rebecca

From: DaCunha, Lynn [mailto:Lynn.DaCunha@Allergan.com]
Sent: Tuesday, May 17, 2016 3:53 PM
To: Burnett, Rebecca
Subject: FW: Change of name application

Hi Rebecca,

I just received the Florida renewal for our facility located in Salt Lake City. The name on the renewal is still showing Watson Pharmacueticals, Inc./Watson Laboratories, Inc. Please see e-mail and attached documents that I submitted for the name change for this site a few months back. Please let me know if anything further is required. Should I renew the application and make the change on it as well? Please let me know how to proceed.

Thank you for your help with this matter.

Kind Regards,

Lynn DaCunha

From: DaCunha, Lynn
Sent: Friday, March 25, 2016 11:30 AM
To: Burnett, Rebecca (Rebecca.Burnett@myfloridalicense.com)
Subject: FW: Change of name application

Hi Rebecca,

It seems like Gloria has retired. ☺ Not sure who to forward my response to, so I'm hoping you can forward it on to the right person who can assist with our name change.

Have a Happy Easter!

Lynn

From: DaCunha, Lynn
Sent: Friday, March 25, 2016 11:16 AM
To: 'gloria.jones@myfloridalicense.com'
Subject: Change of name application

Re: Application number: 6894
File Number: 4607
Permit Number: 26282

Good morning Ms. Jones,

I apologize for the delay in submitting the deficiency information regarding our Non-Resident Prescription Drug Manufacturer application for our name change from Watson Laboratories, Inc. to Actavis Laboratories UT, Inc. I thought

DaCunha_Lynn

From: DaCunha_Lynn
Sent: Monday, June 20, 2016 11:42 AM
To: 'Burnett, Rebecca'
Subject: RE: Change of name application

Hi Rebecca,

The entity, Watson Laboratories, Inc. changed their name to Actavis Laboratories UT, Inc. They did not change their Federal Tax ID number. That number remained the same 87-0420511. The approval letters were originally issued under the name Watson Laboratories, Inc. This facility has not had a change of ownership and is still operating as a manufacturer with no changes in regard to any policies or procedures.

Please let me know if you need anything further. Thanks for all your help.

Lynn

Lynn DaCunha
Sr. DEA Compliance Analyst
Allergan
Morris Corporate Center III
400 Interpace Parkway
Parsippany, NJ 07054
862-261-7179 – Phone
862-261-7945 – Fax
lynn.dacunha@allergan.com

From: Burnett, Rebecca [<mailto:Rebecca.Burnett@myfloridalicense.com>]
Sent: Tuesday, June 14, 2016 11:58 AM
To: DaCunha_Lynn
Cc: Burnett, Rebecca
Subject: FW: Change of name application

From: Burnett, Rebecca
Sent: Tuesday, June 14, 2016 11:54 AM
To: DaCunha_Lynn (Lynn.DaCunha@Allergan.com)
Subject: FW: Change of name application

Good Morning Lynn,

Clarification is needed regarding the FEID and how Actavis Laboratories UT, Inc. qualify as a manufacturer. Does Actavis Laboratories UT and Watson Laboratories, Inc have the same FEID? Are the FDA approval letters in the name of Actavis Laboratories UT?

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: 10/09/2014

EXPIRATION DATE: 09/30/2017

ISSUED TO: Actavis Laboratories UT, Inc.
579 Chipeta Wy
Salt Lake City UT 84108



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

9182490-1710 Pharmacy - Class C
9182490-8913 Dispensing Controlled Substance License

Distributor

SIGNATURE OF HOLDER

STATE OF UTAH
 DEPARTMENT OF COMMERCE
 LIMITED ACTIVE LICENSE

Actavis Laboratories UT Inc

EFFECTIVE
 10/16/2014

EXPIRATION
 09/30/2017

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
 9181192-1714 Pharmacy - Class E Business
 9181192-8915 Limited Controlled Substance-Business

Limited to Analytical Laboratory - Androderm, Alora, Clonidine, Cordran, Crinone, Fentanyl, Gelique, Lidocaine, Nicotine, Oxytrol, Rivastigmine, Vivelle, Methylphenidate, Andro gel, Testim, Fentanyl Citrate, Tapentadol, Buprenorphine, 6B- Hydroperoxytestosterone, Cannabidiol, Dronabinol, Dexamphetamine

[Signature]
 SIGNATURE OF HOLDER

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

ACTAVIS LABORATORIES UT INC
 577 CHIPETA WAY
 SALT LAKE CITY UT 84108

Please visit our web site at
www.dopl.utah.gov should you have any
 questions in the future.

**STATE OF UTAH
 DEPARTMENT OF COMMERCE**

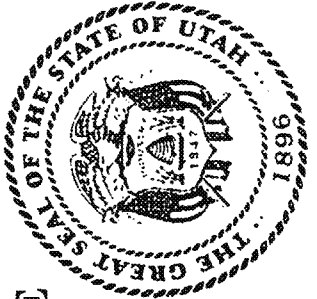
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

LIMITED ACTIVE LICENSE

EFFECTIVE DATE: 10/16/2014

EXPIRATION DATE: 09/30/2017

ISSUED TO:
 Actavis Laboratories UT Inc
 577 Chipeta Way
 Salt Lake City UT 84108



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
 9181192-1714 Pharmacy - Class E Business
 9181192-8915 Limited Controlled Substance-Business

Limited to Analytical Laboratory - Androderm, Alora, Clonidine, Cordran, Crinone, Fentanyl, Gelique, Lidocaine, Nicotine, Oxytrol, Rivastigmine, Vivelle, Methylphenidate, Andro gel, Testim, Fentanyl Citrate, Tapentadol, Buprenorphine, 6B- Hydroperoxytestosterone, Cannabidiol, Dronabinol, Dexamphetamine

[Signature]
 SIGNATURE OF HOLDER

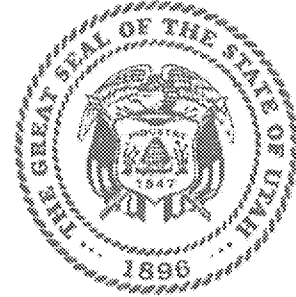
STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **10/09/2014**

EXPIRATION DATE: **09/30/2017**

ISSUED TO: **Actavis Laboratories UT, Inc.**
577 Chipeta Wy
Salt Lake City UT 84108



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

9181199-1710 Pharmacy - Class C
9181199-8913 Dispensing Controlled Substance License

Manufacturer

SIGNATURE OF HOLDER

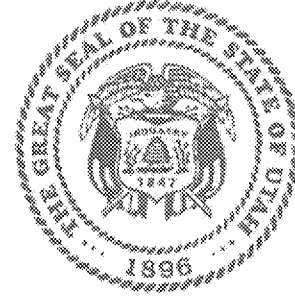
STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: 10/09/2014

EXPIRATION DATE: 09/30/2017

ISSUED TO: Actavis Laboratories UT, Inc.
575 Chipetta Wy
Salt Lake City UT 84108



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

9181200-1710 Pharmacy - Class C
9181200-8913 Dispensing Controlled Substance License

Manufacturer

SIGNATURE OF HOLDER

Form 21

11. Companies located outside the state of Florida provide the following:

Current valid license number in resident state: _____ Expires: _____ (Attach a copy of the current permit.)

12. Applicant Contact:

Name: Lynn DaCunha

Address: 400 Interpace Parkway

City, State, Zip: Parsippany, NJ 07054

Phone: 862-261-7199 Email: lynn.dacunha@actavis.com

13. Other information:

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

14. Change of physical address (this address can not be a post office box):

Change in the Physical Address of a permit issued to an establishment located outside of Florida requires an additional fee of \$25.00 for each permit. Other permittees must pay an applicable Change of Address fee as required by Rule 61N-1, Fla. Admin Code which will be \$100.00 for one permit plus \$25.00 for each additional permit. A Change of Address form may be obtained by visiting: <http://www.myfloridalicense.com>.

15. There are two renewal methods available:

US Mail: Mail completed form and fee made payable to Department of Business and Professional Regulation to the following address:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-1047

Online application: Visit www.myfloridalicense.com to submit an online application along with credit card payment.

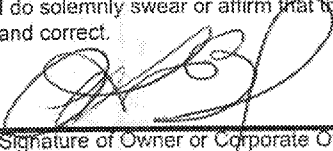
16. Checklist for Mailing Renewal Form:

If mailing your renewal form, use the checklist below as a guide for enclosing all the required items to ensure a smooth renewal. If renewing by mail, allow 2-4 weeks for processing time.

- Renewal notice
- Cashier's Check or Money Order written to Department of Business and Professional Regulation
- Provide list of owners and partners along with ownership percentage. *N/A*
- Provide list of top five corporate officers including position title and date of birth.
- Provide correct emergency contact residence address and residence phone number.
- If you are a company located outside the State of Florida, attach a copy of the current resident state permit.
- Mail to: Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, FL 32399-1047

17. Affidavit (must be completed):

I do solemnly swear or affirm that the information submitted to the Department on this application and any attachments thereto are true and correct.


Signature of Owner or Corporate Officer

A. Robert D. Briley
Title

6/9/16
Date

If signed by someone other than an owner or officer, you must submit a letter of delegation for the signer to bind the applicant.

**Florida Department of Business and Professional Regulation
Drugs, Devices and Cosmetics
Application for Permit Renewal Under Chapter 499, F.S.**

Department Use Only

This application form provides information as required by the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes

Non-resident Prescription Drug Manufacturer Permit # 26262 expires June 30, 2016.
The fee of \$1000.00 and the renewal notice must be postmarked on or before June 30, 2016
Renewal Notices postmarked on or after July 1, 2016 require renewal and delinquent fees of \$1100.00

1. Current Mailing Address:

This address will be used for all correspondence from the Department

ACTAVIS LABORATORIES UT, INC.
WATSON PHARMACEUTICALS, INC.
WATSON LABORATORIES, INC.
575-577 CHIPETA WAY
SALT LAKE CITY, UT 84108-1222

2. Current Permit and Physical Address:

This address will be printed on your license and posted on the Internet.

ACTAVIS LABORATORIES UT, INC.
WATSON PHARMACEUTICALS, INC.
WATSON LABORATORIES, INC.
575-577 CHIPETA WAY
SALT LAKE CITY, UT 84108-1222
(see attached emails)

Email Address: *Lynn.dacunha@actavis.com* FEIN: *87-0420511* Phone #: *862-2619179*

DEA Number (if applicable): *RU0259893 (mfg)* FDA Number (if applicable): *1000117147*

3. Contact in case of emergency:

Name: *SPIGIEL, JOHN* Address: *13178 S. MIDLAKE COURT
DRAPER, UT 84020*

Telephone Number: *(801)533-7026*

Emergency Contact Email: *john.spigiel@actavis.com*

Above emergency contact information has been changed from your last application. (Provide correct residence address and phone number.)

City: *same* State: *UT* Zip: *84020* Phone: *862-2619179*

4. Do you have multiple manufacturing permits/licenses in the same business name at the same business address? If yes, when submitting payment for multiple manufacturing permits, you are only required to pay for the highest priced manufacturing permit

Yes No

5. Has there been a majority change in ownership or controlling interest? If there has been a majority change in ownership or controlling interest, this permit cannot be renewed. A new permit is required.

Yes No

6. Provide a list of all owners and partners, including ownership percentage.

7. Has there been a change in corporate officers? Yes No

8. Provide a list of the top five corporate officers including position title and date of birth.

9. Have conditions or practices changed that would make it ineligible to renew this permit? If yes, please provide a detailed explanation.

Yes No

10. Since your previous application was submitted, has the applicant, owner(s), manager(s)-in-charge, any officers and/or employees:

Been found guilty (regardless of adjudication) or pled nolo contendere in a court in Florida or any other jurisdiction of a violation of law that directly relates to a drug, device or cosmetic? Yes No

Been fined or disciplined by a regulatory agency in any state (including Florida) for any offense that would constitute a violation of Chapter 499, F.S.? Yes No

Been convicted of any felony under a federal, state, or local law? Yes No

Had any current or previous permit or license suspended or revoked which was issued by a federal, state, or local governmental agency relating to the manufacture or distribution of drugs, devices or cosmetics? Yes No

Been denied a permit or license related to an activity regulated under Chapter 499, F.S., in any state? Yes No

Any "Yes" response must be discussed on an attached sheet.

File Number: 4607

Page 1 of 2

Profession Code: 3326