



**STATE OF
OHIO**
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2025.

COMMUNITY BLOOD CENTER/ COMMUNITY TISSUE SERVICES

349 S Main St

Dayton, OH 45402-2715


License Number: 0170000037

Third-Party Logistics - Category 2

Expiration Date: June 30, 2025

CLASS: Third-Party Logistics - Category 2
BUSINESS TYPE: 3PL – Third-Party Logistics

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print) JAMES LEE ALEXANDER, M.D.	Signature of Responsible Person 
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Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Certificate Of Completion

Envelope Id: 61533BF3BC9241C09CA082A6F31E0BED	Status: Completed
Subject: Complete with DocuSign: Ohio Third Party Logistics Provider License - Dayton (exp. 6-30-25).pdf	
Source Envelope:	
Document Pages: 1	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Disabled	Drew Raley
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	2900 College Drive
	DAYTON, OH 45420
	draley@cbccts.org
	IP Address: 199.204.226.17

Record Tracking

Status: Original	Holder: Drew Raley	Location: DocuSign
5/4/2023 1:15:21 PM	draley@cbccts.org	

Signer Events

James Alexander
 JAlexander@cbccts.org
 Medical Director MD
 Security Level: Email, Account Authentication (Required)

Signature

James Alexander

Signature Adoption: Pre-selected Style
 Signature ID:
 25A2C63A-C3EE-43F3-98EE-8CBC06F4FC9E
 Using IP Address: 98.29.232.174

Timestamp

Sent: 5/4/2023 1:16:35 PM
 Viewed: 5/5/2023 10:40:54 AM
 Signed: 5/5/2023 10:43:32 AM

With Signing Authentication via DocuSign password
 With Signing Reasons (on each tab):
 I approve this document

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	5/4/2023 1:16:35 PM
Certified Delivered	Security Checked	5/5/2023 10:40:54 AM
Signing Complete	Security Checked	5/5/2023 10:43:32 AM
Completed	Security Checked	5/5/2023 10:43:32 AM

Payment Events

Status

Timestamps