



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 March 31, 2025.

COMMUNITY BLOOD CENTER/ COMMUNITY TISSUE SERVICES

**349 SOUTH MAIN STREET
DAYTON, OH 454022715**

License Number: 020071300

Terminal - Facility - Category 2

Expiration Date: March 31, 2025

CLASS: Terminal - Facility - Category 2
BUSINESS TYPE: BB – Blood Bank

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 <small>DocuSigned by:</small>  <small>Signer Name: James Alexander Signing Reason: I approve this document Signing Time: 3/9/2023 12:45 EST 25A2063AC3EE43F398EE8BC06F4FC9E</small>
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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: 8E2C188542F04E188C0037EEFC4DE617	Status: Completed
Subject: Complete with DocuSign: Ohio Terminal Distributor Drug License - Dayton (exp. 3-31-25).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
3/7/2023 5:07:38 PM	draley@cbccts.org	

Signer Events

Signer Events	Signature	Timestamp
James Alexander JAlexander@cbccts.org Medical Director MD Security Level: Email, Account Authentication (Required)	<i>James Alexander</i> Signature Adoption: Pre-selected Style Signature ID: 25A2C63A-C3EE-43F3-98EE-8CBC06F4FC9E Using IP Address: 199.204.226.19 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 3/7/2023 5:09:29 PM Resent: 3/9/2023 12:09:14 PM Viewed: 3/9/2023 12:44:52 PM Signed: 3/9/2023 12:45:24 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature	Timestamp
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Editor Delivery Events

Status	Timestamp
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Agent Delivery Events

Status	Timestamp
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Intermediary Delivery Events

Status	Timestamp
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Certified Delivery Events

Status	Timestamp
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Carbon Copy Events

Status	Timestamp
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Witness Events

Signature	Timestamp
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Notary Events

Signature	Timestamp
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Envelope Summary Events

Status	Timestamps
Envelope Sent	Hashed/Encrypted 3/7/2023 5:09:29 PM
Certified Delivered	Security Checked 3/9/2023 12:44:52 PM
Signing Complete	Security Checked 3/9/2023 12:45:24 PM
Completed	Security Checked 3/9/2023 12:45:24 PM

Payment Events

Status	Timestamps
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