September 7, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1693-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Revisions to Payment Policies under the Physician Payment Schedule and Other Revisions to Part B for CY 2019; File Code CMS-1693-P.

Dear Administrator Verma:

The Advocacy Council of the American College of Allergy, Asthma and Immunology (ACAAI) together with its sponsoring organization, the ACAAI, the American Academy of Allergy, Asthma and Immunology (AAAAI), and the American Academy of Otolaryngic Allergy (AAOA) appreciate this opportunity to submit comments on the proposed changes to the physician fee schedule rule for 2019 as published in the July 27, 2018 Federal Register.

The Advocacy Council and the ACAAI represent the interests of over 6,000 allergists-immunologists and allied health professionals. Its members provide patient services across a variety of settings ranging from small or solo physician offices to large academic medical centers. Established in 1943, the American Academy of Allergy, Asthma & Immunology (Academy) is a professional association with nearly 7,000 members in the United States, Canada and 72 other countries. This membership includes allergist/immunologists (A/I), other medical specialists, allied health and related healthcare professionals—all with a special interest in the research and treatment of patients with allergic and immunologic diseases. The AAOA represents approximately 2500 board-certified otolaryngologists who specialize in treatment of allergy and allergic diseases.

Our comments focus on four issues: (1) the cost of venom antigens used in treating allergies to stinging insects (CPT Codes 95145-95149); (2) the proposal to reduce the supply cost for inhalant antigens used in allergen immunotherapy (CPT Codes 95144 and 95165); (3) the proposed change in the allergy/immunology indirect practice cost index (IPCI) resulting from the consolidation of evaluation and management (E&M) office visit codes and the creation of a
separate “specialty” for E&M office visits; and (4) the multiple procedure payment reduction (MPPR) policy.

1. **Venom Immunotherapy Costs**

   A. Background

Venom immunotherapy is used to prevent allergic reactions, including potentially fatal anaphylaxis, in individuals with allergies to stinging insects. Approximately 40 Americans die of allergic reactions to stinging insects every year and it is estimated that potentially life-threatening systemic reactions to insect stings occur in 0.4% to 0.8% of children and 3% of adults.¹ Venom immunotherapy, the only curative treatment, involves injecting small amounts of stinging insect venom over a period of at least 3-5 years, and sometimes longer, to lessen their sensitivity.² Individuals receiving injections are very unlikely to have an anaphylactic reaction if stung; however, they are at risk if venom immunotherapy is discontinued.³ If reimbursement does not respond to these recent documented increases in the cost of venoms used for therapy, their access to care will be in jeopardy.

   B. Venom Antigen Costs (SH009 and SH010)

In late 2017, one of the two manufacturers of venom antigens, ALK, Inc., decided to stop manufacturing venoms for sale in the United States. This left one other company (Hollister Stier) with a monopoly resulting in a sharp increase in its prices for venom allergens. Some allergists are paying double or even triple what they paid in the past. Without another source for venoms, allergists have been forced to pay these inflated prices in order to continue to treat their patients despite the fact that the cost of the venom alone is currently more than Medicare reimbursement for the entire service. They incur an out of pocket loss with each administration. With the cost of the venom alone substantially exceeding reimbursement, a number of allergists have decided to stop providing venom immunotherapy and we expect those numbers to increase.

There are two supply items for venom immunotherapy: SH009 (single antigen) and SH010 (3-vespid mix). Current 2018 direct cost inputs for these items are $20.140 and $44.050, respectively. As a result of the study done by its contractor, StrategyGen, CMS is proposing to increase the direct cost inputs to $27.360 and $51.320, respectively, to be phased in over 4 years. While we appreciate that CMS is proposing to use higher direct costs in calculating reimbursement for these codes (95145-95149) the proposed costs are still significantly below current 2018 costs. For example, the venom antigen cost for the 3-vespid mix (CPT Code 95147) is currently $63.09 while total reimbursement for the service is $51.48.

---

² Ibid.
³ Ibid.
According to its report, StrategyGen collected prices from a database where large health systems submit negotiated purchase orders. It does not appear that they solicited data from small allergy practices or solo practitioners. Therefore, it is unlikely that these prices reflect venom allergen costs paid by the majority of allergists who do not have the negotiating power of large health systems. In addition, that data may not reflect the total 2018 increase in venom prices.

According to invoices collected from allergists around the country and included with our comments, the current per cc(ml) cost of SH009 (single venom antigen) is $30.93. This represents an average of the per cc(ml) cost of honey bee ($25.38) and wasp ($36.38) which are the two most commonly used single venom antigens. The cost of SH010 (3-vespid mix) is $63.09 per cc(ml).

**C. Effective Date**

In the proposed rule CMS asks for comments on whether it should phase-in new supply and equipment costs over four years. While we understand CMS’ interest in a smooth transition, we believe the spike in venom antigen costs requires immediate full implementation of these prices in 2019. Therefore, we ask that the direct cost inputs requested above and supported by invoices, be implemented in their entirety for the 2019 fee schedule year. If the new cost inputs are delayed, this will exacerbate the growing patient access problem as more and more allergists will stop providing this treatment.

**Request:** Based on the invoices in Attachment A and Attachment B to these comments we ask:

a) That the cost input for 1cc (1ml) of SH009 (single venom antigen) be increased to $30.93 to take effect January 1, 2019.

b) That the cost input for 1cc (1ml) of SH010 (3-vespid mix) be increased to $63.09 to take effect January 1, 2019.

**2. Inhalant Allergen Immunotherapy Costs**

**A. Background**

---

4 A 2010 survey by the ACAAI of allergist distribution by practice type shows 28% in solo practice and 22% in groups of 2 or 3. In contrast only 14% are in large academic practices.

5 3-Vespid mix can be purchased in vials of 5ccs and 12 ccs. The price of the 12ccs is slightly less. Our recommendation reflects the average.

6 The invoices were collected from allergists around the country. The cost of the vials were divided by the number of ccs to get the per cc cost. The number of ccs in each vial is indicated on the invoice, with the exception of the mixed-wasp venom which was not specified by the manufacturer. To fill in this gap, we obtained the item numbers from the manufacturer’s website (Attachment B) and matched them to the invoices to calculate the cost per cc.

7 We also point out that as a result of the proposed IPCI change, reimbursement for venom immunotherapy would go down in 2019 despite the proposed more modest increase in venom costs. This is addressed elsewhere in our comments.
Allergen specific immunotherapy is the only treatment known to provide long-term benefit and alter the course of allergic disease.\textsuperscript{8} Allergen immunotherapy also reduces health care costs. In a groundbreaking study involving an analysis of 10-years of Medicaid claims (1997-2007) in Florida, evidence showed that over an 18-month period, children with allergic rhinitis who received allergen-specific immunotherapy incurred 42 percent lower per-patient health care costs compared with those who did not receive allergen-specific immunotherapy that translated into a savings of $3,865 per patient.\textsuperscript{9} A similar analysis involving claims data for adult patients was equally compelling. Over 18 months, health care costs for adults with allergic rhinitis who received allergen-specific immunotherapy were 30 percent lower than those who did not – a savings of $4,397 per patient.\textsuperscript{10}

B. Antigen Costs

CMS is recommending, in the proposed rule, a decrease in the cost of 1cc (1ml) of inhalant antigens (SH007) used in CPT codes 95144 and 95165 from the current $6.72 to $4.78. We strongly disagree with this proposal. The proposed 29 percent decrease in the antigen costs would have a major negative impact on reimbursement for CPT Code 95165 that does not reflect the current reality of antigen costs. Antigens account for 92 percent of the direct costs of this service and PE RVUs are 81% of total RVUs. As such, we would anticipate that reimbursement would decline by over 25 percent as a result of this change alone. This proposed decrease is particularly confounding given that the AMA RUC reviewed the PE inputs for these codes in 2016 and determined that they were accurate at that time.

Since the publication of the proposed rule, CMS staff has informed us that StrategyGen has done additional analysis and is now recommending a cost input that is higher than the current $6.70. We understand that the new recommended price, which CMS has not disclosed to us, was based on the original “typical” vials used to establish the 2001 cost input updated to reflect current antigen costs. Although we do not know the amount currently being recommended, we are not surprised that it is more than the $6.70 given the increases in costs in the last few years.

We are concerned however, that even the new higher recommended price may not reflect the true amounts paid by the majority of providers. This is because StrategyGen appears to have relied largely on prices collected from a data base where large health systems submit negotiated purchase orders and not the prices paid by actual allergy practices - most of which are small practices consisting of 1 to 3 physicians. Therefore, it is unlikely that these prices reflect amounts paid by the majority of allergists who, unlike large health systems, do not have the power to negotiate significant discounts.\textsuperscript{11}

\textsuperscript{8} Cox L, Atwater S. \textit{Allergen immunotherapy for allergic rhinitis and asthma}. Drug Benefit Trends 2008;20:1-6.
\textsuperscript{9} Hankin CS, Cox L, Wang Z, Bronstone A. Allergy immunotherapy: reduced health care costs in adults and children with allergic rhinitis. J Allergy Clin Immunol 2013; 131:1084–1091 (Table 10).
\textsuperscript{10} Id.
\textsuperscript{11} A 2010 survey by the ACAAI of allergist distribution by practice type shows 28% in solo practice and 22% in groups of 2 or 3. In contrast only 14% are in large academic practices.
The process of determining the cost for 1cc (1ml) of mixed antigens is complex, especially when compared to costs of other supply items. When allergists prepare allergen immunotherapy, they typically prepare either 5cc or 10cc vials that are made up of several different antigens. The antigens used depend on the patient’s sensitivities and the quantities vary based on the therapeutic dose. The current cost input of $6.70 was developed in 2001 based on the average of two “typical” 10cc vials. Most patients on allergen immunotherapy receive injections from at least two vials because certain antigens (e.g., molds) cannot be mixed with others.

Our specialty societies intend to undertake a review and analysis of antigen costs used for allergen immunotherapy (CPT Codes 95144 and 95165) in light of changes in allergen immunotherapy that have taken place since 2001. We will be looking at recent clinical guidelines on therapeutic doses and considering whether the mix of antigens used in 2001 to price a typical 1cc of antigen are still appropriate and will provide CMS with recommendations in the near future. (Given the complexity of this task, it was simply not possible to accomplish this before the end of this comment period.) In the meantime, it is clear that some increase in the direct cost of antigens is needed based on recent price increases.

**Request:** We ask that CMS implement the higher direct cost input determined by StrategyGen. In the alternative, CMS should maintain the current input.

CMS also requested comments on supply and equipment pricing for percutaneous tests (CPT Code 95004). This code was reviewed by the RUC in October of 2016 and it appears that while the direct practice expense costs for the code will decrease by $0.01 from $3.03 in 2018 to $3.02 in 2019, if the proposed rule is implemented, the costs for diagnostic allergens (SH092) used in furnishing this service would not change.

### 3. Reduction in the Allergy/Immunology IPCI

As a result of CMS’ proposal to consolidate certain evaluation and management (E&M) codes and the creation of a new E&M “specialty,” the indirect practice cost index for allergy/immunology would be reduced by 36 percent resulting in drastic decreases in reimbursement for all allergy and immunology CPT codes. Other specialties also experience major cuts in their IPCI, while others would receive major increases. None of these changes in specialty IPCIs are related to any actual changes in specialty indirect practice expense. They also undo much of what CMS hopes to accomplish through its updating of supply and equipment costs. For example, although the venom antigen supply costs used in CPT Codes 95145-95149 are proposed to increase, reimbursement for those codes would actually go down significantly. Other services such as allergy skin testing (CPT Code 95004) would decline by 20% in 2019 despite the fact that this code was reviewed by the RUC in 2016 and underwent a 20 percent decrease in RVUs due to changes in supply costs. The decreases in the propose

---

12 Contrary to StrategyGen’s understanding, as set forth in an email from CMS Staff to Rebecca Burke dated, August 21, 2018, allergists rarely prepare 1ml of allergen immunotherapy.
rule would be on top of the over 20 percent reduction resulting from the RUC’s revaluation of the PE inputs for this code in 2016.\textsuperscript{13}

A redistribution of this magnitude not only creates enormous financial instability, it also ignores statutory requirements that payments under the physician fee schedule be resource based. Under Section 1848 of the Social Security Act, the Secretary must “establish, by regulation, fee schedules that establish payment amounts for all physicians’ services”. 42 U.S.C. § 1395w-4(b)(1). The payment amount for each service is generally based on the product of the relative value for the service, the conversion factor for the year, and the geographic adjustment factor for the fee schedule area. \textit{Id.} The relative value is determined by combining the work, practice expense, and malpractice components for each service to produce a single relative value. \textit{Id.} § 1395w-4(c)(2)(A)(i). The statute directs that the practice expense component must be resource-based—i.e., based on “the portion of the resources used in furnishing the service.” \textit{Id.} § 1395w-4(c)(1)(B). The reductions in the specialty IPCIs resulting from the E&M consolidation proposal violate the requirement that the practice expense RVUs for a service be “determined based entirely on such relative practice expense resources.” \textit{Id.} § 1395w-4(c)(2)(C)(ii).

The Secretary’s proposal also fails to meet the transparency requirements of the Protecting Access to Medicare Act of 2014 (PAMA). The Secretary must “disclose the information source and discuss the use of such information in such determination of relative values through notice and comment rulemaking.” \textit{Id.} § 1395w-4(c)(2)(M)(v)(I). In the Proposed Rule, CMS fails to explain the reason for these major shifts and does not address them in its impact analysis.

Specifically, CMS at no point explains the basis for the change in specialty IPCIs. In fact, the term "IPCI" appears not once in the 1473 pages of text that makes up the proposed rule. By omitting such an explanation entirely from the Proposed Rule, CMS has failed to meet the Secretary’s obligation under the transparency provisions of the statute. In addition, by failing to provide or discuss the IPCI changes CMS has failed to meet its obligation to provide interested stakeholders an opportunity for meaningful comment under the Administrative Procedure Act (APA). See 5 U.S.C. § 553(c); \textit{Connecticut Light & Power Co. v. Nuclear Regulatory Comm’n}, 673 F.3d 525, 530-31 (D.C. Cir. 1982); \textit{Shands Jacksonville Med. Ctr. v. Burwell}, 139 F.Supp.3d 240, 260-62 (D.D.C. 2015).

\textbf{4. Multiple Procedure Payment Reduction}

For many of the same reasons as discussed above, with respect to the IPCIs, we do not support the multiple procedure payment reduction proposal (MPPR). However, the MPPR is also flawed because it would reduce payment for services that have already been reduced through the RUC process and accepted by CMS. Wherever E&M services are typically reported with procedures, the RUC’s Relativity Assessment Workgroup has made sure that work and direct costs assigned to the procedure are not duplicative of resources included in the E&M service. The

\textsuperscript{13} It is unclear whether the RVUs in the proposed rule take into account the 2-year phase-in required by Section 1848(c)(7) of the Act whenever RVUs are decreased by 20 percent or more.
proposed MPPR policy ignores this process and the agency’s history of working with the RUC to eliminate duplication.

****

While we appreciate CMS’ effort to simplify the E&M codes and documentation, it should not do so by abandoning basic principles of relativity that underlie the Medicare physician fee schedule. The proposed E&M proposal is not workable and we ask that CMS delay its implementation and work with the AMA and medical specialty societies to develop a better and less destabilizing approach. As the agency knows, the AMA CPT Editorial Panel and the RUC have already created a workgroup to develop a coding proposal to simplify documentation of E&M office visits. We strongly urge that the current proposal be deferred while this process moves forward. We also urge that CMS abandon the proposed MPPR policy.

We thank you for your careful consideration of these comments. If you have any questions, please do not hesitate to contact us.

Sincerely,

Stephen A. Imbeau, MD
Chair, Advocacy Council of the ACAAI

Bradley E. Chipps, MD
President, American College of Allergy, Asthma and Immunology

Robert Wood, MD
President, American Academy of Allergy, Asthma and Immunology

Douglas Dawson, MD
Socioeconomic Chair, American Academy of Otolaryngic Allergy

Cc:  Marge Watchorn
     Michael Soracoe
     Isadora Gill
     Edith Hambrick, MD
ATTACHMENT A: SINGLE VENOM INVOICES (HONEY BEE AND WASP)
ATTACHMENT B: 3-VESPID MIX INVOICES
ATTACHMENT C: HOLLISTER-STIER CATALOG LISTING
# INVOICE

**Jubilant HollisterStier LLC**  
PO Box 3145  
Spokane WA 99220  
800-992-1120

**ATTACHMENT A**

<table>
<thead>
<tr>
<th>INVOICE DATE</th>
<th>PAGE OF</th>
<th>INVOICE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/04/2018</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>90793571</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE ORDER RECEIVED</th>
<th>PURCHASE ORDER NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/04/2018</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**REMITTANCE INFORMATION BELOW**

**BILL TO:**  
Rockville MD US 20850

**SHIP TO:**  
Rockville MD US 20850

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90003975</td>
<td>336400</td>
<td>90793571</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6784UX3  | "FOR CUSTOMER SERVICE OR"  
"TO ORDER CALL 800-992-1120"  
Pick List# 0060570475  
EACH ITEM CONFIRMED  
ALL ITEMS NON RETURNABLE  
3 Species Wasp MD FG  
WASP VENOM  
A1800009  
6786UY  
MULTIDOSE VENOM 3900MCG 12DOSE  
MIXED VESPID VENOM  
A1700080  
TAXES |
| EA       | 2           | 437.80      | 675.60      |
| EA       | 2           | 722.90      | 1,445.80    |

800350-H09 Rev. 1/13
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

BILL TO:
Finance - AR
509.482.3074
Battle Creek MI US 49017

SHIP TO:


<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>30499000</td>
<td>343015</td>
<td>90818339</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6784U3X3</td>
<td>MIXED VESPID VENOM</td>
<td>EA</td>
<td>8</td>
<td>437.80</td>
<td>3,502.40</td>
</tr>
<tr>
<td></td>
<td>A1800006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Species Wasp MD FG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wasp VENOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A180018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TAXES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FREIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SHIPPING ERRORS MUST BE REPORTED WITHIN 7 DAYS AFTER RECEIPT OF MERCHANDISE.
ITEMS MAY NOT BE RETURNED FOR CREDIT OR EXCHANGE WITHOUT PRIOR WRITTEN AUTHORIZATION, WHICH MUST ACCOMPANY ALL RETURNED GOODS.

<table>
<thead>
<tr>
<th>NET SALES AMOUNT</th>
<th>MISCELLANEOUS CHARGES</th>
<th>MI TAXES</th>
<th>TERMS DISCOUNT</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,222.00</td>
<td>36.17</td>
<td>State</td>
<td>675.48</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>City</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

Please remit to:
Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

Please remit to:
Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

PERMIT THIS STUB WITH REMITTANCE

BILL TO: [Redacted]

TELEPHONE: 269-968-3030

PURCHASE ORDER NUMBER: N/A

JHS ORDER NO.: 343015

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>INVOICE NO.</th>
<th>INVOICE DATE</th>
<th>TERMS DISCOUNT</th>
<th>TERMS</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>30499000</td>
<td>90818339</td>
<td>06/13/2018</td>
<td>0.00</td>
<td>Net 30 days from invoice date</td>
<td>11,933.65</td>
</tr>
</tbody>
</table>

800350-H09 Rev. 1/13
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

Finance - AR
509.482.3074

BILL TO:

Brighton MI US 48116

SHIP TO:

Brighton MI US 48116

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90001271</td>
<td>341085</td>
<td>90810568</td>
<td>Pay immediately w/o deduction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6781UX   | **FOR CUSTOMER SERVICE OR**
|          | **TO ORDER CALL 800-992-1120**
|          | Pick List# 0080880937
|          | EACH ITEM CONFIRMED
|          | ALL ITEMS NON RETURNABLE
|          | MULTIDOSE VENOM 1300MCG 12DOSE
|          | HONEY BEE VENOM
|          | A1800016
| EA       | 1            | 304.60      | 304.60      |
| 6784UX3  | 3 Species Wasp MD FG
|          | WASP VENOM
|          | A1800018
| EA       | 1            | 437.80      | 437.80      |
| 6788UY   | MULTIDOSE VENOM 3900MCG 12DOSE
|          |              | EA         | 1          | 722.90  | 722.90  |

800358-H09 Rev. 1/13
# INVOICE

**Jubilant HollisterStier LLC**
PO Box 3145
Spokane WA 99220
800-992-1120

**BILL TO:**
Greenwood IN US 46143

**SHIP TO:**
Greenwood IN US 46143

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>72419100</td>
<td>339865</td>
<td>90805921</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4625JZ</td>
<td><strong>FOR CUSTOMER SERVICE OR</strong></td>
<td>EA</td>
<td>1</td>
<td>776.14</td>
<td>776.14</td>
</tr>
<tr>
<td></td>
<td><strong>TO ORDER CALL 800-992-1120</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pick List# 0080578546</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EACH ITEM CONFIRMED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALL ITEMS NON RETURNABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bulk Gly 1:100 w/v 50mL</td>
<td>EA</td>
<td>1</td>
<td>437.80</td>
<td>437.80</td>
</tr>
<tr>
<td></td>
<td>A.P. DOG HAIR-DANDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U1800131</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6784UX3</td>
<td>3 Species Wasp MD FG</td>
<td>EA</td>
<td>1</td>
<td>304.60</td>
<td>304.60</td>
</tr>
<tr>
<td></td>
<td>WASP VENOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1800009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6781UX</td>
<td>MULTIDOSE VENOM 1300MCG 12DOSE</td>
<td>EA</td>
<td>1</td>
<td>205.81</td>
<td>205.81</td>
</tr>
<tr>
<td></td>
<td>Honey Bee Venom</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

wasp venom $205.81 on 2/13/18
honey bee venom $143.17 on 2/13/18
**FOR CUSTOMER SERVICE OR**
**TO ORDER CALL 800-992-1120**
Pick List# 0080581963
EACH ITEM CONFIRMED
ALL ITEMS NON RETURNABLE
MULTIDOSE VENOM 3900 MCG 12DOSE
MIXED VESPID VENOM
A1800006
MULTIDOSE VENOM 1300 MCG 12DOSE
HONEY BEE VENOM
A1800016
3 Species Wasp MD FG

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6786UY</td>
<td></td>
<td>EA</td>
<td>1</td>
<td>722.90</td>
<td>722.90</td>
</tr>
<tr>
<td>6781UX</td>
<td></td>
<td>EA</td>
<td>1</td>
<td>304.60</td>
<td>304.60</td>
</tr>
<tr>
<td>6784UX3</td>
<td></td>
<td>EA</td>
<td>1</td>
<td>437.80</td>
<td>437.80</td>
</tr>
</tbody>
</table>
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

BILL TO: Rockville MD US 20850

SHIP TO: Rockville MD US 20850

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90003975</td>
<td>336400</td>
<td>90793571</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6784UX3</td>
<td><strong>FOR CUSTOMER SERVICE OR</strong> <strong>TO ORDER CALL 800-992-1120</strong> Pick List# 0080570476 EACH ITEM CONFIRMED ALL ITEMS NON RETURNABLE</td>
<td>EA</td>
<td>2</td>
<td>437.80</td>
<td>875.60</td>
</tr>
<tr>
<td>6786UY</td>
<td>MULTI DOSE VENOM 3900 MCG 12 DOSE MIXED VESPID VENOM A1700080 TAXES</td>
<td>EA</td>
<td>2</td>
<td>722.90</td>
<td>1,445.80</td>
</tr>
</tbody>
</table>
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

Finance - AR 509.482.3074

BILL TO:

[Redacted]
Marquette MI US 49855

SHIP TO:

[Redacted]
Marquette MI US 49855

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>80076200</td>
<td>341102</td>
<td>90813059</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6781UX   | "FOR CUSTOMER SERVICE OR"  
"TO ORDER CALL 800-992-1120"  
PICK List# 0080581889  
EACH ITEM CONFIRMED  
ALL ITEMS NON RETURNABLE  
MULTIDOSE VENOM 1300MCG 12DOSE  
HONEY BEE VENOM  
A1800016 |
| EA       | 3           | 304.60 | 913.80 |
| 6786UY   | MULTIDOSE VENOM 3900MCG 12DOSE  
MIXED VESPID VENOM  
A19000006  
TAXES |
| EA       | 3           | 722.90 | 2,168.70 |

PAID

800350-H09 Rev. 1/13
Order Acknowledgement
(This is not an Invoice)

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

Sold To

Omaha, NE US 68124

Ship To

Omaha, NE US 68124

Sales Order Number
342551

Date
06/05/2018

Purchase Order Number
N/A

Customer No.
32809000

Currency
USD

Inco Terms
FOB Spokane

Payment Terms
Net 30 days from invoice date

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Quantity Ordered</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6781UX</td>
<td>MULTIDOSE VENOM 1300MCG 12DOSE A1800016 HONEY BEE VENOM</td>
<td>1.000 EA</td>
<td>√ 304.60</td>
<td>304.60</td>
</tr>
<tr>
<td>6784UX3</td>
<td>3 Species Wasp MD FG A1800018 WASP VENOM</td>
<td>1.000 EA</td>
<td>437.80</td>
<td>437.80</td>
</tr>
<tr>
<td>6786UY</td>
<td>MULTIDOSE VENOM 3900MCG 12DOSE A1800006 MIXED VESPID VENOM</td>
<td>1.000 EA</td>
<td>722.90</td>
<td>722.90</td>
</tr>
</tbody>
</table>

Freight  0.00
Tax      0.00
Total Amount  1,465.30

Excluding Freight Charges
Actual Freight Charges Will Apply

<table>
<thead>
<tr>
<th>Taxes</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>0.00</td>
</tr>
<tr>
<td>County</td>
<td>0.00</td>
</tr>
<tr>
<td>City</td>
<td>0.00</td>
</tr>
<tr>
<td>Local</td>
<td>0.00</td>
</tr>
</tbody>
</table>
**INVOICE**

**Jubilant HollisterStier LLC**
PO Box 3145
Spokane WA 99220
800-992-1120

**Finance - AR**
**509.482.3074**

---

**BILL TO:**

[Redacted]

Norwalk CT US 06851

**SHIP TO:**

[Redacted]

Stamford CT US 06902

---

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>13874000</td>
<td>338149</td>
<td>90803740</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6781UX   | "FOR CUSTOMER SERVICE OR" "TO ORDER CALL 800-992-1120"
           |   |    |    |            |        |
| 6784UX3  | 3 Species Wasp MD FG
           |   |    |    |            |        |
| 6786UY   | MULTIDOSE VENOM 3900 MCG 12 DOSE |

---

---

---
**INVOICE**

Jubilant HollisterStier LLC  
PO Box 3145  
Spokane WA 99220  
800-992-1120

**BILL TO:**  
Finance - AR  
509.482.3074  
Pendleton OR US 97801

**SHIP TO:**  
Eugene OR US 97401

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>32925000</td>
<td>341286</td>
<td>90815542</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6781UX   | **FOR CUSTOMER SERVICE OR**  
**TO ORDER CALL 800-992-1120**  
Pick List 0083584653  
EACH ITEM CONFIRMED  
ALL ITEMS NON RETURNABLE  
MULTIDOSE VENOM 1300MCG 12DOSE  
HONEY BEE VENOM  
A1800016 | EA  | 1  | 304.60      | 304.60     |
| 6786UY   | MULTIDOSE VENOM 3900MCG 12DOSE  
MIXED VESPID VENOM  
A1800006 | EA  | 2  | 722.00      | 1,445.80   |
| 6784UX3  | 3 Species Wasp MD FG | EA | 1 | 437.80 | 437.80 |
# INVOICE

**Jubilant HollisterStier LLC**
PO Box 3145
Spokane WA 99220
800-992-1120

**Finance - AR**
509.482.3074

**BILL TO:**
Cumberland RI US 02864

**SHIP TO:**
Cumberland RI US 02864

---

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>60190700</td>
<td>341334</td>
<td>90813076</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6784UX3  | **FOR CUSTOMER SERVICE OR**
**TO ORDER CALL 800-992-1120**
Pick List# 0060530722
EACH ITEM CONFIRMED
ALL ITEMS NON RETURNABLE | EA | 1 | 437.80 | 437.80 |
| 6786UY   | 3 Species Wasp MD FG WASP VENOM A1600018 MULTIDOSE VENOM 3900MCG 12DOSE MIXED VESPID VENOM A1800008 TAXES | EA | 1 | 722.90 | 722.90 |
# INVOICE

**Jubilant HollisterStier LLC**  
PO Box 3145  
Spokane WA 99220  
800-992-1120

**FINANCE NR**  
503532-3674

---

**BILL TO:**  
Dover DE US 19904

**SHIP TO:**  
Dover DE US 19904

---

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>73504000</td>
<td>342836</td>
<td>90818708</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6764UX3  | **FOR CUSTOMER SERVICE OR** **TO ORDER CALL 800-992-1120**  
Pick List # 0800586736  
EACH ITEM CONFIRMED  
ALL ITEMS NON RETURNABLE  
3 Species Wasp MD FG  
WASP VENOM  
A1800018 | EA | 1 | 437.80 | 437.80 |
| 6766UY   | MULTIDOSE VENOM 3900MCG 12DOSE  
MIXED VESP MD VENOM  
A1800006  
TAXES | EA | 1 | 722.90 | 722.90 |

---

Return to Comments
**INVOICE**

**ATTACHMENT B**

Jubilant HollisterStier LLC  
PO Box 3145  
Spokane WA 99220  
800-992-1120

BILL TO:  

SHIP TO:  

Battle Creek MI US 49017

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>30499000</td>
<td>393301</td>
<td>90803800</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 2678JW   | **FOR CUSTOMER SERVICE OR**  
          | **TO ORDER CALL 800-992-1120**  
          | Pick List# 0080575763  
          | EACH ITEM CONFIRMED  
          | ALL ITEMS NON RETURNABLE  
          | Bulk Gly 1:20 w/v 50mL  
          | WILLOW, BLACK  
          | U1700684 | EA | 1 | 283.40 | 283.40 |
| 6786UY   | MULTIDOSE VENOM 3900MCG 12DOSE  
          | MIXED VESPID VENOM  
          | A1800006  
          | TAXES | EA | 10 | 722.90 | 7,229.00 |

800350-H09 Rev. 1/13
INVOICE

INVOICE DATE: 05/22/2018
PAGE 1
OF 2
INVOICE NO. 90810568

DATE ORDER RECEIVED: 05/21/2018
PURCHASE ORDER NO. Melissa

Finance - AR
509.482.3074

BILL TO:

[Redacted]
Brighton MI US 48116

SHIP TO:

[Redacted]
Brighton MI US 48116

CUSTOMER NUMBER 90001271
JHS ORDER NO. 341085
INVOICE NO. 90810568
TERMS Pay immediately w/o deduction

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6781UX</td>
<td><strong>FOR CUSTOMER SERVICE OR</strong> <strong>TO ORDER CALL 800-992-1120</strong> Pick List# 0080680937 EACH ITEM CONFIRMED ALL ITEMS NON RETURNABLE MULTIDOSE VENOM 1300MCG 12DOSE HONEY BEE VENOM A1800016</td>
<td>EA</td>
<td>1</td>
<td>304.60</td>
<td>304.60</td>
</tr>
<tr>
<td>6784UX3</td>
<td>3 Species Wasp MD FG WASP VENOM A1800018</td>
<td>EA</td>
<td>1</td>
<td>437.80</td>
<td>437.80</td>
</tr>
<tr>
<td>8788UY</td>
<td>MULTIDOSE VENOM 3900MCG 12DOSE</td>
<td>EA</td>
<td>1</td>
<td>722.90</td>
<td>722.90</td>
</tr>
</tbody>
</table>
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

BILL TO: Greenwood IN US 46143

SHIP TO: Greenwood IN US 46143

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>72419100</td>
<td>339985</td>
<td>90805921</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6786UY</td>
<td>HONEY BEE VENOM A1800016</td>
<td>EA</td>
<td>3</td>
<td>722.90</td>
<td>2,168.70</td>
</tr>
<tr>
<td></td>
<td>MULTIDOSE VENOM 3900MCG 12DOSE MIXED VESPID VENOM A1800006涂</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TAXES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FREIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$337.85 on 2/3/18

SHIPPING ERRORS MUST BE REPORTED WITHIN 7 DAYS AFTER RECEIPT OF MERCHANDISE. ITEMS MAY NOT BE RETURNED FOR CREDIT OR EXCHANGE WITHOUT PRIOR WRITTEN AUTHORIZATION, WHICH MUST ACCOMPANY ALL RETURNED GOODS.

<table>
<thead>
<tr>
<th>NET SALES AMOUNT</th>
<th>MISCELLANEOUS CHARGES</th>
<th>IN TAXES</th>
<th>TERMS DISCOUNT</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,887.24</td>
<td>29.02</td>
<td>State</td>
<td>0.00</td>
<td>3,716.26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>City</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

Please remit to:
Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

PLEASE RETURN THIS STUB WITH REMITTANCE

BILL TO: Greenwood IN US 46143

TELEPHONE: 317-885-0055

PURCHASE ORDER NUMBER: 5918

CUSTOMER | INVOICE NO. | INVOICE DATE | TERMS DISCOUNT | TERMS |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>72419100</td>
<td>90805921</td>
<td>05/09/2018</td>
<td>0.00</td>
<td>Net 30 days from invoice date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,716.26</td>
</tr>
</tbody>
</table>
**INVOICE**

**INVOICE DATE**: 05/29/2018  
**PAGE**: 1  
**OF**: 2  
**INVOICE NO.**: 90813076

**DATE ORDER RECEIVED**: 05/23/2018  
**PURCHASE ORDER NO.**: N/A

**REMITTANCE INFORMATION BELOW**

**BILL TO:**  
Cumberland RI US 02864

**SHIP TO:**  
Cumberland RI US 02864

**CUSTOMER NUMBER**: G0190700  
**JHS ORDER NO.**: 341334  
**INVOICE NO.**: 90813076  
**TERMS**: Net 30 days from invoice date

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6784UX3   | "FOR CUSTOMER SERVICE OR"  
"TO ORDER CALL 800-992-1120"  
Pick List# 0080581722  
EACH ITEM CONFIRMED  
ALL ITEMS NON RETURNABLE  
3 Species Wasp MD FG WASP VENOM  
A1600018  
MULTIDOSE VENOM 3900MCG 12DOSE MIXED VESPID VENOM  
A1800008  
TAXES | EA | 1 | 437.80 | 437.80 |
| 6785UY    |                                                   | EA | 1 | 722.90 | 722.90 |
**INVOICE**

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

Finance - AR
509.482.3074

**BILL TO:**

Fairfield CT US 06824

**SHIP TO:**

Fairfield CT US 06824

---

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>60109900</td>
<td>63946</td>
<td>90805538</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6794PG3  | **FOR CUSTOMER SERVICE OR**
**TO ORDER CALL 800-992-1120**
Pick List: 0080578213
EACH ITEM CONFIRMED
ALL ITEMS NON-RETURNABLE
3 Specified Wasp Bulk FG
WASP VENOM
A1700003 |
| EA       | 4           | 204.50 | 818.00      |
| 6798PK   | 5-DOSE BULK 1650MCG 5% MANNITOL
MIXED VESPID VENOM
A17000012 |
| EA       | 4           | 329.70 | 1318.80     |

800350-H09 Rev. 1/13
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

Finance - AR
509.482.3074

BILL TO: Rogers AR US 72758

SHIP TO: Rogers AR US 72758

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90004734</td>
<td>342101</td>
<td>90815280</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6798UY</td>
<td><strong>FOR CUSTOMER SERVICE OR</strong> <strong>TO ORDER CALL 800-992-1120</strong> Pick List# 0080583643 EACH ITEM CONFIRMED ALL ITEMS NON RETURNABLE MULTIDOSE VENOM 3900MCG 12DOSE MIXED VESPID VENOM A1600006 TAXES FREIGHT</td>
<td>EA</td>
<td>2</td>
<td>722.90</td>
<td>1,445.80</td>
</tr>
</tbody>
</table>

SHIPPING ERRORS MUST BE REPORTED WITHIN 7 DAYS AFTER RECEIPT OF MERCHANDISE.
ITEMS MAY NOT BE RETURNED FOR CREDIT OR EXCHANGE WITHOUT PRIOR WRITTEN AUTHORIZATION, WHICH MUST ACCOMPANY ALL RETURNED GOODS.

<table>
<thead>
<tr>
<th>NET SALES AMOUNT</th>
<th>MISCELLANEOUS CHARGES</th>
<th>AR TAXES</th>
<th>TERMS DISCOUNT</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,445.80</td>
<td>29.90</td>
<td>0.00</td>
<td>0.00</td>
<td>1,475.70</td>
</tr>
</tbody>
</table>

PLEASE RETURN THIS STUB WITH REMITTANCE

BILL TO

<table>
<thead>
<tr>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>479-464-8867</td>
</tr>
</tbody>
</table>

PURCHASE ORDER NUMBER: N/A

<table>
<thead>
<tr>
<th>CUSTOMER</th>
<th>INVOICE NO.</th>
<th>INVOICE DATE</th>
<th>TERMS DISCOUNT</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90004734</td>
<td>90815280</td>
<td>06/04/2018</td>
<td>0.00</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

800350-H09 Rev. 1/13
# INVOICE

**Jubilant HollisterStier LLC**  
PO Box 3145  
Spokane WA 99220  
800-992-1120

**Finance - AR**  
509.482.3074

<table>
<thead>
<tr>
<th><strong>BILL TO:</strong></th>
<th>Marquette MI US 49855</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHIP TO:</strong></td>
<td>Marquette MI US 49855</td>
</tr>
</tbody>
</table>

### CUSTOMER NUMBER  | JHS ORDER NO.  | INVOICE NO.  | TERMS |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>50076200</td>
<td>341102</td>
<td>90813059</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

### ITEM NO.  | DESCRIPTION  | U/M | QTY SHIPPED | UNIT PRICE | AMOUNT |
|-------------|--------------|-----|-------------|------------|--------|
| 6781UX      | **FOR CUSTOMER SERVICE OR**  
**TO ORDER CALL 800-992-1120**  
Pick List# 0060591899  
EACH ITEM CONFIRMED  
ALL ITEMS NON RETURNABLE  
MULTIDOSE VENOM 1300MCG 12DOSE  
HONEY BEE VENOM  
A1800016  
MULTIDOSE VENOM 3000MCG 12DOSE  
MIXED VESPID VENOM  
A1800006  
TAXES | EA  | 3 | 304.60 | 913.80 |
| 6786UY      | EA  | 3 | 722.90 | 2,168.70 |

**PAID**

800350-H09 Rev. 1/13
**INVOICE**

**Jubilant HollisterStier LLC**
PO Box 3145
Spokane WA 99220
800-992-1120

**Finance - AR**
509.482.3074

**BILL TO:**

[Redacted]
Studio City CA US 91607

**SHIP TO:**

[Redacted]
Studio City CA US 91607

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90001394</td>
<td>340442</td>
<td>90807709</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6758UY</td>
<td>&quot;FOR CUSTOMER SERVICE OR&quot; &quot;TO ORDER CALL 800-992-1120&quot; Pick List #0080579519 EACH ITEM CONFIRMED ALL ITEMS NON RETURNABLE MULTIDOSE VENOM 3800MCG 12DOSE MIXED VESPID VENOM A15600305 TAXES FREIGHT</td>
<td>EA</td>
<td>1</td>
<td>722.90</td>
<td>722.90</td>
</tr>
</tbody>
</table>

**SHIPPING ERRORS MUST BE REPORTED WITHIN 7 DAYS AFTER RECEIPT OF MERCHANDISE. ITEMS MAY NOT BE RETURNED FOR CREDIT OR EXCHANGE WITHOUT PRIOR WRITTEN AUTHORIZATION, WHICH MUST ACCOMPANY ALL RETURNED GOODS.**

<table>
<thead>
<tr>
<th>NET SALES AMOUNT</th>
<th>MISCELLANEOUS CHARGES</th>
<th>CA TAXES</th>
<th>TERMS DISCOUNT</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>722.90</td>
<td>27.55</td>
<td>0.00</td>
<td>0.00</td>
<td>750.45</td>
</tr>
</tbody>
</table>

Please remit to:
Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

**PLEASE RETURN THIS STUB WITH REMITTANCE**

**BILL TO:**

[Redacted]

**TELEPHONE:**
618-769-5988

**PURCHASE ORDER NUMBER:**

[Redacted]

**JHS ORDER NO.:**
340442

<table>
<thead>
<tr>
<th>CUSTOMER</th>
<th>INVOICE NO.</th>
<th>INVOICE DATE</th>
<th>TERMS DISCOUNT</th>
<th>TERMS</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>90001394</td>
<td>90807709</td>
<td>05/14/2018</td>
<td>0.00</td>
<td>Net 30 days from invoice date</td>
<td>750.45</td>
</tr>
</tbody>
</table>
INVOICE

INVOICE DATE: 05/03/2018
PAGE: 1 OF 2
INVOICE NO.: 90803740

DATE ORDER RECEIVED: 05/01/2018
PURCHASE ORDER NO.: N/A

REMITTANCE INFORMATION BELOW

BILL TO:
[Redacted]
Norwalk CT US 06851

SHIP TO:
[Redacted]
Stamford CT US 06902

CUSTOMER NUMBER | JHS ORDER NO. | INVOICE NO. | TERMS
--- | --- | --- | ---
13874000 | 339149 | 90803740 | Net 30 days from invoice date

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6781UX</td>
<td>&quot;FOR CUSTOMER SERVICE OR&quot; &quot;TO ORDER CALL 800-992-1120&quot; Pack List# 0080576499 EACH ITEM CONFIRMED ALL ITEMS NON RETURNABLE</td>
<td>EA</td>
<td>2</td>
<td>304.60</td>
<td>609.20</td>
</tr>
<tr>
<td>6784UX3</td>
<td>3 Species Wasp Md FG WASP VENOM A1800009</td>
<td>EA</td>
<td>3</td>
<td>437.80</td>
<td>1,313.40</td>
</tr>
<tr>
<td>6786UY</td>
<td>MULTIDOSE VENOM 3900MCG 12DOSE</td>
<td>EA</td>
<td>1</td>
<td>722.90</td>
<td>722.90</td>
</tr>
</tbody>
</table>

800350-H09 Rev. 1/13
**INVOICE**

**Jubilant HollisterStier LLC**  
PO Box 3145  
Spokane WA 99220  
800-992-1120

**BILL TO:**  
Rockville MD US 20850

**SHIP TO:**  
Rockville MD US 20850

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90003975</td>
<td>336400</td>
<td>90793571</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6784UX3</td>
<td><strong>FOR CUSTOMER SERVICE OR</strong> <strong>TO ORDER CALL 800-992-1120</strong></td>
<td>EA</td>
<td>2</td>
<td>437.60</td>
<td>875.60</td>
</tr>
<tr>
<td></td>
<td>Pick List# 0080570475</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EACH ITEM CONFIRMED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALL ITEMS NON RETURNABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6786UY</td>
<td>3 Species Wasp MD FG</td>
<td>EA</td>
<td>2</td>
<td>722.90</td>
<td>1,445.80</td>
</tr>
<tr>
<td></td>
<td>WASP VENOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1800009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MULTIDOSE VENOM 3900MCG 12DOSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MIXED VESPID VENOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1700080</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TAXES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INVOICE

INVOICE DATE: 04/25/2018
PAGE: 1
OF: 2
INVOICE NO: 90800438

DATE ORDER RECEIVED: 04/20/2018
PURCHASE ORDER NO: N/A

BILL TO:
Santa Barbara CA US 93105-4344

SHIP TO:
Santa Barbara CA US 93105-4344

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>27844100</td>
<td>338149</td>
<td>90800438</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6781UX</td>
<td>MULTIDOSE VENOM 1300MCG 12DOSE HONEY BEE VENOM A1800016</td>
<td>EA</td>
<td>4</td>
<td>304.60</td>
<td>1,218.40</td>
</tr>
<tr>
<td>6785UX</td>
<td>MULTIDOSE VENOM 1300MCG 12DOSE YELLOW JACKET VENOM A1700066</td>
<td>EA</td>
<td>1</td>
<td>364.20</td>
<td>364.20</td>
</tr>
<tr>
<td>6786PK</td>
<td>5-DOSE BULK 1650MCG 5%MANNITOL</td>
<td>EA</td>
<td>1</td>
<td>329.70</td>
<td>329.70</td>
</tr>
</tbody>
</table>

800350-H09 Rev. 1/13
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

Finance - AR
509.482.3074

BILL TO:

SHIP TO:

Santa Barbara CA US 93105-4344

Net 30 days from invoice date

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MIXED VESPID VENOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1700092</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TAXES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FREIGHT</td>
<td></td>
<td></td>
<td></td>
<td>27.42</td>
</tr>
</tbody>
</table>

SHIPPING ERRORS MUST BE REPORTED WITHIN 7 DAYS AFTER RECEIPT OF MERCHANDISE. ITEMS MAY NOT BE RETURNED FOR CREDIT OR EXCHANGE WITHOUT PRIOR WRITTEN AUTHORIZATION, WHICH MUST ACCOMPANY ALL RETURNED GOODS.

Please remit to:
Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

Please remit to:
Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

<table>
<thead>
<tr>
<th>NET SALES AMOUNT</th>
<th>MISCELLANEOUS CHARGES</th>
<th>CA TAXES</th>
<th>TERMS DISCOUNT</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,912.30</td>
<td>27.42</td>
<td>State</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>City</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE RETURN THIS STUB WITH REMITTANCE

BILL TO

TELEPHONE
805-882-7385

PURCHASE ORDER NUMBER

JHS ORDER NO.
338149

<table>
<thead>
<tr>
<th>CUSTOMER</th>
<th>INVOICE NO.</th>
<th>INVOICE DATE</th>
<th>TERMS DISCOUNT</th>
<th>TERMS</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>27644100</td>
<td>90800438</td>
<td>04/25/2018</td>
<td>0.00</td>
<td>Net 30 days from invoice date</td>
<td>1,939.72</td>
</tr>
</tbody>
</table>

800350-H09 Rev. 1/13
### Invoice Details

**Jubilant HollisterStier LLC**
PO Box 3145
Spokane WA 99220
800-992-1120

**Finance - AR**
509.482.3074

**Bill To:**
Oregon OH US 43616

**Ship To:**
Oregon OH US 43616

---

**Terms:** Net 30 days from invoice date

<table>
<thead>
<tr>
<th>Customer Number</th>
<th>JHS Order No.</th>
<th>Invoice No.</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>63367300</td>
<td>340856</td>
<td>90810167</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>U/M</th>
<th>Qty Shipped</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6786FK</td>
<td><strong>FOR CUSTOMER SERVICE OR</strong></td>
<td>EA</td>
<td>1</td>
<td>329.70</td>
<td>329.70</td>
</tr>
<tr>
<td></td>
<td><strong>TO ORDER CALL 800-992-1120</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pick List# 0060580484</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EACH ITEM CONFIRMED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALL ITEMS NON RETURNABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5784PG3</td>
<td>5 DOSE BULK 1850MCG 6%MANNITOL MIXED VESPID VENOM A1700982</td>
<td>EA</td>
<td>1</td>
<td>204.50</td>
<td>204.50</td>
</tr>
<tr>
<td>5786UY</td>
<td>3 Species Wasp Bulk FG WASP VENOM A1700078</td>
<td>EA</td>
<td>2</td>
<td>722.90</td>
<td>1,445.80</td>
</tr>
<tr>
<td></td>
<td>MULTIDOSE VENOM 3900MCG 12DOSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*600350-H09 Rev. 1/13*
**INVOICE**

Jubilant HollisterStier LLC  
PO Box 3145  
Spokane WA 99220  
800-992-1120

Finance AR  
509.482.3074

BILL TO:  
Olympia WA US 98501

SHIP TO:  
Oregon OH US 43616

---

**INVOICE DATE:** 05/21/2018  
**PAGE:** 2  
**OF:** 2  
**INVOICE NO.:** 90810157

**DATE ORDER RECEIVED:** 05/17/2018  
**PURCHASE ORDER NO.:** PT: Sanderine Woolzie

**RESISTANCE INFORMATION BELOW**

---

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>63367300</td>
<td>340856</td>
<td>90810157</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MIXED VESPID VENOM</td>
<td></td>
<td></td>
<td></td>
<td>31.08</td>
</tr>
<tr>
<td></td>
<td>A1800006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TAXES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FREIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**SHIPPING ERRORS MUST BE REPORTED WITHIN 7 DAYS AFTER RECEIPT OF MERCHANDISE.**  
**ITEMS MAY NOT BE RETURNED FOR CREDIT OR EXCHANGE WITHOUT PRIOR WRITTEN AUTHORIZATION, WHICH MUST ACCOMPANY ALL RETURNED GOODS.**

---

**NET SALES AMOUNT:** 1,980.00  
**MISCELLANEOUS CHARGES:** 31.08  
**OH TAXES:** 
- State: 0.00  
- County: 0.00  
- Cty: 0.00  
- Local: 0.00  
**TERMS DISCOUNT:** 0.00  
**AMOUNT DUE:** 2,011.08

---

Please remit to:  
Jubilant HollisterStier LLC  
14110 Collections Center Drive  
Chicago, IL 60693-0141

---

**PLEASE RETURN THIS STUB WITH REMITTANCE**

---

**BILL TO:**  
Olympia WA US 98501

**TELEPHONE:** 419-693-2230

---

**PURCHASE ORDER NUMBER:**  
340856

---

<table>
<thead>
<tr>
<th>CUSTOMER</th>
<th>INVOICE NO.</th>
<th>INVOICE DATE</th>
<th>TERMS DISCOUNT</th>
<th>TERMS</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>63367300</td>
<td>90810157</td>
<td>05/21/2018</td>
<td>0.00</td>
<td>Net 30 days from invoice date</td>
<td>2,011.08</td>
</tr>
</tbody>
</table>
**INVOICE**

Jubilant HollisterStier LLC  
PO Box 3145  
Spokane WA 99220  
800-992-1120

**BILL TO:**  
Bellingham WA US 98225

**SHIP TO:**  
Bellingham WA US 98225

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11169200</td>
<td>339371</td>
<td>90803433</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6781PG   | **FOR CUSTOMER SERVICE OR**  
 **TO ORDER CALL 800-992-1120**  
 Pick List# 0080576640  
 EACH ITEM CONFIRMED  
 ALL ITEMS NON RETURNABLE  
 5-DOSE BULK 5500MCG 5% MANNITOL HONEY BEE VENOM A1700097 | EA  | 2           | 141.60     | 283.20 |
| 6786PK   | X  
 5-DOSE BULK 1650MCG 5% MANNITOL MIXED VESPID VENOM A1700092 | EA  | 2           | 329.70     | 659.40 |
| 2678JG   | Bulk Gly 1:20 w/v 10mL                                                      | EA  | 1           | 81.57      | 81.57  |
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-892-1120

BILL TO:

Skip to:

Dover DE US 19904

Finance - AR
603-382-3074

DATE ORDER RECEIVED
06/14/2018

PURCHASE ORDER NO.
N/A

REMITTANCE INFORMATION BELOW

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>73504000</td>
<td>343336</td>
<td>90818706</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6784UX3</td>
<td>&quot;FOR CUSTOMER SERVICE OR&quot;</td>
<td>EA</td>
<td>1</td>
<td>437.80</td>
<td>437.80</td>
</tr>
<tr>
<td></td>
<td>&quot;TO ORDER CALL 800-892-1120&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pick List# 0100586736</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EACH ITEM CONFIRMED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALL ITEMS NON RETURNABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Species Wasp MD FG WASP VENOM A1800018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6786UY</td>
<td>MULTIDOSE VENOM 3900MCG 12DOSE MIXED VEST M MD VENOM A1800006 TAXES</td>
<td>EA</td>
<td>1</td>
<td>722.80</td>
<td>722.80</td>
</tr>
</tbody>
</table>

806350-H09 Rev. 1/13
INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
800-992-1120

Finance - AR
509.482.3074

BILL TO:

Cumberland RI US 02864

SHIP TO:

Cumberland RI US 02864

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>60190700</td>
<td>341334</td>
<td>90813076</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>UOM</th>
<th>QTY SHIPPED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 6784UX3  | **FOR CUSTOMER SERVICE OR**
**TO ORDER CALL 800-992-1120**
Pick List# 0060581722
EACH ITEM CONFIRMED
ALL ITEMS NON RETURNABLE
3 Species Wasp MD FG WASP VENOM
A1800018 |
| EA       | 1           | 437.80 | 437.80 |
| 6786UY   | MULTIDOSE VENOM 3900MCG 12DOSE MIXED VESPID VENOM
A1800008 TAXES |
| EA       | 1           | 722.90 | 722.90 |
## Sales Order Number
342551

## Date
06/05/2018

## Purchase Order Number
N/A

## Customer No.
32809000

## Currency
USD

## Inco Terms
FOB Spokane

## Payment Terms
Net 30 days from invoice date

### Product Details

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Quantity Ordered</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6781UX</td>
<td>MULTIDOSE VENOM 1300MCG 12DOSE A1800016 HONEY BEE VENOM</td>
<td>1.000 EA</td>
<td>$304.60</td>
<td>304.60</td>
</tr>
<tr>
<td>6784UX3</td>
<td>3 Species Wasp MD FG A1800018 WASP VENOM</td>
<td>1.000 EA</td>
<td>$437.80</td>
<td>437.80</td>
</tr>
<tr>
<td>6786UY</td>
<td>MULTIDOSE VENOM 3900MCG 12DOSE A1800006 MIXED VESPID VENOM</td>
<td>1.000 EA</td>
<td>$722.90</td>
<td>722.90</td>
</tr>
</tbody>
</table>

**Freight** 0.00

**Tax** 0.00

**Total Amount** 1,465.30

Excluding Freight Charges. Actual Freight Charges Will Apply.
## INVOICE

**Jubilant HollisterStier LLC**  
PO Box 3145  
Spokane WA 99220  
800-992-1120

**Finance - AR**  
509.482.3074

**SHIP TO:**  
Eugene OR US 97401

---

<table>
<thead>
<tr>
<th>BILL TO:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Pendleton OR US 97801</td>
<td></td>
</tr>
</tbody>
</table>

### INVOICE

<table>
<thead>
<tr>
<th>INVOICE DATE</th>
<th>PAGE</th>
<th>OF</th>
<th>INVOICE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/05/2018</td>
<td>1</td>
<td>2</td>
<td>90815542</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE ORDER RECEIVED</th>
<th>PURCHASE ORDER NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/22/2018</td>
<td>PO516924</td>
</tr>
</tbody>
</table>

**Remittance Information Below**

---

### CUSTOMER NUMBER

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>JHS ORDER NO.</th>
<th>INVOICE NO.</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>32925000</td>
<td>341286</td>
<td>90815542</td>
<td>Net 30 days from invoice date</td>
</tr>
</tbody>
</table>

### ITEM NO. | DESCRIPTION | U/M | QTY SHIPPED | UNIT PRICE | AMOUNT |
| --- | --- | --- | --- | --- | --- |
| 6781UX | **FOR CUSTOMER SERVICE OR**  
**TO ORDER CALL 800-992-1120**  
Pick List# 0803584653  
EACH ITEM CONFIRMED  
ALL ITEMS NON RETURNABLE  
MULTIDOSE VENOM 1300MCG 12DOSE  
HONEY BEE VENOM  
A1800016 | EA | 1 | 304.60 | 304.60 |
| 6786UY | MULTIDOSE VENOM 3900MCG 12DOSE  
MIXED VESPID VENOM  
A1800006 | EA | 2 | 722.80 | 1,445.60 |
| 6784UX3 | 3 Species Wasp MD FG | EA | 1 | 437.80 | 437.80 |

---

Return to Comments
TESTING EXTRACTS

SCRATCH TEST 5 ML IN 50% GLYCERIN

Non-Standardized Pollen, Epidermals and Inhalants. Refer to our product catalog for antigens and strengths.

AP Cattle Hair and Dander 1:50 (w/v) $212.80
AP Dog Hair and Dander 1:100 (w/v) $116.20
AP Horse Hair and Dander 1:50 (w/v) $116.20
Standardized AP Cat Hair or Pelt 10,000 BAU/mL $143.30
Foods $64.10
Molds $75.70
Insects 1:10 (w/v) $112.00

Premium Antigens See below
Standardized Mite 30,000 AU/mL $145.60
Standardized Grass Pollen 100,000 BAU/mL $126.20

DIAGNOSTIC CONTROLS

Positive Skin Test Control – Histamine Dihydrochloride
10 mg/mL (equivalent to 6 mg/mL Histamine base)
7099ED Percutaneous (Scratch, Prick or Puncture) $138.10

Negative Control
6806ED Scratch (50% Glycerin) $42.10

VENOM

VENOMIL® DIAGNOSTIC SETS
For each individual species test set $60.30 per set
Price for Diagnostic Set Rack on page 7

Venomil® Maintenance Set

6781P6 Honey Bee Venom (Apis mellifera) $179.90
6782P6 White-Faced Hornet Venom Protein (Dolichovespula maculata) $230.90
6783P6 Yellow Hornet Venom Protein (Dolichovespula arenaria) $230.90
6784P63 Wasp Venom Protein (Polistes spp.) $262.00
6785P6 Yellow Jacket Venom Protein (Vespula spp.) $230.90
6786P6 Mixed Vespid Venom Protein (Yellow Jacket, White-Faced Hornet and Yellow Hornet) $475.00

Multidose Hymenoptera Venom Products

5 Dose: 550 µg/vial

6781PG Honey Bee Venom (Apis mellifera) $141.60
6782PG White-Faced Hornet Venom Protein (Dolichovespula maculata) $186.80
6783PG Yellow Hornet Venom Protein (Dolichovespula arenaria) $177.60
6784PG3 Wasp Venom Protein (Polistes spp.) $204.50
6785PG Yellow Jacket Venom Protein (Vespula spp.) $177.60

5 Dose: 1650 µg/vial
6786PK Mixed Vespid Venom Protein (Yellow Jacket, White-Faced Hornet and Yellow Hornet) $329.70

Multidose Hymenoptera Venom Products

12 Dose: 1300 µg/vial

6781UX Honey Bee Venom (Apis mellifera) $304.60
6784UX3 Wasp Venom Protein (Polistes spp.) $437.80
6785UX Yellow Jacket Venom Protein (Vespula spp.) $364.20

12 Dose: 3900 µg/vial

6786UY Mixed Vespid Venom Protein (Yellow Jacket, White-Faced Hornet and Yellow Hornet) $722.90

PREMIUM ANTIGENS STOCKED

Some extracts are considered premium antigens and are priced based on the additional costs incurred during the collection and processing of raw materials, precipitation and/or other factors. The following antigens are not discounted to allow for future manufacturing and supply.

Antigen
1007 Acacia, Golden
1082 Bahia Grass
5053 Candida albicans
1406 Cocksfoot, Common
5077 Curvularia spicifera
1454 Cypress, Bald
1547 Elm, Chinese
1565 Eucalyptus/Blue Gum
1631 Goldenrod
4402 Guinea Pig Hair and Dander

Antigen
1661 Gum, Sweet
1802 Linden/Basswood
1832 Maple, Hard/Sugar
1874 Melaleuca
1877 Mesquite
1946 Nettle
2075 Palm, Queen
2252 Privet, Common
2360 Russian Olive
Standardized Venoms

VENOMIL® DIAGNOSTIC SETS
Fully self-contained individual species test sets, economically designed to test one patient at a time or with enough product to test many at the same setting. Easy to follow instructions for reconstitution plus a safe testing protocol help ensure an unequivocal diagnostic result. Each set contains a vial of 120 µg of freeze-dried venom or venom protein contained in a 2 mL vial, seven 2 mL sterile empty vials, and a vial of Sterile Albumin Saline with Phenol for diluting. Refer to package insert for proper diluting instructions on obtaining the 10 µg/mL concentration.

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ALLERGEN</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6781P5</td>
<td>Honey Bee Venom (Apis mellifera)</td>
<td>Set</td>
</tr>
<tr>
<td>6782P5</td>
<td>White-Faced Hornet Venom Protein (Dolichovespula maculata)</td>
<td>Set</td>
</tr>
<tr>
<td>6783P5</td>
<td>Yellow Hornet Venom Protein (Dolichovespula arenaria)</td>
<td>Set</td>
</tr>
<tr>
<td>6784P3</td>
<td>Wasp Venom Protein (Polistes spp.)</td>
<td>Set</td>
</tr>
<tr>
<td>6785P5</td>
<td>Yellow Jacket Venom Protein (Equal parts V. germanica, V. maculifrons, V. pensylvanica, V. vulgaris, and V. squamosa)</td>
<td>Set</td>
</tr>
</tbody>
</table>

VENOMIL® MAINTENANCE SETS
Convenient unit dose packaging makes this product ideal for individual patient use. Each set contains 6 vials of 120 µg of freeze-dried venom or venom protein contained in a 2mL vial (Mixed Vespid - 360 µg each vial) and a vial of Sterile Albumin Saline with Phenol for diluting. When reconstituted, each vial will contain 100 µg/mL (Mixed Vespid-300 µg/mL).

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ALLERGEN</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6781P6</td>
<td>Honey Bee Venom (Apis mellifera)</td>
<td>Set</td>
</tr>
<tr>
<td>6782P6</td>
<td>White-Faced Hornet Venom Protein (Dolichovespula maculata)</td>
<td>Set</td>
</tr>
<tr>
<td>6783P6</td>
<td>Yellow Hornet Venom Protein (Dolichovespula arenaria)</td>
<td>Set</td>
</tr>
<tr>
<td>6784P63</td>
<td>Wasp Venom Protein (Polistes spp.)</td>
<td>Set</td>
</tr>
<tr>
<td>6785P6</td>
<td>Yellow Jacket Venom Protein (Equal parts V. germanica, V. maculifrons, V. pensylvanica, V. vulgaris and V. squamosa)</td>
<td>Set</td>
</tr>
<tr>
<td>6786P6</td>
<td>Mixed Vespid Venom Protein (Yellow Jacket, White-Faced Hornet and Yellow Hornet)</td>
<td>Set</td>
</tr>
</tbody>
</table>

MULTIDOSE HYMENOPTERA VENOM PRODUCTS
Choose 5-dose or 12-dose vials. Each vial contains the listed quantity of freeze-dried venom or venom protein and, when reconstituted, will result in a solution of 100 µg/mL (Mixed Vespid - 300 µg/mL).

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ALLERGEN</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6781PG</td>
<td>Honey Bee Venom (Apis mellifera)</td>
<td>5 dose (550 µg)</td>
</tr>
<tr>
<td>6781UX</td>
<td>Honey Bee Venom (Apis mellifera)</td>
<td>12 dose (1300 µg)</td>
</tr>
<tr>
<td>6782PG</td>
<td>White-Faced Hornet Venom Protein (Dolichovespula maculata)</td>
<td>5 dose (550 µg)</td>
</tr>
<tr>
<td>6783PG</td>
<td>Yellow Hornet Venom Protein (Dolichovespula arenaria)</td>
<td>5 dose (550 µg)</td>
</tr>
<tr>
<td>6784PG3</td>
<td>Wasp Venom Protein (Polistes spp.)</td>
<td>5 dose (550 µg)</td>
</tr>
<tr>
<td>6784UX3</td>
<td>Wasp Venom Protein (Polistes spp.)</td>
<td>12 dose (1300 µg)</td>
</tr>
<tr>
<td>6785PG</td>
<td>Yellow Jacket Venom Protein (Equal parts V. germanica, V. maculifrons, V. pensylvanica, V. vulgaris and V. squamosa)</td>
<td>5 dose (550 µg)</td>
</tr>
<tr>
<td>6785UX</td>
<td>Yellow Jacket Venom Protein (Equal parts V. germanica, V. maculifrons, V. pensylvanica, V. vulgaris and V. squamosa)</td>
<td>12 dose (1300 µg)</td>
</tr>
<tr>
<td>6786PK</td>
<td>Mixed Vespid Venom Protein (Yellow Jacket, White-Faced Hornet and Yellow Hornet)</td>
<td>5 dose (1650 µg)</td>
</tr>
<tr>
<td>6786UY</td>
<td>Mixed Vespid Venom Protein (Yellow Jacket, White-Faced Hornet and Yellow Hornet)</td>
<td>12 dose (3900 µg)</td>
</tr>
</tbody>
</table>

*The 5-dose venom protein is contained in a 10mL vial, and the 12-dose venom protein is contained in a 20mL vial.
See page 20 for Sterile Albumin Saline with Phenol (ABS).