1 99-0030-PHR

2 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

3 In the Matter of:

continuance is submitted to the Board in writing, detailing the reasons for the requested continuance, and that request is granted by the Board. Except in the event of an emergency, a request for continuance shall be submitted to the Board no later than seven (7) days prior to the date of hearing.

DATED this 12th day of November, 1999

ARIZONA STATE BOARD OF PHARMACY

SEAL

By Llyn A. Lloyd
Llyn A. Lloyd
Executive Director

Copies of the Foregoing Notice
of Hearing sent by certified mail
this 15th day of November, 1999
to:

Michael P. Wray
540 N. Longmere
Chandler, AZ 85224

And by courier mail to:

Nancy Beck
Assistant Attorney General
1275 W. Washington
Phoenix, AZ 85007
Attorney for the State

and

Thomas Dennis
Assistant Attorney General
1275 W. Washington
Phoenix, AZ 85007
Civil Appeals Section

ARIZONA STATE BOARD OF PHARMACY

5060 NORTH 19TH AVENUE SUITE 101
PHOENIX, ARIZONA 85015
602 255 5125 FAX 602 255 5740

November 12, 1999

Mr. Michael P. Wray RPh
540 N. Longmere
Chandler, AZ 85224

Dear Mr. Wray,

An Amended Notice of Hearing containing allegations based on violations of pharmacy related statutes or rules is contained in this mailing.

In the interest of saving the time, expense and inconvenience of a formal hearing in this matter, I have included a Consent Agreement and a proposed Board Order for your consideration.

The Board Order is consistent with Board action on similar matters in Arizona. Should you decide to accept the Consent Agreement, please call me and I will arrange a meeting to discuss the terms of the proposed Board order. If the meeting results in an acceptable agreement you will sign and notarize the consent at that time. The full Board will decide to accept or reject the Order at the next regularly scheduled Board meeting. I would appreciate hearing from you as soon as possible if you desire to enter into a consent agreement.

Please contact me at this office to verify understanding of the documents or to clarify any issues that concern you.

Sincerely,

Hal Wand
Deputy Director

Z 353 698 059

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to MICHAEL P. WRAY	
Street & Number 540 N. LONGMERE	
Post Office, State, & ZIP Code CHANDLER AZ 85224	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date 11-12-99	

PS Form **3800**, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MICHAEL P. WRAY
540 N. LONGMERE
CHANDLER, AZ 85224

4a. Article Number
Z-353-698-059

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11/16/99

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Sarah Wray

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 **Domestic Return Receipt**