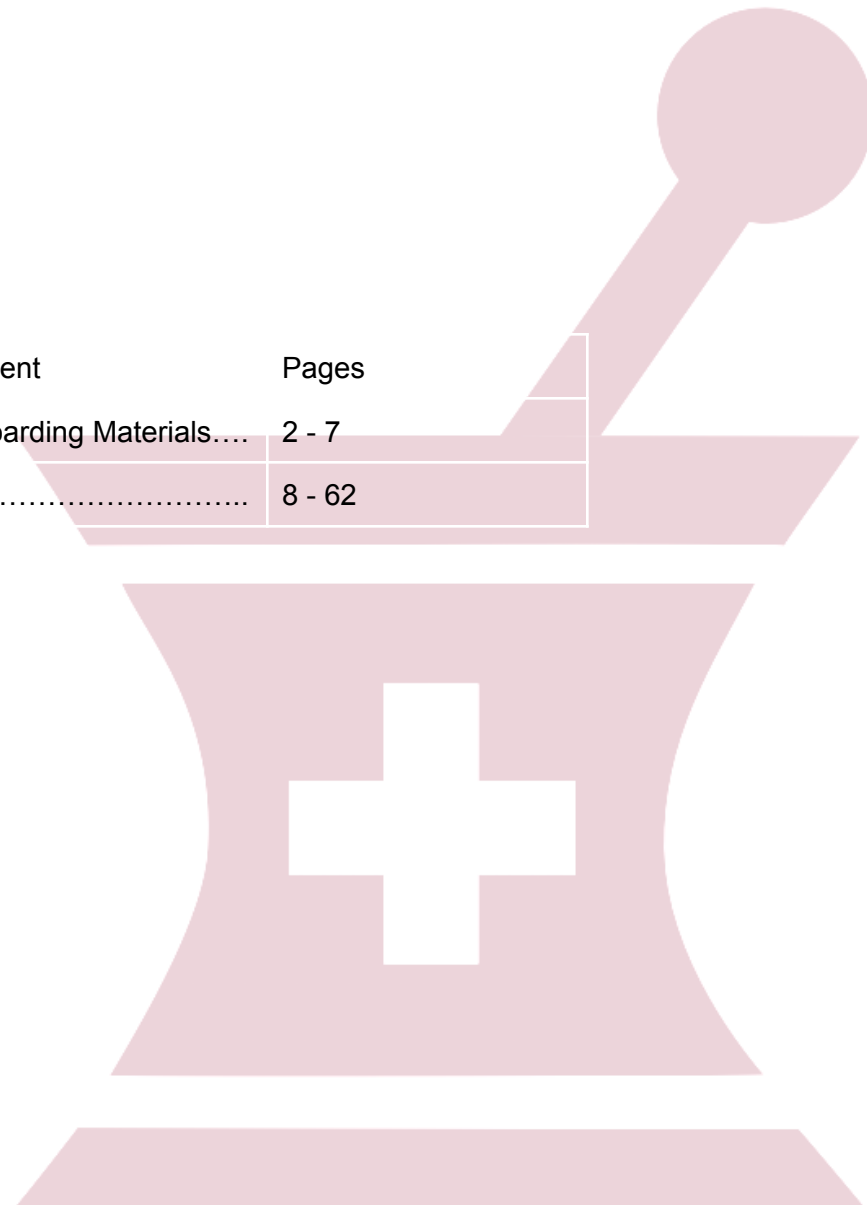


Plattsburgh, NY

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The information contained in this packet is the product of Freedom of Information Act requests filed by the Partnership for Safe Medicines. For additional info, please feel free to contact Shabbir Imber Safdar at shabbir@safemedicines.org or (415) 630-3736.



CANARX is a voluntary international mail order option. To be eligible for the CANARX program, you must be an existing member of a health insurance plan that currently has CANARX implemented as an additional option for prescription medication coverage.



FREE Brand-Name Medications



No Shipping and Handling Charges to You!



SIMPLE.

Who is CANARX?

We're the easy way for you to get prescription medications. CANARX offers hundreds of brand-name maintenance medications that you can get — **copay-free** — in just a few easy steps.

SAFE.

Medications are shipped direct to you from licensed and regulated pharmacies located in Canada, the United Kingdom and Australia. All medications are backed by a Quality Assurance Team of doctors and pharmacists, as well as 20-plus years of experience in the industry.

SMART.

With our program, you pay **\$0** in copays and your medications are shipped right to your door for **FREE**. How? Your health plan pays less for the medication and shares these savings with you.

Ready to Start Saving?

ENROLL TODAY!

1-866-893-6337 | canarx.com



Let's Get Started

JOINING IS EASY!

Visit our website today, for more information including:

- Additional Forms
- Frequently Asked Questions (FAQs)
- Video Overview
- List of Medications

Call 1-866-893-6337 for your plan's WebID.

canarx.com

Scan to go to the website ▶



Before ordering through CANARX, you or your doctor must attest that you have been taking your prescribed medication for at least 30 days – this is to ensure you have not experienced any complications with the medication.



STEP 1

Ask your doctor for a prescription for a **3-month** supply of your maintenance medication with **3 refills**.



STEP 2

Fill out the attached enrollment form or download one from your group website.



STEP 3

Send us your prescription, enrollment form and a copy of your state driver's license or other approved government ID.



STEP 4

CANARX will call you to welcome you to the program and review your order.



STEP 5

A licensed and regulated pharmacy will ship your medication to you in the original manufacturer's sealed packaging.



STEP 6

Refills are worry-free. CANARX will call you prior to each renewal of your prescription to ensure you have a continuous supply.

Submit Your Completed and Signed Enrollment Form, Original Prescription and ID:

By Mail to:

CANARX
PO Box 3009
Windsor, ON Canada
N8N 2M3

Enrollment Form
and ID can also
be sent by secure
upload to:
canarxdocs.com

By Fax to:

1-866-715-6337

Note: Prescriptions must be faxed directly from the physician's office.

CANARX



MEMBER ENROLLMENT FORM

For more information, please call:
TOLL-FREE PHONE: 1-866-893-6337

Please return completed enrollment form by one of the following methods:
MAIL: CANARX, PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3
SECURE UPLOAD: CANARXDOCS.COM
FAX: 1-866-715-6337 (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

WEBID (CALL IF UNSURE)
NAME OF EMPLOYER

PATIENT INFORMATION (PLEASE PRINT)		DATE OF BIRTH (MM/DD/YYYY)		MEMBER ID # (IF AVAILABLE)
HOME PHONE	MOBILE PHONE	WORK PHONE	EXT.	EMAIL ADDRESS
FIRST NAME		INITIAL	LAST NAME	
STREET ADDRESS				
CITY		STATE	ZIP CODE	<input type="checkbox"/> SUBSCRIBER <input type="checkbox"/> DEPENDENT

CURRENT MEDICATIONS / VITAMINS THIS IS NOT A PRESCRIPTION.
LIST ALL: PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.

NAME OF MEDICATION <i>Ex. JANUVIA</i>	DOSAGE <i>Ex. 50MG</i>	TIME(S) TO TAKE <i>Ex. TWICE DAILY</i>	DATE STARTED <i>Ex. 08/20/2019</i>	REASON FOR TAKING <i>Ex. DIABETES</i>

NEW-TO-YOU MEDICATIONS MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF **NO LESS THAN 30 DAYS** BEFORE ORDERING THROUGH THIS PROGRAM. **PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.**

PRESCRIPTION IS ATTACHED PRESCRIPTION WILL FOLLOW BY MAIL PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.) MALE FEMALE

1. OPERATIONS (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

2. HOSPITALIZATIONS (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

3. MEDICAL CONDITIONS (ONGOING – EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) – **NOTE:** Please refrain from using generic terms such as **“heart disease”** as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

4. DRUG ALLERGIES: YES NO IF YES, PLEASE SPECIFY.

AUTHORIZATION – IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: _____ Date: _____ (MM/DD/YYYY)

AUTHORIZATION – IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient's Signature: _____ Date: _____ (MM/DD/YYYY)

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with CANARX Group Inc. at Christ Church, Barbados (referred to as "CANARX") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CANARX to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CANARX to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CANARX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CANARX or any CANARX selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CANARX strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CANARX, I will immediately contact my U.S. physician.
14. All information that I give to CANARX is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CANARX and its delegates and contractors (collectively referred to as "CANARX") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. CANARX may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. CANARX may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CANARX (and any CANARX selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CANARX from my U.S. physician's office the original signed copy of the prescription.
6. CANARX and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CANARX selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CANARX may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CANARX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

I hereby make the following acknowledgements and releases to CANARX and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:

1. My U.S. physician is my primary physician. Any CANARX selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CANARX selected pharmacy.
2. CANARX has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CANARX selected physician and have enlisted the services of CANARX to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CANARX and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CANARX selected pharmacy.
6. I acknowledge that CANARX, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

PRIVACY NOTICE AND ACKNOWLEDGEMENT

I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CANARX Privacy Policy in detail as provided below:

1. CANARX may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CANARX and CANARX selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CANARX selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CANARX may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CANARX, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CANARX's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that CANARX will obtain health information about me, and is obligated in accordance with the CANARX Privacy Policy to protect such information. I can visit www.CANARX.com/privacy-policy/ at any time to view the most updated version of the CANARX Privacy Policy.

FURTHER ACKNOWLEDGEMENT & RELEASE

I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CANARX and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CANARX in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.



SIMPLE. SAFE. SMART.

SIGN UP TODAY

Receive a \$25 Gift Card for each eligible prescription submitted to the CANARX program for a 90 day supply with 3 refills!

Medications FREE to your door!
See reverse for a full list of medications.

CANARX is a voluntary international mail order prescription program that is available to eligible employees, retirees and their dependents of the City of Plattsburgh, NY.

Brand name medications, in the original factory-sealed manufacturers packaging, are delivered DIRECT TO YOUR DOOR from certified pharmacies in Canada, the United Kingdom and Australia. YOU PAY NOTHING thanks to the savings CANARX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered. Call **1-866-893-6337** and speak with a CANARX representative or view the complete formulary and print enrollment material at www.canarx.com (WebID: **PLATT**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription and a copy of your photo ID).
4. Sit back and relax...medication will be mailed direct to your home within 4 weeks!

- ✓ \$0 Copay
- ✓ 550+ FREE Brand Name Medications
- ✓ Easy, convenient refills
- ✓ Refills only, no "new to you" meds
- ✓ No additional costs

For More Information



1-866-893-6337
www.canarx.com
WebID: **PLATT**

ACIPHEX 20MG	CADUET 10/80MG	FARESTON 60MG	LEXAPRO (G) 20MG	PRISTIQ 50MG	TIVICAY 50MG
ACTONEL 35MG	CAMBIA 50MG	FARXIGA 5MG	LEXIVA 700MG	PRISTIQ 100MG	TOBI PODHALER 28MG
ACTONEL 150MG	CARDIZEM CD (G) 360MG	FARXIGA 10MG	LIALDA 1.2GM	PROMETRIUM 100MG	TOBREX OINT 0.3%
ACTOPLUS 15MG-850MG	CARDURA XL 4MG	FELDENE 10MG	LINZESS 72MCG	PROSCAR (G) 5MG	TOPAMAX (G) 50 MG
ACTOS (G) 15MG	CARDURA XL 8MG	FELDENE 20MG	LINZESS 145MCG	PROTOPIC OINT 0.03%	TOPAMAX (G) 100MG
ACTOS (G) 30MG	CELEBREX 100MG	FEMARA (G) 2.5MG	LINZESS 290MCG	PROTOPIC OINT 0.1%	TOPAMAX (G) 200MG
ACTOS (G) 45MG	CELEBREX 200MG	FETZIMA 20MG	LIPITOR (G) 10MG	PROZAC (G) 20MG	TOPICORT CREAM 0.25%
ACULAR (G) 0.5%	CELEBRA (G) 20MG	FETZIMA 40MG	LIPITOR (G) 20MG	QTERN 10-5MG	TOVIAZ 4MG
ACULAR LS (G) 0.4%	CLARINEX 5MG	FETZIMA 80MG	LIPITOR (G) 40MG	QVAR REDIHALER 40MCG	TOVIAZ 8MG
ACZONE 5%	CLIMARA PATCH 25MCG	FETZIMA 120MG	LIPITOR (G) 80MG	QVAR REDIHALER 80MCG	TRADJENTA 5MG
ADVAIR DISKUS 100MCG	CLIMARA PATCH 50MCG	FINACEA GEL 15%	LOCOD LIPOCREAM 0.1%	RANEXA 500MG	TRAVATAN Z 0.004%
ADVAIR DISKUS 250MCG	CLIMARA PATCH 75MCG	FLOAREX 0.1%	LOPRESSOR (G) 50MG	RAPAFLO 4MG	TRELEGY ELLIPTA 100-62.5-25MCG
ADVAIR DISKUS 500MCG	CLIMARA PATCH 100MCG	FLOVENT 44MCG	LOTEMAX GEL 0.5%	RAPAFLO 8MG	TRELEGY ELLIPTA 200-62.5-25MCG
ADVAIR HFA 45/21MCG	COMBIGAN 0.2-0.5%	FLOVENT 110MCG	LOTEMAX OINT 0.5%	RAPAMUNE 0.5MG	TRIBENZOR 20/5/12.5MG
ADVAIR HFA 115/21MCG	COMBIVENT RESPIMAT	FLOVENT 220MCG	LOTEMAX SUSP 0.5%	RAPAMUNE 2MG	TRIBENZOR 40/5/12.5MG
ADVAIR HFA 230/21MCG	20MCG/100MCG	FLOVENT DISKUS 100MCG	LOVENOX (G) 60MG	RELPAK 20MG	TRIBENZOR 40/10/12.5MG
AFINITOR 2.5MG	COMTAN 200MG	FLOVENT DISKUS 250MCG	LOVENOX (G) 100MG	RELPAK 40MG	TRIBENZOR 40/10/25MG
AFINITOR 5MG	COREG (G) 3.125MG	FOSAMAX PLUS D 70MG-2800IU	LUMIGAN 0.01%	RENAGEL 800MG	TRILEPTAL (G) 150MG
AFINITOR 10MG	COREG (G) 6.25MG	FOSAMAX PLUS D 70MG-5600IU	MESTINON TS 180MG	RESTASIS VIALS 0.05%	TRILEPTAL (G) 300MG
AKLIEF 50MCG/G	COREG (G) 12.5MG	FOSRENOL CHEW 500MG	METRO CREAM 0.75%	RETIN A CREAM 0.05%	TRILEPTAL (G) 600MG
ALDACTONE (G) 25MG	CORGARD 80MG	FOSRENOL CHEW 750MG	METROGEL PUMP 1%	RETIN A GEL (G) 0.025%	TRINTELIX 5MG
ALOCRI 2%	COSOPT PF 2%/0.5%	FOSRENOL CHEW 1000MG	MICARDIS 20MG	RETIN A MICRO GEL PUMP 0.04%	TRINTELIX 10MG
ALOMIDE 0.1%	CRESTOR (G) 5MG	FOSRENOL POWDER 750MG	MICARDIS 40MG	RETIN-A MICRO GEL PUMP 0.1%	TRINTELIX 20MG
ALPHAGAN-P 0.15%	CRESTOR (G) 10MG	FROVA 2.5MG	MICARDIS 80MG	REXULTI 0.25MG	TRINTELIX 50MG
ALREX 0.2%	CRESTOR (G) 20MG	GENVOYA	MICARDIS HCT 40/12.5MG	REXULTI 0.5MG	TRIUCEO 600-50-300MG
ALTACE (G) 2.5MG	CRESTOR (G) 40MG	GILENYA 0.5MG	MICARDIS HCT 80/12.5MG	REXULTI 1MG	TRUSOPT OPHTH SOLUTION (G) 2%
ANAPROX DS 550MG	CRINONE GEL 8%	GLUCAGEN HYPOKIT 1MG	MICARDIS HCT 80/25MG	REXULTI 2MG	UDCER PRESSAIR 400MCG
ANORO ELLIPTA 62.5/25MCG	DALIRESP 500MCG	GLUMETZA ER 1000MG	MIGRANAL 4MG/ML	REXULTI 3MG	UCERIS 9MG
APTOM 200MG	DDAVP (G) 0.2MG	GLYXAMBI 10MG/5MG	MINIPRESS (G) 1MG	REXULTI 4MG	ULORIC 80MG
APTOM 400MG	DEPAKOTE 250MG	GLYXAMBI 25MG/5MG	MINIPRESS (G) 2MG	RINVOO 15MG	UROKIC-K 10MEQ
APTOM 600MG	DEPAKOTE 500MG	HEPSERA (G) 10MG	MINIPRESS (G) 5MG	RINVOO 30MG	UROXATRAL (G) 10MG
APTOM 800MG	DETROL 1MG	IBRANCE 75MG	MIRAPLEX ER 0.375MG	RISPERDAL (G) 0.50MG	URSO 250MG
ARAVA 10MG	DETROL 2MG	IBRANCE 100MG	MIRAPLEX ER 0.75MG	RISPERDAL (G) 2MG	VAGIFEM 10MCG
ARAVA 20MG	DETROL LA 2MG	IBRANCE 125MG	MIRAPLEX ER 1.5MG	RYBELSUS 3MG	VECTICAL 3MCG/GM
ARIMIDEX (G) 1MG	DETROL LA 4MG	ILEVRO 0.3%	MIRAPLEX ER 2.25MG	RYBELSUS 7MG	VELPHORO 500MG
ARNIITY ELLIPTA 100MCG	DEXILANT DR 30MG	IMITREX (G) 50MG	MIRAPLEX ER 3MG	RYBELSUS 14MG	VENTOLIN HFA 90MCG
ARNIITY ELLIPTA 200MCG	DEXILANT DR 60MG	IMITREX NASAL SPRAY 5MG	MIRAPLEX ER 3.75MG	SAPHRIS 5MG	VIIBRYD 10MG
AROMASIN 25MG	DIFFERIN CREAM 0.1%	IMITREX NASAL SPRAY 20MG	MIRAPLEX ER 4.5MG	SAPHRIS 10MG	VIIBRYD 20MG
ARTHROTEC 50MG	DIFFERIN GEL 0.3%	IMITREX STATDOSE 6MG/0.5ML	MIRVASO 0.33%	SEASONIQUE 0.15/0.03/0.01MG	VIIBRYD 40MG
ARTHROTEC 75MG	DIOVAN (G) 40MG	IMURAN (G) 50MG	MOBIC (G) 7.5MG	SEGLUROMET 2.5MG-500MG	VIMOVO 375/20MG
ASMANEX TWISTHALER 110MCG	DIOVAN (G) 80MG	INCRUSE ELLIPTA 62.5MCG	MOBIC (G) 15MG	SEGLUROMET 2.5MG-1000MG	VIMOVO 500/20MG
ASMANEX TWISTHALER 220MCG	DIOVAN (G) 160MG	INSPRA 25MG	MOTEGRITY 1MG	SEGLUROMET 7.5MG-500MG	VIVELLE-DOT 25MCG
ASTAGRAF XL 0.5MG	DIOVAN (G) 320MG	INSPRA 50MG	MOTEGRITY 2MG	SEGLUROMET 7.5MG-1000MG	VIVELLE-DOT 37.5MCG
ASTAGRAF XL 1MG	DIOVAN HCT (G) 80/12.5MG	INVEGA 3MG	MULTAQ 400MG	SEREVENT DISKUS 50MCG	VIVELLE-DOT 50MCG
ASTAGRAF XL 5MG	DIOVAN HCT (G) 160/12.5MG	INVEGA 6MG	MYRBETRIQ 25MG	SEROQUEL (G) 25MG	VIVELLE-DOT 75MCG
ATACAND 4MG	DIOVAN HCT (G) 160/25MG	INVEGA 9MG	MYRBETRIQ 50MG	SEROQUEL (G) 100MG	VIVELLE-DOT 100MCG
ATACAND 8MG	DIOVAN HCT (G) 320/12.5MG	INVOKAMET 50MG-500MG	NAMENDA 10MG	SEROQUEL (G) 200MG	VRAYLAR 1.5MG
ATACAND 16MG	DIOVAN HCT (G) 320/25MG	INVOKAMET 50MG-1000MG	NATAZIA 3/2-2/2-3/1MG	SEROQUEL (G) 300MG	VRAYLAR 3MG
ATACAND 32MG	DIPROLENE OINT 0.05%	INVOKAMET 150MG-500MG	NESINA 6.25MG	SEROQUEL XR (G) 50MG	VRAYLAR 4.5MG
ATACAND HCT 16MG/12.5MG	DITROPAN XL (G) 5MG	INVOKAMET 150MG-1000MG	NESINA 12.5MG	SEROQUEL XR (G) 150MG	VRAYLAR 6MG
ATACAND HCT 32MG/12.5MG	DIVIGEL 0.25MG	INVOKANA 100MG	NESINA 25MG	SEROQUEL XR (G) 200MG	VUMERITY 231MG
ATELVIA DR 35MG	DIVIGEL 0.5MG	INVOKANA 300MG	NEUPRO 1MG	SEROQUEL XR (G) 300MG	VYTORIN 10/10MG
ATROVENT HFA 20UG	DIVIGEL 1MG	IRESSA 250MG	NEUPRO 2MG	SEROQUEL XR (G) 400MG	VYTORIN 10/20MG
AVALIDE (G) 150MG/12.5MG	DUOVATO 50MG-300MG	ISENTRESS 400MG	NEUPRO 3MG	SIMBRINZA 1%/0.2%	VYTORIN 10/40MG
AVAPRO (G) 75MG	DUAVEE 0.45-20MG	JAKAFI 5MG	NEUPRO 4MG	SINEMET (G) 100/100MG	VYTORIN 10/80MG
AVAPRO (G) 150MG	DULERA 100MCG/5MCG	JAKAFI 15MG	NEUPRO 6MG	SINEMET (G) 100/25MG	WAKIX 4.5MG
AVAPRO (G) 300MG	DULERA 200MCG/5MCG	JAKAFI 20MG	NEUPRO 8MG	SINEMET (G) 100/25MG	WAKIX 17.8MG
AZELEX 20%	DUMETRA 0.01%/0.045%	JAKAFI 15MG	NEVANAC 3MG/ML	SINGULAIR (G) 5MG	WELCHOL 625MG
AZILECT 0.5MG	DYMISTA 137/50MCG	JAKAFI 20MG	NEXAVAR 200MG	SINGULAIR (G) 10MG	WELCHOL PACKET 3.75G
AZILECT 1MG	EDARBI 40MG	JALYN 0.5MG/0.4MG	NEXIUM (G) 20MG	SINGULAIR GRANULES (G) 4MG	WELLBUTRIN XL (G) 150MG
AZOPT 1%	EDARBI 80MG	JANUMET 50/500MG	NEXIUM (G) 40MG	SLYND 4MG	WELLBUTRIN XL (G) 300MG
AZOR 20/5MG	EDARBYCLOR 40MG/12.5MG	JANUMET 50/1000MG	NEXIUM DR (G) 10MG	SOOLANTRA 1%	XADAGO 50MG
AZOR 40/5MG	EDARBYCLOR 40MG/25MG	JANUMET XR 50MG/500MG	NEXLETOL 180MG	SPRIVA 18MCG	XADAGO 100MG
AZOR 40/10MG	EDECIN 25MG	JANUMET XR 50MG/1000MG	NEXLIZET 180MG-10MG	STALEVO (G) 50MG	XALATAN 50MCG/ML
BANZEL 200MG	EDURANT 25MG	JANUMET XR 100MG/1000MG	NORITATE CREAM 1%	STALEVO (G) 100MG	XARELTO 2.5MG
BANZEL 400MG	ELIDEL 1%	JANUVIA 25MG	NORVASC (G) 5MG	STALEVO (G) 125MG	XARELTO 10MG
BECONASE AQ 42MCG	ELIQUIS 2.5MG	JANUVIA 50MG	NORVASC (G) 10MG	STALEVO (G) 150MG	XARELTO 15MG
BENICAR 20MG	ELIQUIS 5MG	JANUVIA 100MG	ODEFSEY 200MG-25MG-25MG	STALEVO (G) 200MG	XARELTO 20MG
BENICAR 40MG	ELMIRON 100MG	JARDIANCE 10MG	OLUMIANT 2MG	STALEVO (G) 300MG	XELJANZ 5MG
BENICAR HCT 20MG/12.5MG	ENTRESTO 24MG-26MG	JARDIANCE 25MG	OMNARIS 50MCG	STALEVO (G) 400MG	XELJANZ 10MG
BENICAR HCT 40MG/12.5MG	ENTRESTO 49MG-51MG	JENTADUETO 2.5MG-500MG	ONGLYZA 5MG	STALEVO (G) 400MG	XELJANZ XR 11MG
BENICAR HCT 40MG/25MG	ENTRESTO 97MG-103MG	JENTADUETO 2.5MG-850MG	ONGLYZA 25MG	STALEVO (G) 400MG	XENICAL 120MG
BEPREVE 1.5%	EPIDUO FORTE 0.3%/2.5%	JENTADUETO 2.5MG-1000MG	ORILISSA 150MG	STALEVO (G) 400MG	XIGDUO XR 5/1000MG
BETIMOL 0.25%	EPIDUO GEL PUMP 0.1%/2.5%	JUBLIA 10%	ORILISSA 200MG	STALEVO (G) 400MG	XIGDUO XR 10/500MG
BETIMOL 0.5%	EPIPHEN 0.3MG	JULUCA 50MG-25MG	OSPHENA 60MG	STALEVO (G) 400MG	XIGDUO XR 10/1000MG
BETOPTIC S 0.25%	EPIPHEN JR 0.15MG	KAZANO 12.5/500MG	OTEZLA 30MG	STALEVO (G) 400MG	XIIDRA 5%
BEYAZ	EPIVIR / HBV 100MG	KAZANO 12.5/1000MG	PAXIL (G) 20MG	STALEVO (G) 400MG	YASMIN 28
BIJUVA 1MG-100MG	EPZICOM (G) 600MG-300MG	KEPPRA (G) 250MG	PENTASA 500MG	STALEVO (G) 400MG	YAZ 3/0.02MG
BIKTRAVY 50MG-200MG-25MG	ESTROGEL 0.06%	KEPPRA (G) 500MG	PLAQUENIL 200MG	STALEVO (G) 400MG	ZELAPAR 1.25MG
BINOSTO 70MG	EUCRISA 2%	KEPPRA (G) 1000MG	PRADAXA 75MG	STALEVO (G) 400MG	ZETIA (G) 10MG
BREO ELLIPTA 100/25MCG	EVISTA 60MG	KERENDIA 10MG	PRADAXA 150MG	STALEVO (G) 400MG	ZIANA 1.2%-0.025%
BREO ELLIPTA 200/25MCG	EVOTAZ 300MG-150MG	KERENDIA 20MG	PRED FORTE 1%	STALEVO (G) 400MG	ZOCOR (G) 20MG
BRILINTA 60MG	EXELON 4.6MG/24HR	KISQALI 200MG	PREMARIN 0.3MG	STALEVO (G) 400MG	ZOCOR (G) 40MG
BRILINTA 90MG	EXELON 9.5MG/24HR	KOMBIGLYZE XR 2.5MG/1000MG	PREMARIN 0.625MG	STALEVO (G) 400MG	ZOLOFT (G) 25MG
BYSTOLIC 5MG	EXELON 13.3MG/24HR	KOMBIGLYZE XR 5MG/500MG	PREMARIN 1.25MG	STALEVO (G) 400MG	ZOLOFT (G) 50MG
BYSTOLIC 10MG	EXFORGE 5/160MG	KOMBIGLYZE XR 5MG/1000MG	PREMARIN CREAM 0.625MG/GM	STALEVO (G) 400MG	ZOLOFT (G) 100MG
BYSTOLIC 20MG	EXFORGE 5/320MG	LAMICTAL (G) 25MG	PREMPRO 0.3MG/1.5MG	STALEVO (G) 400MG	ZOMIG (G) 2.5MG
CADUET 5/10MG	EXFORGE 10/160MG	LATUDA 20MG	PRESTALIA 3.5MG/2.5MG	STALEVO (G) 400MG	ZOMIG NASAL SPRAY 5MG
CADUET 5/20MG	EXFORGE 10/320MG	LATUDA 40MG	PRESTALIA 7MG/5MG	STALEVO (G) 400MG	ZOVIRAC CREAM 5%
CADUET 5/40MG	EXFORGE HCT 160/12.5/5MG	LATUDA 60MG	PRESTALIA 14MG/10MG	STALEVO (G) 400MG	ZYCLARA PACKET 3.75%
CADUET 5/80MG	EXFORGE HCT 160/12.5/10MG	LATUDA 80MG	PREVACID SOLUTAB 15MG	STALEVO (G) 400MG	ZYPREXA (G) 2.5MG
CADUET 10/10MG	EXFORGE HCT 160/25/5MG	LATUDA 120MG	PREVACID SOLUTAB 30MG	STALEVO (G) 400MG	ZYPREXA (G) 5MG
CADUET 10/20MG	EXFORGE HCT 160/25/10MG	LEXAPRO (G) 5MG	PREZISTA 600MG	STALEVO (G) 400MG	ZYPREXA (G) 10MG
CADUET 10/40MG	EXFORGE HCT 320/25/10MG	LEXAPRO (G) 10MG	PREZISTA 800MG	STALEVO (G) 400MG	ZYTIGA (G) 500MG

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.

2022



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 32200

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

January 01, 2022 - January 15, 2022

\$477.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 32321

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

January 16, 2022 - January 31, 2022

\$211.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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CANARX GROUP A/C# 102172103

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CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 32602

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

February 01, 2022 - February 15, 2022

\$1,299.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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CANARX GROUP A/C# 102172103

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CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 32719

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

February 16, 2022 - February 28, 2022

\$1,266.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 33005

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

March 01, 2022 - March 15, 2022

\$718.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 33135

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

March 16, 2022 - March 31, 2022

\$1,137.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 33430

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

April 01, 2022 - April 15, 2022

\$1,275.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3


4/19/22

Can wait to pay next week / KAM 05104/22 3:45 Kam



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 33548

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

April 16, 2022 - April 30, 2022

\$259.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 33830

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

May 01, 2022 - May 15, 2022

\$1,286.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 33947

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

May 16, 2022 - May 31, 2022

\$3,747.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

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P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34242

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

June 01, 2022 - June 15, 2022

\$1,015.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34371

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

June 16, 2022 - June 30, 2022

\$2,471.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35078

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

August 01, 2022 - August 15, 2022

\$3,166.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

V 8185

INVOICE # 35201

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

August 16, 2022 - August 31, 2022

\$622.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35502

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

September 01, 2022 - September 15, 2022

\$1,285.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34777

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

July 16, 2022 - July 31, 2022

\$1,499.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35919

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

October 01, 2022 - October 15, 2022

\$2,375.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35604

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

September 16, 2022 - September 30, 2022

\$863.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

Paul
10/4/22



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36021

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

October 16, 2022 - October 31, 2022

\$1,695.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36342

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

November 01, 2022 - November 15, 2022

\$3,400.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36452

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

November 16, 2022 - November 30, 2022

\$634.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36756

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

December 01, 2022 - December 15, 2022

\$394.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

2022 EXPENSE

INVOICE # 36863

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

December 16, 2022 - December 31, 2022

\$1,416.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

[Handwritten Signature]
7/17/23



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42003

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

December 16, 2023 - December 31, 2023

\$1,278.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37159

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

January 01, 2023 - January 15, 2023

\$897.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37260

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

January 16, 2023 - January 31, 2023

\$710.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

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CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37579

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

February 01, 2023 - February 15, 2023

\$2,616.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37983

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

March 01, 2023 - March 15, 2023

\$1,794.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

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CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38087

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

March 16, 2023 - March 31, 2023

\$2,240.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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CANARX GROUP A/C# 102172103

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WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38664

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

April 01, 2023 - April 30, 2023

\$1,534.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

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CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38850

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

May 01, 2023 - May 15, 2023

\$2,978.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

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CANARX Group
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WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38950

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

May 16, 2023 - May 31, 2023

\$2,129.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39283

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

June 01, 2023 - June 15, 2023

\$710.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39602

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

June 16, 2023 - June 30, 2023

\$1,795.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39711

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

July 01, 2023 - July 15, 2023

\$508.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39810

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

July 16, 2023 - July 31, 2023

\$749.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40138

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

August 01, 2023 - August 15, 2023

\$78.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40246

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

August 16, 2023 - August 31, 2023

\$2,936.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40682

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

September 16, 2023 - September 30, 2023

\$1,937.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40573

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

September 01, 2023 - September 15, 2023

\$2,429.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41000

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

October 01, 2023 - October 15, 2023

\$998.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41104

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

October 16, 2023 - October 31, 2023

\$813.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41445

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

November 01, 2023 - November 15, 2023

\$1,076.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
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P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41549

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

November 16, 2023 - November 30, 2023

\$3,957.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBB2) for further credit to
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CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41902

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

December 01, 2023 - December 15, 2023

\$2,929.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44272

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

May 16, 2024 - May 31, 2024

\$3,019.80 USD

Please note that in our continued efforts to utilize best security practices, beginning in July, CANARX invoices will be sent from invoicing@canarx.com and will be delivered through an encrypted email channel provided by ZIX.

If your company is not currently using ZIX, you will be prompted to set up an account to view these encrypted communications. Please let us know if you have any questions or concerns.

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44166

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

May 01, 2024 - May 15, 2024

\$5,161.00 USD

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WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

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PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040

Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43784

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

April 16, 2024 - April 30, 2024

\$1,578.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

20240030

INVOICE # 43686

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

April 01, 2024 - April 15, 2024

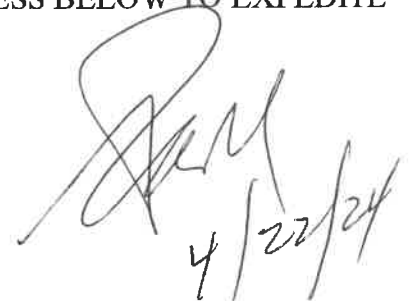
\$1,628.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3


4/22/24

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43350

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

March 16, 2024 - March 31, 2024

\$2,715.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43240

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

March 01, 2024 - March 15, 2024

\$3,270.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42897

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

February 16, 2024 - February 29, 2024

\$268.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42794

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

February 01, 2024 - February 15, 2024

\$2,664.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
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Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42427

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

January 16, 2024 - January 31, 2024

\$3,659.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
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Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42328

In Account With:

City of Plattsburgh

**Regarding: PlattsburghMeds
41 City Hall Place
Plattsburgh, NY
12901**

January 01, 2024 - January 15, 2024

\$1,467.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

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