Consistent with the terms of the Court's May 22, 2017 scheduling order, the record has been redacted for all information that plaintiff, Texas Department of Criminal Justice (Texas), has identified as confidential. In addition, Defendants have also redacted information that the drug's supplier and broker have separately advised the agency they consider confidential and private, as well as information the agency itself generally treats as confidential. This information has been redacted pending final FDA's review of confidentiality claims, and our filing of the record with these redactions does not necessarily reflect our agreement with all of the claims of confidentiality Defendants have received. Defendants explicitly reserve the right to make an independent determination regarding the proper scope of redactions at a later time. Should we identify any of Texas's redactions that are over-broad or otherwise improper, we will work with Texas's counsel to revise the redactions in the record.

ATTACHMENT A

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JAMES ROANE, JR., et al.,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	**Civil Action No. 05-2337(RWR/DAR)**
	)	
ERIC H. HOLDER, JR., et al.,	)	
	)	
Defendants.	)	
	)	

THE PARTIES' JOINT MOTION FOR AN ORDER ESTABLISHING A DEADLINE FOR DEFENDANTS TO SUPPLEMENT DISCOVERY, IF APPROPRIATE, AND TO EXTEND PLAINTIFFS' DEADLINE FOR FILING MOTION TO REOPEN DISCOVERY

For the reasons stated herein, Plaintiffs and Defendants jointly and respectfully move the Court for an Order establishing a deadline for Defendants to supplement their discovery responses, if determined appropriate, and extending Plaintiffs' deadline for filing a motion to reopen discovery, as stated herein. Good cause exists to grant this motion:

1. On April 14, 2011, Plaintiffs advised the Court that Defendants had publicly announced that they "do[] not have any reserves of sodium thiopental for lethal injections." Since sodium thiopental is one of the chemicals specified by the Defendants' lethal injection protocol, Plaintiffs' noted that this circumstance may require the Defendants to modify the protocol, which in turn may require additional discovery.

2. On April 14, 2011, the Court ordered (a) that the parties meet and confer regarding the need for Defendants to supplement discovery, and the need to reopen discovery; (b) that the parties jointly file a status report on this subject by April 29, 2011; and (c) that Plaintiffs file, by no later than May 13, 2011, a motion to reopen discovery.

3. On May 3, 2011, after considering the Parties' Joint Status Report Regarding Supplementation of Discovery (Doc. 281), this Court ordered that Defendants supplement their discovery responses by no later than May 9, 2011.

4. On May 9, 2011, Defendants filed an unopposed request to extend the time to complete their supplementation of discovery as ordered by the Court until May 16, 2011 (Doc. 283). Plaintiffs agreed to that extension on the condition that Defendants would agree to an extension of time for Plaintiffs to file a motion to reopen discovery until May 27, 2011. Defendants so agreed. On May 9, 2011 and May 16, 2011, Defendants produced supplemental responses to Plaintiffs' written discovery requests, based on the current lethal injection protocol. Defendants' position is that they have complied with the Court's May 3, 2011 Order based on the current protocol but that, as explained below, they might have to supplement their discovery depending on whether the Bureau of Prisons modifies the lethal injection protocol.

5. On May 13, 2011, counsel for Defendants wrote to counsel for Plaintiffs, stating that, "[t]he Federal Bureau of Prisons is currently considering a revision to its lethal injection protocol;" and is "likely" to make a final determination "by this summer" as to whether to modify the protocol. Counsel for Defendants therefore proposed that the parties move for a continuance of the schedule for briefing the issue of additional discovery "until the Bureau makes its determination but no later than July 29, 2011." Defendants also recommended that the parties postpone two of the remaining three depositions of Plaintiffs' experts until the Bureau decides whether, and if so, how to modify the lethal injection protocol. The parties subsequently agreed to postpone the remaining three depositions until the Bureau of Prisons makes its determination regarding the lethal injection protocol.

6. The parties cannot determine what, if any, additional discovery may be required, until the Bureau of Prisons determines whether to modify its protocol and, if it does decide to modify the protocol, until the protocol is so modified.

For the foregoing reasons, the parties jointly and respectfully request that the Court issue an order providing that Defendants shall supplement their discovery responses by July 29, 2011, if appropriate, and extending until August 26, 2011, the deadline for Plaintiffs to make any motion for additional discovery. In the event that Defendants have not made a decision by July 29, 2011, as to whether to modify the protocol, the parties will meet and confer prior to that date, and submit a joint status report to the Court on or before that date.

Respectfully submitted,

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Counsel for Plaintiff Anthony Battle

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JAMES H. ROANE, JR., et al	)
	)
Plaintiffs,	)
	)
	)
v.	) Civil Action No. 05-2337 (RWR)(DAR)
	)
	)
ERIC H. HOLDER, JR., et al.,	)
	)
Defendants.	)
	)

DEFENDANTS' STATUS REPORT

Pursuant to the Court 's July 29, 2011 Minute Order, Defendants are providing this status report on the Bureau of Prisons' ("Bureau") revisions of the Lethal Injection Protocol used to effectuate federal death sentences. The Department of Justice and the Bureau of Prisons are continuing to assess matters as relates to revision or amendment of the Bureau's lethal injection protocol due to the unavailability of sodium thiopental used in the current protocol. However, the assessment is ongoing and no final determinations have been made as to specific changes to the protocol.

As ordered by the Court on November 3, 2011, Defendants will continue to file monthly reports on the status of the revisions.

Date: April 1, 2013

Respectfully Submitted,

RONALD C. MACHEN JR.
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United States Attorney
for the District of Columbia

DANIEL F. VAN HORN
D.C. BAR # 924092
Civil Chief

By: /s/

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Of Counsel:
Rick Winter
Federal Bureau of Prisons

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JAMES H. ROANE, JR., et al	)
	)
Plaintiffs,	)
	)
	)
v.	) Civil Action No. 05-2337
	)
	)
ERIC H. HOLDER, JR., et al.,	)
	)
Defendants.	)
	)

DEFENDANTS' STATUS REPORT

Pursuant to the Court 's July 29, 2011 Minute Order, Defendants are providing this status report on the Bureau of Prisons' ("Bureau") revisions of the Lethal Injection Protocol used to effectuate federal death sentences. The Department of Justice and the Bureau are currently engaged in a review of the protocol. This assessment is ongoing, and no final determinations have been made as to specific changes to the protocol.

As ordered by the Court on November 3, 2011, Defendants will continue to file monthly reports on the status of the revisions.

Date: April 1, 2016

Respectfully submitted,

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JAMES H. ROANE, JR., et al.	)	
	)	
Plaintiffs,	)	
	)	
vs.	)	Civil Action No. 05-2337
	)	
ERIC H. HOLDER Jr., et al.	)	
	)	
Defendants.	)	

PARTIES' JOINT STATUS REPORT

The Parties respectfully submit this Joint Status Report pursuant to the Court's Order of April 8, 2016.

The Plaintiffs in this action[1] are individuals sentenced to death under federal statutes that provide for capital punishment, but which do not specify the method by which such punishment shall be carried out. The United States Department of Justice has promulgated regulations that call for federal death sentences to be imposed by lethal injection. See 28 C.F.R. Part 26 (1993). Those regulations, however, do not specify the chemical agents to be used in carrying out such punishment, or the method by which those agents shall be administered. At the time these actions were filed, the Defendants had authored a "Lethal Injection Protocol" specifying that capital punishment would be carried out using three drugs – sodium thiopental, pancuronium

[1] This action was originally filed by Plaintiffs Roane, Tipton, and Johnson. On January 29, 2007, the Parties stipulated to the intervention of Plaintiff Webster, and on April 27, 2007, the Parties stipulated to the intervention of Plaintiffs Battle and Hall. Plaintiff Paul moved to intervene on October 6, 2009. The Court denied that motion on July 1, 2010. On March 21, 2014, the U.S. Court of Appeals for the District of Columbia Circuit reversed and remanded, and Paul's motion to intervene was granted on March 24, 2014.

bromide, and potassium chloride – and specifying the manner and method by which those agents would be administered. The original complaint in this action was filed on December 6, 2005, alleging that the Lethal Injection Protocol violates the Plaintiffs' Fifth Amendment rights to Due Process, their Eighth Amendment rights to be free from cruel and unusual punishment, and the Administrative Procedure Act, 5 U.S.C. § 551 *et seq.*

On February 24, 2006, the Hon. Ellen S. Huvelle entered an order staying the litigation and enjoining the Defendants from carrying out the execution of any Plaintiff. On June 30, 2006, the Hon. Richard W. Roberts entered an order lifting the stay on litigation, and continuing in effect the injunction against Plaintiffs' executions.

The Plaintiffs filed an Amended Complaint on July 10, 2006.

On February 21, 2007, Judge Richard Roberts granted Plaintiff Webster's Motion for a Preliminary Injunction enjoining his execution and, on June 11, 2007 entered similar injunctions for Plaintiffs Battle and Hall.

The Parties conducted extensive fact discovery. The Defendants provided the Plaintiffs with written discovery concerning the promulgation and implementation of the Lethal Injection Protocol, and the Plaintiffs deposed the Defendants, the persons involved in creating the Lethal Injection Protocol, and the individuals charged with administering the Lethal Injection Protocol.

However, in March 2011, the Department of Justice announced that it is no longer able to obtain the sodium thiopental necessary to carry out the Protocol, in the absence of which, all parties agree, the Lethal Injection Protocol can not be carried out. As a result, Defendants informed the Court and the Plaintiffs that the Lethal Injection Protocol is being reviewed.

Much of the discovery taken to date concerns the nature and properties of the specific chemicals used in the original Lethal Injection Protocol, at least one of which is no longer

available. The discovery taken to date also addresses the methods by which the chemicals used in the original Lethal Injection Protocol would be administered, and the qualifications of, and training provided to, the individuals who would administer them.

The Parties do not seek any action by the Court at this time.

For the Plaintiffs:

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Counsel for Intervenor-Plaintiff Jeffrey Paul

CERTIFICATE OF SERVICE

I certify that on April 18, 2016, a copy of the foregoing Parties' Joint Status Report was filed using the CM/ECF system, which will then send notification of such filing to all counsel of record.

/s/

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ATTACHMENT B

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Donald Edward BEATY, Daniel Wayne COOK, Eric J. KING, Brett Patrick PENSINGER, and Stephen Michael WEST, Plaintiffs, v. FOOD AND DRUG ADMINISTRATION, UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, Kathleen SEBELIUS, and Margaret A. HAMBURG, M.D., Defendants.	**Civil Action No. 1:11-cv-00289 (RJL)** **ECF Case**

DECLARATION OF SEAN C. GRIFFIN

I, Sean C. Griffin, declare as follows in support of Plaintiffs' Motion for Summary Judgment in the above-captioned action:

1. I am over the age of eighteen years and am a licensed attorney in good standing in the State of Virginia and the District of Columbia. I am a member of the bar of this Court and have appeared as counsel on behalf of Plaintiffs in the above-captioned action.

2. Attached as Exhibit 1 to this declaration is a true and correct copy of the Food and Drug Administration's ("FDA") August 4, 2004 response to a citizen petition filed by the City of Springfield, Massachusetts, Document No. FDA-2003-P-0238-0010 on www.regulations.gov.

3. Attached as Exhibit 2 to this declaration is a true and correct copy of FDA's memorandum in support of its motion to dismiss in *Vermont v. Leavitt*, Case No. 04-206 in the United States District Court for the District of Vermont.

4. Attached as Exhibit 3 to this declaration is a true and correct copy of FDA's reply memorandum in support of its motion to dismiss in *Vermont v. Leavitt*.

5. Attached as Exhibit 4 to this declaration is a true and correct copy of the August 1, 1979 opinion of the United States District Court for the District of Nevada in *United States v. Articles of Drug . . . Labeled in Part . . . Beuthanasia D* as reported by the Food, Drug, and Cosmetic Law Reporter.

6. Attached as Exhibit 5 to this declaration is a true and correct copy of a chain of emails sent by Murray Lumpkin, Deputy Commissioner, International Programs, FDA, and Tom Smith, Head, Export Control Organisation, U.K. Department for Business, Innovation and Skills between November 16 and November 18, 2010.

7. Attached as Exhibit 6 to this declaration is a true and correct copy of pages taken from the United States Pharmacopeia / The National Formulary.

8. Attached as Exhibit 7 to this declaration is a true and correct copy of the packaging of the sodium thiopental ("thiopental") sold by Dream Pharma, Ltd. ("Dream") to the Georgia Department of Corrections ("GDC"), as produced by the GDC in January 2011.

9. Attached as Exhibit 8 to this declaration is a true and correct copy of a patient information leaflet for the thiopental obtained by the Tennessee Department of Corrections ("TDC") in October 2010, as produced by the TDC in January 2011.

10. Attached as Exhibit 9 to this declaration is a true and correct copy of the vial and packaging of the thiopental sold by Dream to the California Department of Rehabilitation and Corrections ("CDRC"), as produced by the CDRC in January 2011.

11. Attached as Exhibit 10 to this declaration is a true and correct copy of a citizen petition submitted to FDA by the City of Springfield, Massachusetts in October 2003, Document No. FDA-2003-P-0238-0002 on www.regulations.gov.

12. Attached as Exhibit 11 to this declaration is a true and correct copy of a citizen petition submitted to FDA by the State of Vermont in August 2004, Document No. FDA-2003-P-0238-0005 on www.regulations.gov.

13. Attached as Exhibit 12 to this declaration is a true and correct copy of FDA's August 4, 2004 response to a citizen petition filed by the State of Vermont, Document No. FDA-2003-P-0238-0011 on www.regulations.gov.

14. Attached as Exhibit 13 to this declaration is a true and correct copy of the customs entry form for entry number 112-7818637-8, as produced by FDA in January 2011.

15. Attached as Exhibit 14 to this declaration is a true and correct copy of an email sent by Rebecca Asente, Compliance Officer in FDA's New Orleans District Office on June 30, 2010, as produced by FDA in January 2011.

16. Attached as Exhibit 15 to this declaration is a true and correct copy of a chain of emails dated from June 30 to July 6, 2010, as produced by the GDC in January 2011.

17. Attached as Exhibit 16 to this declaration is a true and correct copy of a *Notice of FDA Action* dated July 16, 2010, as produced by FDA in January 2011.

18. Attached as Exhibit 17 to this declaration is a true and correct copy of a fax sent by the GDC on August 10, 2010, as produced by FDA in February 2011.

19. Attached as Exhibit 18 to this declaration is a true and correct copy of a *Notice of FDA Action* dated August 13, 2010, as produced by FDA in January 2011.

20. Attached as Exhibit 19 to this declaration is a true and correct copy of the customs entry form for entry number 112-8992979-0, as produced by FDA in January 2011.

21. Attached as Exhibit 20 to this declaration is a true and correct copy of a *Notice of FDA Action* dated September 22, 2010, as produced by FDA in January 2011.

22. Attached as Exhibit 21 to this declaration is a true and correct copy of a *Notice of FDA Action* dated September 28, 2010, as produced by FDA in January 2011.

23. Attached as Exhibit 22 to this declaration is a true and correct copy of a fax sent by the Arkansas Department of Correction ("AKDC"), as produced by FDA in February 2011.

24. Attached as Exhibit 23 to this declaration is a true and correct copy of an email dated September 28, 2010, from Charles Flanagan of the Arizona Department of Corrections ("ADC") to John McAuliffe of the CDRC, as produced by the CDRC in January 2011.

25. Attached as Exhibit 24 to this declaration is a true and correct copy of a fax from the ADC to Dream dated September 23, 2010, as produced by FDA in February 2011.

26. Attached as Exhibit 25 to this declaration is a true and correct copy of a letter from the ADC to FDA dated September 24, 2010, as produced by FDA in February 2011.

27. Attached as Exhibit 26 to this declaration is a true and correct copy of a chain of emails dated from September 24 to September 27, 2010, as produced by FDA in February 2011.

28. Attached as Exhibit 27 to this declaration is a true and correct copy of a chain of emails dated from September 24 to September 27, 2010, along with three documents attached to the final email on September 27, 2010, as produced by FDA in February 2011.

29. Attached as Exhibit 28 to this declaration is a true and correct copy of the customs entry form for entry number 574-0250322-1, as produced by the ADC in December 2010.

30. Attached as Exhibit 29 to this declaration is a true and correct copy of a *Notice of FDA Action* dated September 29, 2010, as produced by the ADC in December 2010.

31. Attached as Exhibit 30 to this declaration is a true and correct copy of a timeline produced by the CDRC in January 2011.

32. Attached as Exhibit 31 to this declaration is a true and correct copy of a chain of emails dated between August 19 and 20, 2010, as produced by the CDRC in January 2011.

33. Attached as Exhibit 32 to this declaration is a true and correct copy of a chain of emails dated August 4, 2010, as produced by the CDRC in January 2011.

34. Attached as Exhibit 33 to this declaration is a true and correct copy of a chain of emails dated September 29, as produced by the CDRC in January 2011.

35. Attached as Exhibit 34 to this declaration is a true and correct copy of a chain of emails dated September 29, as produced by the CDRC in December 2010.

36. Attached as Exhibit 35 to this declaration is a true and correct copy of a pair of memoranda dated October 1, 2010, as produced by the CDRC in January 2011.

37. Attached as Exhibit 36 to this declaration is a true and correct copy of a sales agreement dated September 30, 2010, as produced by the TDC in January 2011.

38. Attached as Exhibit 37 to this declaration is a true and correct copy of the customs entry form for entry number 112-9247186-3, as produced by FDA in January 2011.

39. Attached as Exhibit 38 to this declaration is a true and correct copy of a document dated October 26, 2010, as produced by the TDC in January 2011.

40. Attached as Exhibit 39 to this declaration is a true and correct copy of the customs entry form for entry number 112-9938358-2, as produced by FDA in January 2011.

41. Attached as Exhibit 40 to this declaration is are three different copies of a chain of emails dated November 30, 2010, between FDA and CDRC officials. The first version is a true and correct copy of the version produced by FDA in January 2011. The second version is a true and correct copy of the version produced by FDA in February 2011. The third version is a true and correct copy of the version produced by the CDRC in February 2011.

42. Attached as Exhibit 41 to this declaration is a true and correct copy of an email sent by the CDRC to FDA on December 9, 2010, as produced by FDA in February 2011.

43. Attached as Exhibit 42 to this declaration is a true and correct copy of a letter from the CDRC to FDA on December 9, 2010, as produced by FDA in February 2011.

44. Attached as Exhibit 43 to this declaration is a true and correct copy of a chain of emails dated December 9, 2010, as produced by FDA in February 2011.

45. Attached as Exhibit 44 to this declaration is a true and correct copy of a chain of emails dated between December 9 and 20, 2010, as produced by FDA in February 2011.

46. Attached as Exhibit 45 to this declaration is a true and correct copy of a *Notice of FDA Action* dated January 6, 2010, as produced by FDA in January 2011.

47. Attached as Exhibit 46 to this declaration is a true and correct copy of a chain of emails between FDA and CDRC, dated between December 9, 2010, and January 7, 2011, as produced by FDA in February 2011.

48. Attached as Exhibit 47 to this declaration is a true and correct copy of a letter from FDA to CDRC dated January 7, 2011, as produced by FDA in January 2011.

49. Attached as Exhibit 48 to this declaration is a true and correct copy of a letter from the South Carolina Department of Corrections ("SCDC") to customs, as produced by FDA in February 2011.

50. Attached as Exhibit 49 to this declaration is a true and correct copy of the customs entry form for entry number 112-9673446-4, as produced by FDA in January 2011.

51. Attached as Exhibit 50 to this declaration is a true and correct copy of a *Notice of FDA Action* dated November 8, 2010, as produced by FDA in January 2011.

52. Attached as Exhibit 51 to this declaration is a true and correct copy of a collection of emails between FDA and the SCDC, dated from December 1, 2010, through January 5, 2010, as produced by FDA in January and February 2011.

53. Attached as Exhibit 52 to this declaration is a true and correct copy of a *Notice of FDA Action* dated January 6, 2011, as produced by FDA in January 2011.

54. Attached as Exhibit 53 to this declaration is a true and correct copy of a letter from FDA to the SCDC dated January 7, 2011, as produced by FDA in January 2011.

55. Attached as Exhibit 54 to this declaration is a true and correct copy of a chain of emails dated between September 24 and 27, 2010, as produced by FDA in February 2011.

56. Attached as Exhibit 55 to this declaration is a true and correct copy of a collection of documents related to Archimedes Pharma UK Limited and Link Pharmaceuticals Limited, which were obtained from the litigation file of *Blankenship v. Owens* in the United States District Court for the Northern District of Georgia, Atlanta Division.

57. Attached as Exhibit 56 to this declaration is a true and correct copy of the Dec. 19, 1980 citizen petition at issue in the *Heckler v. Chaney* litigation.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 21, 2011.

Washington, DC

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Donald Edward BEATY, Daniel Wayne COOK, Eric J. KING, Brett Patrick PENSINGER, and Stephen Michael WEST, Plaintiffs, v. FOOD AND DRUG ADMINISTRATION, UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, Kathleen SEBELIUS, and Margaret A. HAMBURG, M.D., Defendants.	**Civil Action No. 1:11-cv-00289 (RJL)** **ECF Case**

Exhibit 19 to the Declaration of Sean C. Griffin

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

Form Approved
OMB No. 1515-0069

ENTRY/IMMEDIATE DELIVERY

ABI CERTIFIED

AIR EXPRESS

TEL: (b) (4)

19 CFR 142.3, 142.16, 142.22, 142.24

1. ARRIVAL DATE	2. ELECTED ENTRY DATE	3. ENTRY TYPE CODE/NAME	4. ENTRY NUMBER
091710		(b) (4)	112-8992979-0
5. PORT	**6. SINGLE TRANS. BOND**	**7. BROKER/IMPORTER FILE NUMBER**	
2095		(b) (4)	
	8. CONSIGNEE NUMBER		**9. IMPORTER NUMBER**
	NAME/ADDRESS		(b) (4)
10. ULTIMATE CONSIGNEE NAME		**11. IMPORTER OF RECORD NAME**	
(b) (4)		(b) (4)	
12. CARRIER CODE	**13. VOYAGE/FLIGHT/TRIP**	**14. LOCATION OF GOODS-CODE(S)/NAME(S)**	
(b) (4)	(b) (4)	(b) (4)	
15. VESSEL CODE/NAME			
16. U.S. PORT OF UNLADING	**17. MANIFEST NUMBER**	**18. G.O. NUMBER**	**19. TOTAL VALUE**
2095			(b) (4)

20. DESCRIPTION OF MERCHANDISE

PHARMACEUTICALS/THIOPENTAL

21. IT/BL/AWB CODE	22. IT/BL/AWB NO.	23. MANIFEST QUANTITY	24. H.S. NUMBER	25. COUNTRY OF ORIGIN	26. MANUFACTURER ID.
	TOTAL	(b) (4)	(b) (4)	GB	GBDREPHA176LON
M	02358486234				
H	688760418241				

27. CERTIFICATION

I hereby make application for entry/immediate delivery. I certify that the above information is accurate, the bond is sufficient, valid, and current, and that all requirements of 19 CFR Part 142 have been met.

SIGNATURE OF APPLICANT
(b) (7)(C)

PHONE NO. (b) (4)

DATE 09/20/10

28. CUSTOMS USE ONLY

☐ OTHER AGENCY ACTION REQUIRED, NAMELY:

☐ CUSTOMS EXAMINATION REQUIRED.

☐ ENTRY REJECTED, BECAUSE:

DELIVERY AUTHORIZED: SIGNATURE DATE

DTR - AAP/REG

29. BROKER OR OTHER GOVT. AGENCY USE

RLS
9/27/10

Paperwork Reduction Act Notice: This information is needed to determine the admissibility of imports into the United States and to provide the necessary information for the examination of the cargo and to establish the liability for payment of duties and taxes. Your response is necessary.

Dream Pharma Ltd.

176 Horn Lane, Acton, London, W3 6PJ
Tel: 020 8992 7000 Fax: 020 8992 7001
E-Mail: info@dreampharma.com

Invoice Details

Number: 2668INV

Date: 17-09-2010

Address:
(b) (4)

Delivery Address:
(b) (4)

VAT no:
Purchase Order:

Currency: GBP - Pounds sterling
Heading: PHARMACEUTICALS NOT RESTRICTED

Order Details

Name/Description	Quantity	Price	Total
Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's Batch No: AW6022 EXP: 05/14		(b) (4)	

Statement Details

Goods Total: (b) (4)	Subtotal: (b) (4)
Discount (%): (b) (4)	VAT (World Zero) (b) (4)
Delivery (b) (4)	Previous Balance: (b) (4)
Insurance: (b) (4)	**Total:** (b) (4) GBP - Pounds sterling
	Payment Method: Prepayment Thank You

Shipping Details

Packing: one box	Gross Weight (Kg): (b) (4) Net Weight (Kg) (b) (4)
Tariff: (b) (4)	Carrier: (b) (4)
Declarations: We certify that this invoice is true and correct.	Matt Alavi, for Dream Pharma Ltd 176 Horn Lane Acton London W3 6PJ Tel: 020-8992-7000 Fax: 020-8992-7001

Damage, shortage or leakage must be notified in writing to ourselves within 3 days. Non-Delivery within 14 days. Goods remain the property of Dream Pharma Ltd. Until full payment has been received. Subject to our standard conditions of sale. E&OE

Company Registration Number: (b) (4) VAT No. (b) (4)
Director: M. Alavi

FDA 287

ENTRY NUMBER: 112 8992979 0 PAGE: 1
AWB/BL NBR : (b) (4) INVOICE # 09/20/2010
LINE CONSOL. WORKSHEET 05:55 PM

ITEMS MARKED 1 C/O- GB LINE VALUE- GBP
TARIFF # (b) (4)
QTY 1: KG
(b) (4)

** **
**** (b) (4)

*** END OF REPORT ***

ENTRY NUMBER: 112 8992979 0 PAGE: 1
AWB/BL NBR : (b) (4) INVOICE # 09/20/2010
SHIPPER : DREAM PHARMA LTD 05:55 PM
ITEM MARKED REFERENCE

INVOICE LINE#	ITEM MARK	TARIFF NUMBER	COUNTRY OF ORIG.	RATE OF DUTY		VALUE-GBP
1	1	(b) (4)	GB		Q:	(b) (4)

*** END OF REPORT ***

c/o mfg info

Archimedes Pharma UK Ltd
250 South Oak Way, Green Park, Reading, RG2 6UG, UK
Telephone: +44 (0)118 931 5050
Fax: +44 (0)118 931 5056
WWW: http://www.archimedespharma.com
Before you contact this company: often several companies will market medicines with the same active ingredient. Please check that this is the correct company before contacting them. **Why?**

Archimedes

All (b) (7)(C)

Summary of Product Characteristics last updated on the eMC: 05/05/2004

Thiopental injection

(b) (4)

1. NAME OF THE MEDICINAL PRODUCT

Thiopental Injection BP

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Thiopental Sodium BP 500mg

3. PHARMACEUTICAL FORM

Freeze-dried powder for solution for injection in a vial.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

1. Thiopental is used for the induction of general anaesthesia and is also used as an adjunct to provide hypnosis during balanced anaesthesia with other anaesthetic agents, including analgesics and muscle relaxants.

2. Thiopental is also used as an adjunct for control of convulsive disorders of various aetiology, including those caused by local anaesthetics.

3. Thiopental has now been used to reduce the intracranial pressure in patients with increased intracranial pressure, if controlled ventilation is provided.

4.2 Posology and method of administration

Intravenous injection.

Thiopental Injection BP is administered intravenously normally as a 2.5% w/v (500mg in 20ml) solution. On occasions it may be administered as a 5% w/v solution (500mg in 10ml).

The intravenous injection preparation should be used after reconstitution of the sterile powder with Water for Injections, usually to produce a 2.5% w/v solution and this should be discarded after seven hours.

Use in anaesthesia

Normal dosage for the induction of anaesthesia is 100mg to 150mg injected over 10 to 15 seconds. If necessary a repeat dose of 100mg to 150mg may be given after one minute. No fixed dosage recommendations for the intravenous injection can be given, since the dosage will need to be carefully adjusted according to the patient's response. Factors such as age, sex, and weight of the patient should be taken into consideration. Thiopental sodium reaches effective concentrations in the brain within 30 seconds and anaesthesia is normally produced within one minute of an intravenous dose.

Adult

100mg to 150mg intravenously over 10 to 15 seconds, normally as a 2.5% w/v solution.

A repeat dose of 100mg to 150mg may be given after one minute.

The intravenous injection should be given slowly and the amounts given titrated against the patient's response to minimise the risk of respiratory depression or the possibility of overdosage. The average dose for an adult of 70kg is roughly 200mg to 300mg (8mls to 12mls of a 2.5% w/v solution) with a maximum of 500mg.

Children

2 to 7mg/kg bodyweight, intravenously over 10 to 15 seconds, normally as a 2.5% w/v solution. A repeat dose of 2 to 7mg/kg may be given after one minute. The dose is 2 to 7mg/kg based on the patient's response. The dose for children should not exceed 7mg/kg.

Elderly

Smaller adult doses are advisable.

Use in convulsive states

75mg to 125mg (3mls to 5mls of a 2.5% w/v solution) should be given as soon as possible after the convulsion begins. Further doses may be required to control convulsions following the use of a local anaesthetic. Other regimens, such as the use of intravenous or rectal diazepam, may be used to control convulsive states.

Use in neurological patients with raised intracranial pressure

Intermittent bolus injections of 1.5 to 3mg/kg of bodyweight may be given to reduce elevations of intracranial pressure if controlled ventilation is provided.

4.3 Contraindications

Thiopental is contraindicated in respiratory obstruction, acute asthma, severe shock and dystrophia myotonica. Administration of any barbiturate is contraindicated in porphyria.

Care should also be exercised with severe cardiovascular diseases, severe respiratory diseases and hypertension of various aetiology.

Patients with hypersensitivity reactions to barbiturates.

4.4 Special warnings and precautions for use

Special care is needed in administering thiopental to patients with the following conditions:- hypovolaemia, severe haemorrhage, burns, dehydration, severe anaemia, cardiovascular disease, status asthmaticus, severe liver disease, myasthenia gravis and muscular dystrophies, adrenocortical insufficiency (even when controlled by cortisone), cachexia and severe toxaemia, raised intracranial pressure, raised blood urea, raised plasma potassium, metabolic disorders e.g. thyrotoxicosis, myxoedema, diabetes.

Thiopental may precipitate acute circulatory failure in patients with cardiovascular disease, particularly constrictive pericarditis.

Thiopental can cause respiratory depression and a reduction in cardiac output.

Headache is also reported with the use of barbiturate anaesthetics.

Reduced doses are recommended in shock, dehydration, severe anaemia, hyperkalaemia, toxaemia, myxoedema or other metabolic disorders. Thiopental sodium is metabolised primarily by the liver so doses should be reduced in patients with hepatic impairment. Reduced doses are also indicated in the elderly and in

patients who have been premedicated with narcotic analgesics.

Thiopental has been shown to interact with sulphafurazole. Reduced initial doses may be required to achieve adequate anaesthesia, but repeat doses may also be necessary to maintain anaesthesia.

Increased doses may be necessary in patients who have either an habituation or addiction to alcohol or drugs of abuse. Under these circumstances it is recommended that supplementary analgesic agents are used.

Accidental intra-arterial injection of thiopental causes severe arterial spasm and an intense burning pain around the injection site. In the case of accidental intra-arterial injection of thiopental the needle should be left in-situ so that an injection of an antispasmodic, such as papaverine or prilocaine hydrochloride may be given. Anticoagulant therapy may also be started to reduce the risk of thrombosis.

Thiopental injection should be used with caution in patients with adrenocortical insufficiency or with raised intracranial pressure.

4.5 Interaction with other medicinal products and other forms of interaction

Thiopental has been shown to interact with sulphafurazole.

It should be noted that thiopental will interact with beta-blockers and calcium antagonists causing a fall in blood pressure.

The sedative properties of antipsychotics and anxiolytics may be potentiated by thiopental.

4.6 Pregnancy and lactation

Thiopental readily crosses the placental barrier and also appears in breast milk. Therefore, breast-feeding should be temporarily suspended or breast milk expressed before the induction of anaesthesia. It has been shown that thiopental can be used without adverse effects during pregnancy although the total dose should not exceed 250mg. However, when considering use of thiopental the clinician should only use the drug when the expected benefits outweigh any potential risks.

4.7 Effects on ability to drive and use machines

Post-operative vertigo, disorientation and sedation may be prolonged and out-patients given thiopental should therefore be advised not to drive or use machinery, especially within the first 24 to 36 hours.

4.8 Undesirable effects

Laryngeal spasm may occur, together with coughing or sneezing, during the induction procedure. For this reason it is not advised to use thiopental alone for peroral endoscopy.

Extravasation causes local tissue necrosis and severe pain. This can be relieved by application of an ice pack and local injection of hydrocortisone. The 5% w/v solution is hypertonic and may cause pain on injection and thrombophlebitis.

Allergic reactions, skin reactions and hypersensitivity have been rarely reported.

Bronchospasm, respiratory depression and myocardial depression or cardiac arrhythmias may occur.

4.9 Overdose

Overdosage produces acute respiratory depression, hypotension, circulatory failure and apnoea. Treatment must be artificial ventilation, lowering of the patient's head and infusion of plasma volume expanders.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Thiopental is a short-acting substituted barbiturate that is more lipid soluble than other groups of barbiturates. The drug reversibly depresses the activity of all excitable tissues. The CNS is particularly sensitive and normally a general anaesthesia can be achieved with thiopental without significant effects on peripheral tissues.

Thiopental acts through the CNS with particular activity in the mesencephalic reticular activating system. The barbiturates exert different effects on synaptic transmission, mostly those dependent on GABA. Autonomic ganglia of the peripheral nervous system are also depressed.

5.2 Pharmacokinetic properties

Following intravenous administration, unconsciousness occurs within 30 seconds and will be continued for 20 to 30 minutes after a single dose. Rapid uptake occurs to most vascular areas of the brain followed by redistribution into other tissues.

Thiopental is strongly bound to plasma protein, which impairs excretion through the kidney. The metabolites are usually inactive and are then excreted. Thiopental, therefore, whilst having a short duration of action, may have a long elimination phase.

5.3 Preclinical safety data

There are no pre-clinical data of relevance to the prescriber which are additional to that already included in other sections of the Summary of Product Characteristics.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

None

6.2 Incompatibilities

Solutions of thiopental injection have a pH of 10 to 11 and are strongly alkaline in order to maintain stability. Solutions are incompatible with acid, acidic salts and solutions such as pethidine, morphine and promethazine

6.3 Shelf life

48 months.

6.4 Special precautions for storage

Do not store above 25°C. Store reconstituted solution between 2°C to 8°C in an upright position and use within 7 hours. Use once following reconstitution and discard any residue.

6.5 Nature and contents of container

20ml Type III clear glass vials with 20mm bromylbutyl caoutchouc siliconised rubber closures.

Pack size: 25 vials per pack.

6.6 Special precautions for disposal and other handling

Not applicable.

7. MARKETING AUTHORISATION HOLDER

Link Pharmaceuticals Limited, Bishops Weald House, Albion Way, Horsham, West Sussex RH12 1AH, UK

8. MARKETING AUTHORISATION NUMBER(S)

PL 12406/0014

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

5 April 1999

10. DATE OF REVISION OF THE TEXT

January 2003

11. Legal Category

POM

(b) (4) **Manifest report**

SHP DT 17-SEP-2010 SHNR# (b) (4) METER THERMAL [S] RECIP# (b) (4) Courtesy code

(b) (4)

(b) (4)

LOCATION MEM NEW INTERNATIONAL AIRBILL ENTRY ENT# 112-8992979-0

(b) (4)

ATTACHMENT C

AFFIDAVIT OF [redacted]

STATE OF TEXAS §
§
COUNTY OF WALKER §

Before me, the undersigned authority, personally appeared [redacted], who, being by me duly sworn, deposed as follows:

My name is [redacted]. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein. I am currently employed as the [redacted] and have held that position since [redacted]. Prior to that I was the [redacted], a position I held from [redacted], and prior to that, I was the [redacted] from [redacted]. My office is located in [redacted].

[redacted] owns 113 Controlled Substance Registration Certificates from the Drug Enforcement Administration, for use at 109 facilities that provide housing and medical care to almost 148,000 offenders in the state of Texas. Each [redacted] facility has an infirmary to provide medical care and medication to the offenders housed at that location. The state of Texas spent approximately $45 million in fiscal year 2015 on pharmaceuticals for use by the offender population housed in the 109 TDCJ facilities. The pharmaceuticals include controlled substances to be used as prescribed by physicians.

"Further affiant sayeth not."

[redacted]

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on this the 19th day of May, 2016.

[redacted]

[redacted]
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 07-23-2017

ATTACHMENT D

AFFIDAVIT OF [redacted]

STATE OF TEXAS §
§
COUNTY OF WALKER §

Before me, the undersigned authority, personally appeared [redacted], who, being by me duly sworn, deposed as follows:

My name is [redacted]. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein. I am currently employed as the [redacted] and have held that position since [redacted]. Prior to that I was the [redacted], a position I held from [redacted], and prior to that, I was the [redacted]. My office is located in [redacted].

The execution protocol controlling lethal injection procedures requires strict adherence by all involved in the execution process. The protocol provides the details of the execution process, including the handling, transport, preparation, and administration of drugs.

[redacted] execution protocol currently requires the use of pentobarbital. However, in order to ensure [redacted] ability to carry out its statutory mandate, [redacted] considers alternatives to pentobarbital, including thiopental sodium, as a contingency should [redacted] find pentobarbital unavailable. If [redacted] created a new execution protocol involving thiopental sodium, the process would continue to be strictly controlled by the protocol and opportunities for discretionary use of the drug would be unavailable and prohibited.

"Further affiant sayeth not."

[redacted]

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on this the 16th day of May, 2016.

[redacted]

[redacted]
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 07-23-2017

ATTACHMENT E

AFFIDAVIT OF [redacted]

STATE OF TEXAS §
§
COUNTY OF WALKER §

Before me, the undersigned authority, personally appeared [redacted], who, being by me duly sworn, deposed as follows:

My name is [redacted]. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein. I am currently employed as the [redacted] and have held that position since [redacted]. Prior to that I was the [redacted], a position I held from [redacted], and prior to that, I was the [redacted] from [redacted]. My office is located in [redacted].

During the past ten years, [redacted] has executed 182 offenders by administering lethal injection. It is likely that [redacted] will continue to execute additional offenders through lethal injection, on a recurring and continuing basis, for the foreseeable future.

There currently are 244 offenders who have received a capital sentence in [redacted] and who are awaiting execution through lethal injection. Eight offenders are scheduled to be executed in the remainder of 2016. Based on the average number of scheduled executions in the last five years, more than 20 will receive execution dates next year and subsequent years thereafter. Unless a court intervenes, these offenders will be executed through lethal injection, as directed in their capital sentences.

Because it is likely that [redacted] will continue to execute additional offenders on a recurring and continuing basis for the foreseeable future, [redacted] needs a continuing and recurring supply of drugs to be used for lethal injection. [redacted] has previously purchased and used thiopental sodium in numerous executions. [redacted] is preparing for a contingency in which [redacted] may once again utilize thiopental sodium in executions and will do so when necessary if FDA releases its hold on the purchased thiopental sodium that is being detained by FDA. For the reasons stated in [redacted] two submissions to FDA in this matter, [redacted] has concluded that it is lawful to import the thiopental sodium entry currently being detained by FDA. Because there are currently no domestic manufacturers of that drug, [redacted] intends to continue importing thiopental sodium from the same foreign source, and with the same labeling, as the entry that FDA is currently detaining. Based on FDA's actions thus far as well as FDA's applicable import procedures, [redacted] has a reasonable expectation that when it imports future shipments of thiopental sodium from the same source and with the same labeling, FDA will take the same actions taken on the detained entry, based on the same legal analysis, unless a court intervenes.

If FDA were to refuse admission into domestic commerce of the drugs currently being detained, [redacted] currently intends to seek judicial review of that action. [redacted] has requested FDA to retain custody of the detained drugs under conditions that preserve their integrity pending

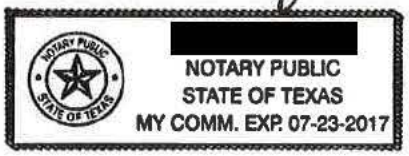
completion of any judicial review. Alternatively, if FDA refuses the entry but denies the request to retain custody, [redacted] has requested FDA to confirm that [redacted] will be given 90 days to export the drugs to the original foreign distributor. Under those circumstances, [redacted] will request the foreign distributor to hold the drugs outside the United States pending the conclusion of judicial review and (assuming a favorable court ruling) re-import the very same drugs.

"Further affiant sayeth not."

[redacted]

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on this the 19th day of May, 2016.

[redacted]



[redacted]

REFERENCE 9

From: Santos, Rosa L
To: [redacted]
Subject: RE: Extension Request re Entry [redacted]
Date: Thursday, April 28, 2016 4:33:00 PM

Good Afternoon [redacted];

The extension was granted until May 20, 2016.

Thanks,

Rosa Linda Santos
Compliance Officer
4040 N. Central Expressway
Suite 300
Dallas, Texas 75204
214-253-5269 Phone
214-253-5316 Fax
rosa.santos@fda.hhs.gov

From: [redacted]
Sent: Thursday, April 28, 2016 1:13 PM
To: Santos, Rosa L
Cc: [redacted]
Subject: Extension Request re Entry [redacted]

Hi Rosa Linda

The [redacted] is requesting a short extension of time, to and including May 20, 2016, to respond in writing to the tentative determination attached to your April 18, 2016 email. I would appreciate it if you would please let me know via return email if a deadline of May 20 is acceptable.

Thanks and best regards.

[redacted]

mail so that our address records can be corrected.

IRS CIRCULAR 230 DISCLOSURE: To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein. Please do not hesitate to contact me, however, if you have any questions regarding this matter.

On Monday, April 18, 2016, Santos, Rosa L <Rosa.Santos@fda.hhs.gov> wrote:
Good Morning,

Please see attached letter.

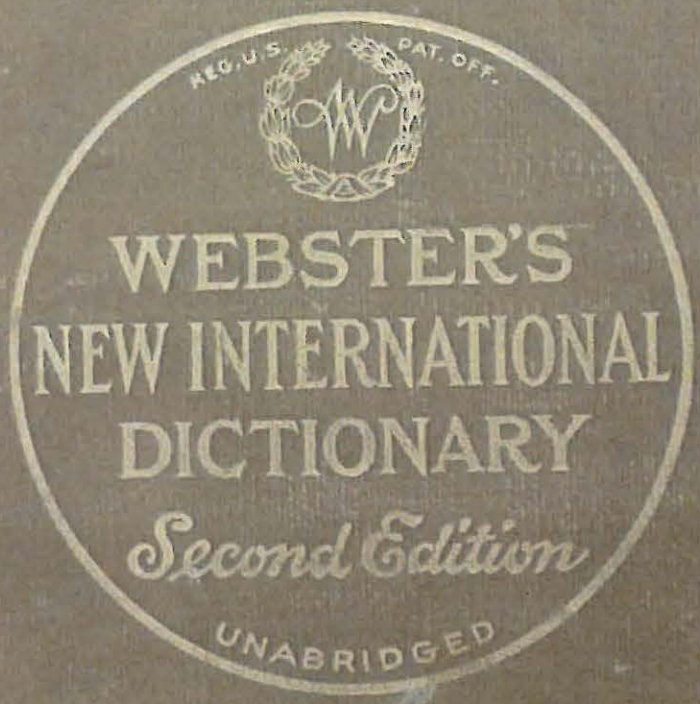
Thanks,

Rosa Linda Santos
Compliance Officer
4040 N. Central Expressway
Suite 300
Dallas, Texas 75204
214-253-5269 Phone
214-253-5316 Fax
rosa.santos@fda.hhs.gov

--

[redacted]

REFERENCE 10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ENGLISH LANGUAGE

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General Editor

PAUL W. CARHART
Managing Editor

G. & C. MERRIAM COMPANY, PUBLISHERS
SPRINGFIELD, MASS., U.S.A.
1940

pre·scribe′ (prē·skrīb′), *v.*; -SCRIBED′ (-skrībd′); -SCRIB′ING (-skrīb′ĭng). [L. *praescribere, praescriptum*, fr. *prae* before + *scribere* to write. See SCRIBE.] *Transitive*: **1.** *Obs.* **a** To describe in advance; to foretell or make a prophecy of in writing. **b** To inscribe before or in front.
2. To lay down authoritatively as a guide, direction, or rule of action; to impose as a peremptory order; to dictate; direct; ordain; as, to *prescribe* regular hours of study.
3. To keep within limits or bounds; to restrain; to confine. *Now Rare.* "*Prescribed* her [the poet's Muse's] heights, and prun'd her tender wing." *Pope.*
4. *Law.* To outlaw or invalidate by prescription.
5. *Med.* To direct, designate, or order the use of, as a remedy; as, the doctor *prescribed* quinine.
——, *Intransitive*: **1.** To give directions; to dictate.
A forwardness to *prescribe* to their opinions. *Locke.*
2. *Law.* **a** To claim a title to a thing by right of prescription. **b** To become by prescription invalid or unenforceable; as, certain rights *prescribe* in twenty years.
3. *Med.* To write or give medical prescriptions.
Syn. — Limit, control, order, guide.

pre·scribe′ (prē·skrīb′), **pre·scrip′tion** (-skrĭp′shŭn), etc. Erron. vars. of PROSCRIBE, PROSCRIPTION, etc. *Obs.*

pre·scrib′er (prē·skrīb′ẽr), *n.* One who prescribes.

pre·script′ (prē·skrĭpt′; prē′skrĭpt), *adj.* [L. *praescriptus*, past part. of *praescribere*; cf. F. *prescrit*. See PRESCRIBE.] Ordained or appointed by authority; prescribed; prescriptive.

pre′script (prē′skrĭpt), *n.* [L. *praescriptum*; cf. F. *prescript*.] That which is prescribed; as: **a** Direction; rule. **b** *Obs.* (*pron.* prē·skrĭpt′) A medical prescription.

pre·scrip′ti·bil′i·ty (prē·skrĭp′tĭ·bĭl′ĭ·tĭ), *n.* Quality or state of being prescriptible.

pre·scrip′ti·ble (prē·skrĭp′tĭ·b'l), *adj.* [Cf. F. *prescriptible*.] Depending on, or derived from, prescription; proper to be prescribed; subject to prescription.

pre·scrip′tion (-shŭn), *n.* [F., fr. L. *praescriptio* an inscription, preface, precept, demurrer, prescription (in sense 4), fr. *praescribere*. See PRESCRIBE.] **1.** A prescribing or dictating; thing prescribed; direction; prescript.
2. Circumscription; restraint; limitation. *Obs.*
3. *Med.* A written direction for the preparation and use of a medicine; a medical recipe; also, a prescribed remedy.
4. *Rom. Law.* **a** A plea or clause, placed at the beginning of the formula in an action, limiting the scope of the claim or the remedy, as to a certain time. **b** The operation of the law whereby rights might be acquired or extinguished by limitation of the time within which the owner might have his remedy under the praetorian law, as distinguished

re′com·menc′er (rē′kŏ·mĕn′sẽr), *n.* One who recommences.

rec′om·mend′ (rĕk′ŏ·mĕnd′), *v.*; -MEND′ED, -MEND′ING. [ML. *recommendare.*] *Transitive*: **1.** To commit; to give in charge; to consign; to entrust; — now usually *commend.*

Recommended by the brethren unto the grace of God. *Acts* xv. 40.

2. To praise; now specif., to make a commendatory statement concerning (a person or thing); as, his professors will not *recommend* him; physicians *recommend* it.

3. To commend, or bring forward explicitly, as meriting consideration, acceptance, adoption, election, or the like; to present as one's advice; one's choice or as having one's approval or support; to offer or suggest with favoring representations; as, to *recommend* a newcomer to one's friends, a defendent to the mercy of the court, the appointment of Brown to the postmastership.

4. To make acceptable; to attract favor to; as, his manners *recommended* him.

5. To advise; counsel. "He *recommended* that the whole disposition of the camp should be changed." *W. Irving.*

——, *Intransitive*: To make a recommendation.

rec′om·mend′, *n.* = RECOMMENDATION. *Colloq.*

re′–com·mend′ (rē′kŏ·mĕnd′), *v. t.* See RE-, 2.

rec′om·mend′a·ble (rĕk′ŏ·mĕn′dȧ·b'l), *adj.* That may be commended or recommended. — **rec′om·mend′a·bil′i·ty** (-bĭl′ĭ·tĭ), **rec′om·mend′a·ble·ness**, *n.* — **rec′om·mend′a·bly**, *adv.*

rec′om·men·da′tion (-mĕn·dā′shŭn), *n.* [ML. *recommendatio*; cf. F. *recommandation.*] **1.** Act of recommending.

2. State of being recommended; esteem; favor. *Obs.*

3. Something which recommends or commends; as, his only recommendation is his personality; specif., a statement, letter, or the like, declaring what one recommends or expressing commendation; as, the mayor would make no *recommendations;* a candidate supplied with *recommendations.*

4. A thing, course of procedure, or the like, recommended.

rec′om·mend′a·to′ry (-mĕn′dȧ·tō′rĭ *or, esp. Brit.*, -tẽr·ĭ), *adj.* **1.** Serving to recommend, commend, or attract favorable attention; as, letters *recommendatory; recommendatory* features.

2. Offered as a recommendation; advisory in nature; as,

exterior. —
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gar-coats.
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Brit.

is).

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make merry.
ert the crude
tes.
change the
useful forms
pped rough-
th hot water,
treated ma-

ugar, usually

f. **b** A hill
and usually

conoidal; as,

2. Exaggeratedly or ostentatiously sweet; saccharine; honeyed; as, a *sugary* smile, answer, manner, or voice.
3. Fond of sugar or sweet things; as, a *sugary* palate.
Syn. — Saccharine. **Ant.** — Sour, acid, acrid, bitter.

sug'ar-y, *n.; pl.* -ARIES (-ĭz). A sugar factory; also, a sugar camp.

su'gent (sū'jĕnt), *adj.* [L. *sugens, -entis,* pres. part. of *sugere* to suck.] *Zool.* Suctorial.

su·ges'cent (sû·jĕs'ĕnt; -'nt), *adj.* [L. *sugere* to suck + E. *-escent.*] Of, pertaining to, or adapted for, sucking.

sug·gest' (sŭg·jĕst'; sŭ·jĕst'; 143; 277), *v.;* SUG·GEST'ED; -GEST'ING. [L. *suggestus,* past part. of *suggerere* to put under, furnish, suggest, fr. *sub* under + *gerere* to carry, to bring. See JEST.] *Transitive*: **1.** To put (something) into one's mind; to arouse or awaken, often by indirect means, the thought or feeling of, the desire for, the temptation to commit, the will to do, or the like; as, plays that harm by *suggesting* evil; now, often, to propose tentatively; to mention as a hint, a possible explanation or course, etc.; as, to *suggest* a walk in the country, a moratorium; to *suggest* that a change of government is necessary.

Why dost thou then *suggest* to me distrust? *Milton.*

2. Of things, to call or bring to mind by way of a mental process, as a train of thought or the association of ideas; to lead naturally or logically to the thought, mood, fear, etc., of; as, smoke *suggests* fire; the images in "Il Penseroso" *suggest* the beauty of contemplation; also, to serve as an incentive, motive, inspiration, or reason for; as, the success of "Waverley" *suggested* to Scott the continuance of novel-writing.

Convenience next *suggested* elbow chairs. *Cowper.*

3. To say or advance by way of a suggestion.
4. To affect by means of hypnotic suggestion.
5. *Obs.* **a** To seduce; to prompt to evil; to tempt.

What Eve, what serpent, hath *suggested* thee? *Shak.*

b To bias mentally by a suggestion.

——, *Intransitive*: To make or advance a suggestion or suggestions; to tempt; to arouse ideas, etc., as through association, insinuation, etc.

Syn. — Prompt, inspire; imply.

— ***suggest itself.*** To enter into one's mind so as to be entertained or accepted.

sug·gest', *n.* A suggestion. *Obs.*

. *Ref. Sp.*
See -NESS.
See -LESS.

sug'ar-like', *adj.* See -LIKE.
sug'ar-ma'ple bor'er. = MAPLE BORER.
suget. † SUBJECT, *n.* & *v.*

sug'gan. Var. of SUGAN.
sug·gest'a·ble, *adj.* = SUGGESTIBLE.
sug·gest'ed·ness, *n.* See -NESS.