

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable)
 Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change _____ Name Change _____ Location Change _____
 (Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: River's Edge Pharmacy
 Physical Address: 71780 San Jacinto Dr. Ste A-2
 Mailing Address: 71780 San Jacinto Dr. Ste A-2
 City: Rancho Mirage State: CA Zip Code: 92270
 Telephone Number: (760) 340-3248 Fax Number: (760) 340-3258
 Toll Free Number: 1(866) 413-3156
 E-mail: hany@repharmacy.com Website: repharmacy.com
 Managing Pharmacist: Hany Benjamin License Number: PH49157

Hours of Operation:

Monday thru Friday 8 am 5 pm
 Saturday (on call) am _____ pm
 Sunday (on call) am _____ pm
 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> Long Term Care

Board Use Only

Received: MAY 11 2011 Check Number: 219 Amount: 500.00

56793

OWNERSHIP IS A CORPORATION

State of Incorporation: California
Parent Company if any: _____
Corporation Name: Hansam corporation
Mailing Address: 11780 San Jacinto Dr. Ste A-2
City: Rancho Mirage State: CA Zip: 92270
Telephone: (760)340-3248 Fax: (760)340-3258
License Contact Person: Hany Benjamin
Professional Compliance Contact Person: _____

Ownership Information – Complete Section 1 or 2
Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- 1. Hany Benjamin Chief Executive officer %: 100
- 2. Hany Benjamin Secretary %: 100
- 3. Hany Benjamin Chief Financial officer %: 100
- 4. Hany Benjamin Director %: 100

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: April 11th 2007
Registration number issued: C2978307
Stock Exchange: 1000

List any physician shareholders and percentage of ownership:

N/A N/A
N/A N/A

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Signature of owner or executive officer

4/17/11
Date

Hany Benjamin (Pharmacist In Charge)
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Harry Benjamin
Corporate Officer of HanSam Corp. "River's Edge Pharmacy"
hereby acknowledge and understand that in addition to the corporation's
responsibilities, my fellow officers and I, as corporate officers of said corporation,
may be responsible for any violations of pharmacy law that may occur in a pharmacy
owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be
named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or
permit the pharmacist(s) in said pharmacy to violate any provision of any local, state
or federal laws or regulations pertaining to the practice of pharmacy.

Harry Ben
Signature

4/1/2011
Date