

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**  
**NON PUBLICLY TRADED 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 X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
 (Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Nevada IRX L.L.C. d/b/a (NV) Ascend Specialty Rx  
 Physical Address: 6330 South Sandhill Road; Las Vegas, NV 8912  
 Mailing Address: 2441 Warrenville Road - Suite 610 Attn: Frank Powi  
 City: Lisle State: IL Zip Code: 60532-3642  
 Telephone Number: 630-577-4683 Fax Number: 630-288-9825  
 Toll Free Number: 800-850-9122  
 E-mail: \_\_\_\_\_ Website: www.ascendspecialtyrx.com  
 Managing Pharmacist: Margaret Bender License Number: 11016

**Hours of Operation:**

Monday thru Friday 9:00 am 2:00 pm Saturday N/A am \_\_\_\_\_ pm  
 Sunday N/A am \_\_\_\_\_ pm 24 Hours N/A

**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 type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

**Board Use Only**  
 Received: AUG 03 2011 Check Number: 10 Amount: 500.00

57524

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: informedRx, Inc.

Corporation Name: Nevada IRX L.L.C

Mailing Address: 2441 Warrenville Rd - Suite 610 <sup>Attn:</sup> Frank Rowinski

City: Lisle State: IL Zip: 60532-3642

Telephone: 630-577-4683 Fax: 630-288-9825

License Contact Person: Frank Rowinski

Professional Compliance Contact Person: Valerie Sullivan

**Name and title of each officer and director** (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Mark Thierer</u>	<u>Director, President &amp; CEO</u>
<u>Jeffrey Park</u>	<u>Director, CFO, EVP Finance, Secretary &amp; Treasurer</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
  - a) informedRx, Inc is sde member 2441 Warrenville Road  
Name Address Suite 610, Lisle, IL  
60532
  - b) \_\_\_\_\_  
Name Address
  - c) \_\_\_\_\_  
Name Address
  - d) \_\_\_\_\_  
Name Address

**NOTE:** All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? \$100.00 = Initial Capital Contribution  
By Sole Member
- 4) What date did the corporation actually receive the cash assets? May 31, 2011
- 5) Provide a copy of the corporations stock register evidencing the above information  
(see Attached Operating Agreement)

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

informed Rx, Inc., a Delaware corporation is the Sde Member  
Mark Thierer Director + President + CEO  
Jeffrey Park CFO, EVP-Finance, Secretary  
+ Treasurer + Director

6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes  No  If yes, list the persons, their address and their business names.

a) \_\_\_\_\_  
Name Address  
Business

b) \_\_\_\_\_  
Name Address  
Business

c) \_\_\_\_\_  
Name Address  
Business

d) \_\_\_\_\_  
Name Address  
Business

7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes  No  If yes, list the persons, their address and their business names.

a) Portland Professional Pharmacy Associates d/b/a Ascend  
53 Darling Ave South Portland, ME 04106 Specialty Rx  
Name Address  
Business

b) NMHC Rx Mail Order, Inc. d/b/a informed Mail  
9994 Premier Parkway, Miramar, FL 33025  
Name Address  
Business

Within the last five (5) years:

8) Has the firm or any owner(s), shareholder(s) with any 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

9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes  No

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 11) Has the firm or any owner(s), shareholder(s) with any 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
- 12) Has the firm or any owner(s), shareholder(s) with any 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 8 through 12 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 corporation officer

7/21/2011  
\_\_\_\_\_  
Date

Jeffrey Park, CFO, EVP Finance, Secretary & Treasure  
\_\_\_\_\_  
Print or Type name and title

STATEMENT OF RESPONSIBILITY  
NON PUBLICLY TRADED CORPORATION

I, Jeffrey Park  
Corporate Officer of Nevada IRX L.L.C.

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 or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Signature

  
Jeffrey Park

Date

7/21/2011

**Statement of Responsibility**

**Managing Pharmacist**

Pharmacist Name: MARGARET BENDER

License #: 11016

Pharmacy Name: Nevada IRX L.L.C. d/b/a CND Ascend Specialty Rx

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____