

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BILLET PHARMACY

Physical Address: 6718 GREENWAY RD., SUITE 202

Mailing Address: 6710 N. 47TH AVE., SUITE 5, GLENDALE, AZ 85301

City: PEORIA State: AZ Zip Code: 85381

Telephone: 844-824-3577 Fax: _____

Toll Free Number: 833-224-5538 (Required per NAC 639.708)

E-mail: vince@vahcg.com Website: N/A

Managing Pharmacist: ZHUANG SONG GU License Number: RPH 57012 (CA) 5022424 (AZ)

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>BILLET MEMBERS & AFFILIATES</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

99988

B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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.

Application form section with checkboxes for ownership types: New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Confidential Drug

Physical Address: 8250 Bash Road

Mailing Address: same

City: Indianapolis State: Indiana Zip Code: 46250

Telephone: 888-440-7117 Fax: 888-296-7196

Toll Free Number: 888-440-7117 (Required per NAC 639.708)

E-mail: Leaton@confidentialdrug.com Website:

Managing Pharmacist: Lyman Eaton License Number: IN-26013229A

TYPE OF PHARMACY AND SERVICES PROVIDED

Large form section with two columns of checkboxes for pharmacy types and services provided, including options like Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, etc.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

99579

C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or **Ownership Change** (Provide current license number if making changes: **PH 02040**)

Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dohmen Life Science Services, LLC

Physical Address: 17877 Chesterfield Airport Road Chesterfield MO 63005-1211

Mailing Address: 17877 Chesterfield Airport Rd.

City: Chesterfield State: MO Zip Code: 63005-1211

Telephone: 414-614-3602 Fax: _____

Toll Free Number: 636-519-2400 800-292-0909 (Required per NAC 639.708)

E-mail: jv@4ghosts.com Website: www.dlss.com

Managing Pharmacist: Arijit Aichbhaumik License Number: 2017037468, MO

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation - Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation - Pages 1,2,4,7 **Sole Owner** - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Excel Care Pharmacy

Physical Address: 5272 Francis St. Chino, CA 91770

Mailing Address: 5272 Francis St.

City: Chino State: CA Zip Code: 91770

Telephone: 909-313-0100 Fax: 888-255-7004

Toll Free Number: 877-507-4276 (Required per NAC 639.708)

E-mail: info@excelrxinc.com Website: N/A

Managing Pharmacist: Vahdat Sam Sasan License Number: 74644

TYPE OF PHARMACY AND SERVICES PROVIDED

- | | |
|--|---|
| <p>Yes/No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____</p> <p>All boxes must be checked
For the application to be complete</p> | <p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____</p> |
|--|---|

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.

99854

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: GEM Edwards Pharmacy

Physical Address: 5640 Hudson Industrial Parkway, Hudson, Ohio 44236

Mailing Address: 5640 Hudson Industrial Parkway

City: Hudson State: Ohio Zip Code: 44236

Telephone: 866-552-5522 Fax: 330-342-8400

Toll Free Number: 866-552-5522 (Required per NAC 639.708)

E-mail: pharmacist@gemedwardspharmacy.com Website: gemedwardspharmacy.com

Managing Pharmacist: Ronald G. Rahe License Number: 03314520

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

All boxes must be checked

For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

99840

F

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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.

Application form section with checkboxes for ownership types: New Pharmacy, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: GOOD HEALTH PHARMACY
Physical Address: 17942 SKY PARK CIR STE B IRVINE CA 92614
Mailing Address: 17942 SKY PARK CIR STE B
City: IRVINE State: CA Zip Code: 92614
Telephone: (949) 506-6001 Fax: (800) 303-1247
Toll Free Number: (800) 961-6993
E-mail: ADMIN@IRVINEGHPHARMAJ.com Website: N/A
Managing Pharmacist: DO ANDREW MINH License Number: 16298

TYPE OF PHARMACY AND SERVICES PROVIDED

Form section for selecting pharmacy types and services provided, including checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and Other Services.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

99989

G

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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.

Application form section with checkboxes for 'New Pharmacy or Ownership Change' and 'Publicly Traded Corporation'.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Honeybee Health
Physical Address: 3515 Helms Ave
Mailing Address: 3515 Helms Ave
City: Culver City State: California Zip Code: 90232
Telephone: 833-466-3979 Fax: 310-559-5933
Toll Free Number: 833-466-3979
E-mail: jessica@honeybeehealth.com Website: www.honeybeehealth.com
Managing Pharmacist: Jessica Nouhavandi License Number: RPH-66400

TYPE OF PHARMACY AND SERVICES PROVIDED

Form section with two columns of checkboxes for 'TYPE OF PHARMACY' and 'SERVICES PROVIDED'.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

99987

H

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or Ownership Change (Provide current license number if making changes: **PH_01917**)
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Integrated HMO Pharmacy

Physical Address: 13660 California Street, Omaha, NE 68154

Mailing Address: PO Box 369

City: Boys Town State: NE Zip Code: 68010

Telephone: 402-965-8035 Fax: 402-493-2707

Toll Free Number: 800-633-7928 (Required per NAC 639.708)

E-mail: ihmo@pti-nps.com Website: _____

Managing Pharmacist: Aaron Fredricks License Number: 12933

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Mail Order</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,