13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206- Reno, NV 89521 - (775) 850-1440

APPLICATION FOR NEVADA 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.

State of the state	nt license number if making changes: PH
Check <u>box</u> below for type of ownership and complete all Corporation or Partnership.	required forms. **If LLC use Non Public
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b	☐ Partnership - Pages 1,2,6,10,11a&b
Non Publicly Traded Corporation - Pages 1,2,4,10,11	a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: AARON PHARMACY	
	S AVENUE (SUITE 204)
City: NORTH LAS VEGAS State: Zip	Code: <u>8903</u> 0 Telephone:
7753728344 Fax: 702	24107842 Toll Free Number:
N/AE-mail:	ELIXEGBASE@YAHOD. COM
Website: MA	
Managing Pharmacist: FELIX A. EGBAS	SE RALicense Number: 17240
	
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
Yes/No	Yes/No
Yes/No ☐ Retail	Yes/No □ 🎜 Off-site Cognitive Services
Yes/No ▼ □ Retail □ ▼ Hospital (# beds)	Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral
Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☑ Internet	Yes/No □
Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ ☐ Nuclear	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge
Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	Yes/No □
Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ ☐ Nuclear	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge
Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	Yes/No ☐ Ø Off-site Cognitive Services ☐ Ø Parenteral ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge ☐ Ø Mail Service
Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community	Yes/No ☐ Ø Off-site Cognitive Services ☐ Ø Parenteral ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge ☐ Ø Mail Service ☐ Ø Long Term Care
Yes/No	Yes/No Control Contro
Yes/No	Yes/No Control Contro

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the	last five	(5)	years:
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1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No 💆				
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes □ No 🌂				
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes □ No K				
If the answer to 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.						
correc	by certify that the answers given in this application and attached documental t. I understand that any infraction of the laws of the State of Nevada regulat ion of an authorized pharmacy may be grounds for the revocation of this pe	ing the				
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 Person Authorized to Submit Application, no copies or stamp					
Print N	lame of Authorized Person Date Color 20	4				
Board	Use Only Date Processed: Amount: 🐠 💮)				

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION State of Incorporation: NEVADA Parent Company if any: Mailing Address: 2465 REYNOLD'S AVENUE (SUITE __ State: <u>NV</u>____ Zip: 890,30 Telephone: 775 Fax: 7024107 Contact Person: FELIX EGRASE For any corporation non publicly traded, disclose the following: List top 4 persons to whom the shares were issued by the corporation? 1) **Business Address** Name **Business Address** Name **Business Address** 2) What was the price paid per share? #503) List any physician shareholders and percentage of ownership. NoNEName: _____ Name: _____ **Hours of Operation for the pharmacy:** Monday thru Friday __/_ am Saturday pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: $\frac{N\sqrt{20/9/292509}}{\sqrt{20/9/292509}}$

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

I, YELIX ABU EGBASE
Responsible Person of AARON PHARMACY INC.
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy la
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against
pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s
or partner(s) 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.
the
Original Signature of Person Authorized to Submit Application, no copies or stamps
FELIX ARU EGRASE OG/BE/2010

Print Name of Authorized Person

Managing Pharmacist

Pharmacist Name:	FELIX	ABU	EGBA.	SE,	License #:	17240
Pharmacy Name: _	AARON	PHA	RMACY	MC.		

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.

	es	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?		X
been charged, arrested or convicted of a felony or misdemeanor in any state?		×
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		M
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		×
If you marked YES to any of the numbered questions above, please include the following information	ion	
Board Administrative Action: State: Date: Case #:		-
And/or Criminal Action: State: Date: Case #:		
		-

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

06/05/2019 Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/05/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

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Application for PHAR m 4C)	Y		
AARON PHA	RMACY Mature of License		***************************************
Name and A	Address of Establishment for Wh	ich License Is Requested	
N/A Ifai	pplicable, Name Under Which It	le Now Operated	
11 4	ppincable, Hairie Offder Willelf it	is now Operated	
1. PERSONAL INFORMATION: EGSASE	FEUX	ABU	
Last Name	First Name	Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name C	hanges Legal or Otherwise\		
, VULCAN STREET		AS NV 89	1/22
Procent Posidones Address Street as DED	1 011.	** • • • • • • • • • • • • • • • • • •	
2465 Reynold's Ave #204	Oblis-date NORTH	LAS VEGAS NV 8	9030
Present business Address	c / City	State/Zip	
	por - date)		
Occupation		Phone:	
/		77	372 8344
	nos NIGERIA	54011100 (11.7.15.1.1	5120544
Date of Birth	Place of Birth (City, County, State	.,	
39			Male
Age Social Seci	urity Number	S	Sex
How Black	Dark 121	65 Athletic	5'7"
Color of Eyes Color of Hair	Complexion W	eight Build H	leight /
	C1 5	1 .00 1 +	
Scars, tattoos or distinguishing marks and	d/or characteristics 11	it rikit on forch	e90
Are you a citizen of the United States 2.	Van V Na 🗆 15 ali	-i-4i N- N/A	*************************
Are you a citizen of the United States?	responding in allen, re	gistration No // 4	***************************************
If naturalized, certificate No	D	ate March 2nd 20	12
DIAS VEGAS A	,	***************************************	
Place LAS VEGAS, N	<u>V</u> (1	f naturalized, document must be	e verified.)
2. MARITAL INFORMATION:			
Single □ Married □ Separated	□ Divorced ★ W	dowed Engaged	
		Ammit Am t-tat A	F/F
		Applicants initial	ナイモ Page
			raye

A. / Current Marriage	City, County and State
Spouse's full name (Maiden)	City, County and State S.S. No
	Place of Birth
Resident addressStreet	City State Zip
Telephone: Residence	Business
Spouse's employer	Occupation
	City State Zip
	parated, divorced, or annulled, indicate below:
Date of Order Name of Spouse or Decree	Date of Place Nature of City of Marriage Action County and State
BEHIREME BAZEBO 6/7/1 EVICIA COLLINS 6/15/0	6 ABUJA DIVORCE LAS VOGAS NV
Telicia Collins the	EMILY Road Bettendorf 1/2 52722
Name Birth Date	children and adopted children and give the following information: Birth Place Residence Address FREEPORT BAHMMA S
Address: Vul	Can Skeet, Las Vegas, NV 89/22
B. Child Support Information: Please mark the appropriate	response:
I am not subject to a coul	rt order for the support of child.
	der for the support of one or more children and am in compliance with a trict attorney or other public agency enforcing the order for the repayment to the order; or
the order or a plan appro-	der for the support of one or more children and NOT in compliance with ved by the district attorney or other public agency enforcing the order for bunt owed pursuant to the order. Applicant's initial
	Applicant's initial

A	District attorney or public a		for enforcing	the child support order:		
MA	Name	***************************************				
	Address			*******************************	•••••	
	Contact person					
C.	Parents: List names, residence add	resses, dates of bir	th and most i	ecent occupations of pa	rents, step-parents,	
parents	s- <u>in-law or legal guardian. If</u>	ratired or decease	d list last ad	drage and accumpation		
	Name (Maiden)	Birth Date	Address	uress and occupation.	Occupation	=
Father _	PYLVESTER EGBASE		EGA	BASE ST		_
(1	STIFASTA)		UROMI	,	In (100-	1
Mother	,,	2 0 2 2		-1-/2	TAKMEZIONE	- Sen
Enn	VICTORIA	. /	1 6	PAL COVE DE	NURSE (PETIRE	4)
Father-in	10 WELE	<u> </u>	LAS V	EGAS, NV 89128	LARM DEDYE	<u>-</u>
in A	L					
Mother-i	71					_
NIOTHEI-II	A					
10/	A	· · · · · · · · · · · · · · · · · · ·				=
GER Spouse	List names, residence additheir respective spouses. Name (Maiden) PALO EGRASE // A	Birth Date	_ Aldress	BIGLER ST ND HILLS CA-91	Occupation Set LAwyE	
Spouse Spouse	Via	<i>" ' ' ' '</i>	Woodlan	neen Florence Ln nd Hills CA 9/3	64	- -
Spouse						-
4. EC	DUCATION:	Locati		do Allerdad	Quadrata	
Gramma		Locati	1-1-1	ates Attended	Graduate	_
School High	[[GUEREN CONTGI	1046	sta ogli	1484-00/1444	Yes / No 🗆	_
School		NIGE	2/A)	'	Yes X No □	_
College Universit	y UNIVERSITY OF &	SENIN BEN	11 A CITY	10/1995	Yes ☑ No □	
Other	,+	(NII	TERIA)	to 12/2000	Vas/N Na D	
	f degree obtained, if any	PHARM	ACY	(B. Phum)	TES DA NO L	= 1
	e or university where obtained	ed UNIVERS	TY F	BENIN, BENIN	CITY NIGHT	2/A
				Applicant's i		Page 3

Page 4

A.	Have you ever served	in any armed for	rces?	Yes N	· 💢		
	Branch	Date	of entry-activ	e service			
	Date of separation		Туре	of discharge			
	Rating at separation.	***************************************		Serial num	ber		
	While in the military s special or general couregardless of where the	urt martial?	Yes 🗆 No 🗆	If yes, furn			
B.	Have you registered f	or the draft?	Yes 🗆 No	(
	County	State		Da	ate registered		
A.	RRESTS, DETENTION not convicted.) Have you ever been a violation for any reason Yes □ No ▼ If yes,	arrested, detained on whatsoever, re	d, charged, indicegardless of the	ted or summo	oned to answer for the event? (Excep	any crimi t minor tra	nal offense o
te of		Charge					ng Agency
B.	Has a criminal indictn						
	arrested or in which y page 10.				ALTERNATION OF THE PERSON OF T		
C.	Have you ever been or committee? Yes [questioned or dep □ No 🗶	osed by a city,	state, federal	or law enforcemen	t agency,	commission
D.	Have you ever been s commission? Yes	subpoenaed to an					
E.	Have you ever been s Yes □ No 🕱						
F.	Have you ever had a lf yes, when?	civil or criminal re	ecord expunged city, o	or sealed by ounty and sta	a court order? Yes	□ No)	K
G.	Have you ever receiv	ed a pardon or de	eferred prosecut	ion for any cr	iminal offense? Yes	s □ No	X
	Has any member of y If you answer to any	our family or of y	our spouse's far	nily ever bee	n convicted of a felo		□ No 🗶
me		Relationship)	Charge	Loc	ation	Date
	Muable						
K	Applicable						
	VI, J. T. J. F.						
						-	F
					Applicant's initia	I	· U

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a lawsuit Yes □ No 🕱	t as either a pla (Other than div	aintiff or defendant of vorces)	ip, or owner, director or o r an arbitration as either a ception, including bankrup	claimant or responde	ever been nt?
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Dispositio	n/Date
NOT APPLICABLE					
J. Has any general associated with Yes No X	it as an owner	, officer, director or p	le proprietorship or closel partner) been a party to a	y held corporation (what lawsuit, arbitration or	nile you we bankruptcy
Name of Entity		Type of Entity		proximate Date(s) of vsuit/Arbitration/Bankruptcy	
NOTAPPLICABLE	/				
ist all residences you h		e last 25 years:	City	State or County	
EC. 2007 - Preso		Vulcan st	LAS VEGAS	NV (CLARK) 8 CA (Los Angelos)	8/122
N 2007 - Dec 2007			LAS VEGAS	NV (CLARK) 8	9109
32005-JAN 2007	and the Assessment of the Asse		LOS ANGELES	CA (las Angelos)	90012
in 1994-Feb 200	5 38 068	BEWI STREET	BENIN CITY	EBO STATE, NI	GERIA
	7.				
			4		
				W 100 100 100 100 100 100 100 100 100 10	
			A 11 -	eants initial FS	F
			Applic	anus inivai	Pag

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

	Reason for Leaving
Jan 2018-bade 2250 E. Flamingo Rd, Las Vegas NV 89/19	STILL EMPLOYES
Title Description of Duties	Name of Supervisor
Phurmacist (Per Diem) dispensing and Verification, modication	CAROL ENG, RAY
MICCICON ARILLA AND OFF MICH OTH	Reason for Leaving
June 2016-April 2018 2735 Silver Creek Ad Bullhao C.t. AZ 8644	2 Petocated back to Vegas Name of Supervisor
DONE Lodge - Not Give Line Medica (47100)	
inumacist dispensity of distribution to petient aseas	Panela Doah, RPh.
	Reason for Leaving
Jan 2008 date Story Strattcare Staffing Leggs N 89119	Still Afiliated Name of Supervisor
Description of Dates	
Pharmacist Contract Pharmacist sent on different	Esosa Igbinovia
	Reason for Leaving
June 2009-Sept 2014 Havasu Regional Medical Center Title Description of Duties Description of Duties	3 Relocated back to Vegas
Title Description of Duties Previous	Name of Supervisor
Title Description of Duties Verification, Prexiption Thornaist Filling + Distribution to patient coareasen	s Michael Rosen, MD
Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving
April 2004 - NOV 2009 3040 & Benganza #110 Las Vijas NV 89101 Title Description of Duties	West to Clinical Practice
Title Description of Duties	Name of Supervisor
Pharmacy Manager with state laws a Fed eral laws.	John AnozigAth
Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving
Cept 2007 - Lug 2009 101 E. late Mea) Dr. Henderson NV 89015 Title Description of Duties	Stated Independent Pharman
Title Description of Duties	Name of Supervisor
Pharmacist Prescription dispensing, patient oversigh	t. Francis Wickham
	Reason for Leaving (
The Description of Duties	4 Completed Intern Hours Name of Supervisor
Title Description of Duties	Name of Supervisor
Intern Pharmuist Plescription filling for Verfication by dut	ies Heidi Wickham, RPh
Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving
Tan 1995-bec 2000 234 Maken Lages Rel Benin Nigeria	Graduated
	Name of Supervisor
Phaso acy Student Studies in preparation for Pharmacy De	rea Prof. Augustio Othamase
If additional space is needed, continue on page 10 or provide attachment.	, 0
	+-
App	olicants initial + +
Continued on Page 10	Page 6

9. CHARACTER REFERENCES:

List five character reference who have kn employer or employees.	ow you five years or m	ore. Do not include relat	ives, present
	State Zip	Telephone	Years Known
	Stle View Ave 1	relegitorie	25
INVERSITY 1800 W	charleston blvd	701282 2000	do years
PAIL DO HAND	ER CIRCLE	70238,3 2000	0.5
Name NOSA-DV/ASU, KTH Home STOCKBRI	AGE GA 30281 ES LANDING PKW		25 years
Employer HOSTIAL Business STOCKBRI	NGE GA 30281	678 604 1000	
Name IKE WWADBI, MD Home TYRONE	GA 30290		25 years
Employer HOSPITAL Business 601 SOUTH	IN GA 30224	770 467 6314	
Name IRDROBETE, PR Home LAS VEGAS	RAN CT NV 89/4/		10 years
PROVIDENCE Employer PHARMACY Business 1 AS VEG	ar leston blvd	702 778 3072	
EGHEOMWAN DOI MOSS	BACK ST 89/23		15 years
ACRY SPECIALTY 3200 SDAK	ING GILLS DR #1		
Employer PHARMACY Business LAS VFG A	S, NY 89129	102 800 978	>
10. Do you have any safe deposit box or other	er such depository, acc	ess to any depository or	do you use any other
persons depository? Yes \(\square\) No \(\mathbb{X} \) If yes, complete the following:			
Box Number or Type of Depository Location	City and State	Authorized Users	
- AU			
DOTAPPLICABLE		*	
11. Have you ever held a privileged, occupati the following:	onal or professional lic	ense in any state, includi	ng but not limited to
	rse/race dog owner	Securities deale	er Insurance
Doctor Contractor Real esta	ate broker or salesman	Barber/Cosmet	ologist Gaming
Accountant Pilot Sports p Yes XI No □	romoter	Trainer or mana	ager Educator
If ves, state type, where and years held	0 -	(0	-1
PHARMACIST (STATE OF CALIFORN	14) FROM 201	D -DATE (9 YE	ARS)
PHARMACIST (STATE OF GEERGIA) From 2011 - :	2018 (7 YEARS)
PHARMACIST (STATE OF GEORGIA) PHARMACIST (STATE OF ARIZONA	From JUNE	2009 - DATE (10	YEARS)
12. Have you ever applied for a city, county of			
interest in a licensed business or industry	OUTSIDE the State of	Te of industry license of the Nevada? Yes ☐ No '\	ieio a ilnanciai K
If yes, state type, when and where and give	ve names and location	s of the businesses in wh	ich vou were
involved, the names and address of all pa venture or industry.	ortners and the agency	responsible for licensing	said business,
volidate of industry.			
L Applitable		7777877988888888888888888	######################################
venture or industry.			
	***************************************		*******************
		Applicants initial	t.F
		- 1- Innamination interpress	Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ▼
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 🂢
If yes	to the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No 🎉
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No
Desire	
	Date of photograph 06/05/2019
	Applicant's initial FE Page 8

1101 010
STATE OF NEVOID 9
SS.
COUNTY OF Cark
I, PULL Eabard , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Alle
Original Signature of Applicant
Subscribed and Sworn to before me this 5TT day of UUNU APP CHARDE GRISSOM Notary Public, State of Nevada Appointment No. 12-7704-1 My Appt, Expires Jan 9, 2022
(seal)

Applicant's initial_

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ADDITIONAL INFORMATION

BUSINESS	ES ONNES (Continue	& from Page 6)
1) From April 2010	ARA Medical Inc	S from Page 6)
to present Day	2539 Early Light Si	Still owns the business
	(as Vejas NV 8912	
Letinties Pe	strong d: 86 - to - Na.	Bresction
And Princes A	L of Allied Photonic	Con Starting
Cooletta	Services	practice
LAM SAU SIF 1	on and services	
Job Title: Press	ent/CED	
(2) Form Oct 2015	22lbra Inc	Chief Suspens
to Apr. (2019	2539 Fuly light bru	le Closed Gusiness
	LAS Veg as NV 5914	-2 to Concentrate
***************************************	<u> </u>	more on
Activities Portrant	\mathcal{Q} :	pharma cy.
Real E	state Investment	7
Job Title: Director	C3.	
annouse não Maria e superior de la Millance de la desartin a se esta de la pipia.	ik	+

0104		
	***************************************	***************************************
	\$45************************************	

Applicants initial F.E. Page 10

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 06/05/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for RETAIL	PHARMACY	
LARON PHARM	Nature of Pharmacy or Wholesaler	***************************************
Name and Address of Bu	siness for Which Designated Represer	tative Is Requested
If applica	A: ble, Name Under Which It Is Now Oper	ated
1. PERSONAL INFORMATION:	FELIX	ABI
Last Name	First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Change		
Present Residence Address-Street or RFD (1/16-	LAS VEGAS Date), City NORTH LAS VEGA	NV 89122
Present Residence Address-Street or RFD (6/18-	date), City	State/Zip
2465 REYNDLOSS NE #204 Dates	NORTH LAS EGA	S NV 89030
	City	State/Zip
YHARMACY MANAGER/OWN Bates		
Present Position with the Pharmacy or Wholesaler		Phone: r Residence
1	1, -	· コフーフフの〇ク・・・・
LAGO.	6, NIGER/A of Birth (City, County, State)	Business //>5/28544
Date of Birth Place	of Birth (City, County, State)	
_39 , ,		XIale
Age Social Security N	Number	Sex
Brown Black De	irk 185465	Atheric 5/7"
Color of Eyes Color of Hair Corr	pplexion Weight	Build Height
	61:11 "	0 / = / [
Scars, tattoos or distinguishing marks and/or	characteristics 2/14/1/ P	MK on forchead
Are you a citizen of the United States? Yes	No □ If alian registration	No NA
Are you a duzer of the officed offices? Tes	140 🗆 II alien, registration	0.018
If naturalized, certificate No	/ Date <u>//</u>	arch 2 2012
Place LAS VEGAS, NV	(If naturaliz	ed, document must be verified.)
2. MARITAL INFORMATION:		
Single ☐ Married ☐ Separated ☐	Divorced X Widowed D	Engaged [
onigio in marilos in ocparates in	Planiced TV Andomed F	_ ******
		Applicants initial F, E
		Logo

Current Marriage Date	City, County and State
Spouse's full name (Maiden)	S.S. No
Date of Birth	Place of Birth
Resident address	
Street	City State Zip
Telephone: Residence	Business
Spouse's employer	Occupation
Address of employer	City State Zip
	rated, divorced, or annulled, indicate below:
Date of Order or Decree	Date of Place Nature of City of Marriage Action County and State
IBAZEBO, OCLAHIZON	LAS VEGAS
Effletine Oppo1/2016	ABUJA NIGERIA DINORCE CLARK, NV NORTH HOLLYWOOD, CA SIVERE CLARK, NV
FELICIA, 06/15/2009	NORTH HOLLYWOOD CA SIVERE CLARK NIV
FELICIA HEATHERAY	WEDR. LOS ANGELES CA 90043.
Name Birth Date	ildren and adopted children and give the following information: Birth Place Residence Address VIUCAN ST. FREEDORT, BALLANYS LAS VEGUS NV 89) 22
3. Child Support Information: Please mark the appropriate re	esponse:
I am not subject to a court of	
☐ I am subject to a court orde	er for the support of one or more children and am in compliance with ct attorney or other public agency enforcing the order for the repaym
the order or a plan approve	er for the support of one or more children and NOT in compliance with a downward by the district attorney or other public agency enforcing the order on the transfer of the order.
	Applicant's initial E'E'
	Pa

FAMILY INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:	
Name	
N A Address_	
Contact person_	
C. Parents:	*************************
List names, residence addresses, dates of birth and most recent occupations of parents,	step-parents,
parents- in-law or legal guardian. If retired or deceased, list last address and occupation.	
Name (Maiden) Birth Date Address	Occupation
Father SYWESTER EGBASE, 1. EGBASE ST, FA	temer.
(DECEASED) " YEOMI, NIGERIA (I	DECEASED)
Mother VICTORIA EGBASE 2 DPALCOJE DR NI	IRSE 3
LAS VEGAS, NV 89128 (PA	ETIPED)
Father-in-Law	
Mother-in-Law	
NA	
D. Brothers and Sisters:	
List names, residence addresses, dates of birth and most recent occupations of brothers	and sisters and of
their respective spouses. Name (Maiden) Birth Date Address	Occupation
ANTHONY ESBASE, 1 WOODLAND HILLS, CA 91364	LAWYER
Spouse N/L	LAW/C.
BIGIEZ STREET	
GERALD EGBASE, NOODLAND HILLS CA 91364	LAWYER
Spouse	
Spouse	
	
Spouse	
4. EDUCATION:	
Name of School Location Dates Attended Grammar 1	Graduate
School GUEBEN COLLEGE IGUEBEN NIGERIA 09/1989-05/1994	Yes No 🗆
High School	Yes No 🗆
College University UNIVERSITY OF BENIN BENIN CITY, 10/1995-12/2000 Other	Yes X No □
NIGERIA	
Type of degree obtained, if any PHAPMAC / (R. Pharm).	Yes No No
1/1 200 - 3-11 2-11 2-11	ALLAT DIA
College or university where obtained UNIVERSITY of BENIA CITY	10.4tf/A
Applicant's initial	F.E.

A.	Have you ever served in any armed forces?	Yes 🗆 No 🕱		
	Branch	Date of entry-active service_		
11/4	Date of separation			
NA	Rating at separation	Serial number		
	While in the military service were you ever arres special or general court martial? Yes ☐ regardless of where they occurred-foreign or do	No ☐ If yes, furnish details	ted in sum on page 1	nmary action, a trial or 10. (List all incidents
B.	Have you registered for the draft? Yes □	No 🕱		
	CountyState	Date register	red	
6. AF	RRESTS, DETENTIONS, LITIGATIONS AND AR not convicted.) Have you ever been arrested, detained, charged violation for any reason whatsoever, regardless Yes No If yes, give details in space provides.	l, indicted or summoned to an of the disposition of the event	swer for a	ny criminal offense or minor traffic citations.
Date of A	Arrest Age Charge Location-	City and State Deposit	tion/Date	Arresting Agency
Not	 			
Apr	plicable			
7 1				
C. D. E. F. G.	arrested or in which you were named as an unin page 10. Have you ever been questioned or deposed by a or committee? Yes No Have you ever been subpoenaed to appear or to commission? Yes No Have you ever been subpoenaed to testify for an Yes No Have you ever had a civil or criminal record expell fyes, when? Have you ever received a pardon or deferred profit yes when? Has any member of your family or of your spous If you answer to any of the above questions (B to	a city, state, federal or law enforcestify before a federal, state or my civil, criminal or administration unged or sealed by a court or city, county and state cosecution for any criminal offecity, county and state ety, county and state ety, county ever been convicted	r county gr tive proceeder? Yes it ense? Yes	agency, commission rand jury, board or eding or hearing? No N
Name	Relationship	Charge	Local	tion Date
Not	, de	O.M.go		540
M	Plica			4
		Applica	nt's initial	T-E
				Page

Yes □ No	(Other than o	divorces)	an arbitration as either a cla ception, including bankruptci	
laintiff/Defendant or laimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Not 16				La Cara I
Applicable				
	_			
associated v	vith it as an own		e proprietorship or closely h artner) been a party to a law	
Name of Entity		Type of Entity		kimate Date(s) of it/Arbitration/Bankruptcy
Not				
rst all residences you not and Year (From-To)		the last 25 years:	City	State or County
EC 2007 - P2		, VYLCON ST	LAS VEGAS	NV (CLARK)
		IL BEL AIR DR#	4 /	NN (CLARK).
· · · · · · · · · · · · · · · · · · ·	N 2007 88			
AN 1994 - FE	3 2005 3	8 OGBEWIST	BENIN CTY,	NIGERIA
·····				
				ata initial FiE
			Applican	+17

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Jan 2018-pres	1 Vincod Hentak	
Title	Description of Duties	NV 89119 2000 LOVAS
Pharmackt	Order Entry, Drugdispensing and distribut	caroline Eng RP
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2016-April	2018 2735 Silver Creek tonal Med. Chr. 1 Description of Duties	4 Name of Own 1
Plasmacist	Order Entry and Verification, drug dispe	easing Pamela Book, Ru
Month and Year	Name/Mailing Address of Employer, Business	Number of Employed Hours
June 2009 - Sep	1 duy to livic Tenter lane, lake Havasu +	4286403 6240 hour
The L	Description of Duties order fication, drug	Name of Supervisor
Marmacist	dispensing of Distribution to patient	ave reas. Michael AD
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

Applicants initial___

Page 6

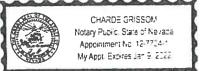
9. CHARACTER REFERENCES:

	Where Employed Street City State Zip Telephone	Years Known
lame	DAUPE Killeran Court TROPOBETE Home Las Vegas INV 89/41	1A VEGO
	PROVIDENCE PLAN Business GC VEGGS BY 80104 702778 3072	19/
i	MILLSFORD CT	25 years
	EUSTAP 601 S. 8th ST 77 - 1/7/2111	
Pan	HOSPITAL Business SPITFINGA SOSSA (1040 10514)	25 >200
lame Piec	MOGA-DVIGGU, RACHOME STOCKBRIDGE GA 3028/ Import of the Business 1133 Fairle's landing HEW 678 995 9982	as years
mploye Kan		25
ame	treamflue MD Home 1005 VEGGS NV 89129	25 years
mploye	Center Business 115 Venas NV 89102 102 505	
lame	46 100 VIA RIL Home Las Vegas AV 89123	15 years
AC# imploye	& Specialty 3200 Staring Gnuls 14/10/ 702 800 6448	
10.	Have you ever held a privileged, occupational or professional license in any state, includi	na but not limited
	the following:	
	Liquor Lawyer Race horse/race dog owner Securities dealer Doctor Contractor Real estate broker or salesman Barber/Cosmet	
	Accountant Pilot Sports promoter Trainer or mana	
	Yes No □ If yes, state type, where and years held	
D.P.	LARMACIST (GEDAGIA) From 2011 - Maro 2018	
n P	YRMACIST IN CALIFORNIA FROM 2010 - DATE	
31	GRMACIST (APIZONA), FROM 2009-JATE	
11.	Have you ever applied for a city, county of state business, venture or industry license or linterest in a licensed business or industry OUTSIDE the State of Nevada? Yes No If yes, state type, when and where and give names and locations of the businesses in whinvolved, the names and address of all partners and the agency responsible for licensing venture or industry.	ich you were
	N/A	
	V/P(
12.	Have you ever appeared before any licensing agency or similar authority in or outside the any reason whatsoever? Yes □ No □	State of Nevada
13.	Have you ever been denied a personal license, permit, certificate or registration for a privor professional activity? Yes □ No 💢	rileged, occupation

Applicant's initial ### Page 7

 14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related f suitability?		of	×
 15.	Have you or any person with whom you have been a participant in any group been the su administrative action or proceeding relating to the pharmaceutical industry?	bject o		X
 16.	Have you or any person with whom you have been a participant in any group ever been figuilty or entered a plea of nolo contendere to any offense, federal or state, related to prescontrolled substances?		n drug	s and/or
 17.	Have you or any person with whom you have been a participant in any group ever surren permit or certificate of registration relating to the pharmaceutical industry voluntarily or oth upon voluntary close of a wholesaler		e (othe	er than
18.	Do you have any relatives within the fourth degree of consanguinity associated with or en pharmaceutical or drug related industry?	nploye Yes [
 N/4,				
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes)	No	
20.	Will you be employed fulltime with the pharmacy or wholesaler?	Yes	No	
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes)	N o	
 	Date of photograph Ob/4		20	19
	Applicant's initial	T-E		Page 8

STATE OF NOVOCO
STATE OF TYPE TO THE SECOND SE
COUNTY OF CLAY
ı, <u>Folix Eabqse</u> , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Affre
Orliginal Signature of Applicant
Subscribed and Sworn to before me this 5th day of
June, 2019 Notary Public
(seal)



Applicant's initial F.E.
Page 9

ADDITIONAL INFORMATION

NONE	
NINE	

Applicant's initial F.E.

Page 10

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AARON PHARMACY INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 16, 2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 16, 2019.

Ballock Cagasske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20190416-1541

13B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206- Reno, NV 89521 - (775) 850-1440

APPLICATION FOR NEVADA 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 currer Check box below for type of ownership and complete all a Corporation or Partnership.	required forms. **If LLC use Non Public
□ Publicly Traded Corporation – Pages 1,2,3,10,11a&b Non Publicly Traded Corporation – Pages 1,2,4,10,11a	a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: COMBINED WELLNESS	
Physical Address: 2605 EAST FLA	AMINSO ROAD
City: LAS VEGAS State: Zip	
702-847-6565 Fax:702-	
E-mail:_ C	ombinedwellnesspharmacy@gma:1.com
Website: NA	, , , , , , , , , , , , , , , , , , , ,
Managing Pharmacist: Shih Hue: Bid	License Number: 19847
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
Yes/No	Yes/No
Yes/No X □ Retail	Yes/No □ \Q Off-site Cognitive Services
Yes/No ♪ □ Retail □ □ □ Hospital (# beds)	Yes/No □ 🎖 Off-site Cognitive Services □ 🖫 Parenteral
Yes/No ⚠ □ Retail □ 宀 Hospital (# beds) □ 宀 Internet	Yes/No \(\sqrt{\text{\tinx}\text{\tinx}\text{\tint{\tinte\text{\text{\text{\text{\text{\text{\text{\text{\tinx}\text{\ti}\text{\texi\texict{\text{\text{\tet{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te
Yes/No X	Yes/No □ 🌣 Off-site Cognitive Services □ 🖎 Parenteral □ 🖎 Parenteral (outpatient) □ 🖾 Outpatient/Discharge
Yes/No X	Yes/No Off-site Cognitive Services Parenteral Parenteral (outpatient) Outpatient/Discharge Mail Service
Yes/No X	Yes/No Off-site Cognitive Services Parenteral Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care
Yes/No X Retail Nuclear Naclear Ambulatory Surgery Center	Yes/No Off-site Cognitive Services Parenteral Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding
Yes/No X	Yes/No Off-site Cognitive Services Parenteral Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding Non Sterile Compounding

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the	last five	(5) years:
------------	-----------	------------

1)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a fel misdemeanor (including by way of a guilty plea or no	ony or gross	Yes Ø No □	
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce registration?	partner(s) with ertificate of	Yes □ No 💆	
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative as site fine or proceeding relating to the pharmaceutical	ction board citation	Yes X No 🗆	
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of noto	PRIMAND (EHER	
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary clo	ate of registration	Yes □ No IX	
Copies	answer to question 1 through 5 is "yes", a signed state sof any documents that identify the circumstance or cultion may be required.	ement of explanation m contain an order, agree	ust be attached. ment, or other	
correc	by certify that the answers given in this application and t. I understand that any infraction of the laws of the S ion of an authorized pharmacy may be grounds for the	tate of Nevada regulat	ing the	
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 packground, qualification and reputation, as it may deem necessary, proper or desirable.				
Origina	al Signature of Person Authorized to Submit Application	on, no copies or stamp	S	
MA Print N	RTIN CHIBUETE lame of Authorized Person	<u>\$ 16 / 19</u> Date		
Board	Use Only Date Processed:	Amount: 500.0	<u> </u>	

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: Mediconcepts 1/c
Mailing Address: 1.0. Box 36368
City: Las Vegas State: NV Zip: 89133
Telephone: 702 969 3499 Fax: N/A
Contact Person: MARTIN CHIBUEZE
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
A)] A
a) Name Business Address
b) Nl4
Name Business Address
c) N/A
Name Business Address
d) N/M
Name Business Address
2) Provide the number of shares issued by the corporation. N
3) What was the price paid per share?
List any physician shareholders and percentage of ownership.
Name:%:
Name:%:
Hours of Operation for the pharmacy:
Monday thru Friday 10 am 4 pm pm Saturday N/4 pr
Sunday N/4 pm 24 Hours N/4

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: $N \sim 20151057393$

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

1, MARTIN CHIBUELE
Responsible Person of _ COMBINED WELLNESS PHARMACY
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s)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's, any owner(s), shareholder(s) or partner(s) 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.
Original Signature of Person Authorized to Submit Application, no copies or stamps
MARTIN CHIBUTE S17/19 Print Name of Authorized Person Date
nurranie or varioused Leizoli Dale

Date

Managing Pharmacist

Pharmacist Name: Shih Huei Bia License #: 198	47	
Pharmacy Name: COMBINED MELLNESS PHARMACY		_
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hour report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a the inventory to be on file at the pharmacy.	of th	е
I understand that as the managing pharmacist I am responsible for compliance by the pharmacist I am responsible for compliance by the pharmacist is personnel with all state and federal laws and regulations relating to the operation of the pharmacist and the practice of pharmacy. I understand my license can be revoked or that I can be the subject disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	armador of	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	l joint	ly,
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?	Yes	No Æ
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		
been the subject of a board citation or an administrative action whether completed or pending in any state?		4
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		
If you marked YES to any of the numbered questions above, please include the following informat	ion	
Board Administrative Action: State: Date: Case #:		_
And/or Criminal Action: State: Date: Case #: County Court:		-

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- 9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



Nevada State Board of Pharmacy

431 W PLUMB LANE • RENO NEVADA 89509 (775) 850 1440 • 1-800 384 2081 • FAX (775) 850-1444 E mail pharmacy@pharmacy.rv.gov • Website bop.rv.gov

June 7, 2017

Mr. Martin O. Chibueze, R.Ph. 2220 Village Walk Drive #3205 Henderson, Nevada 89139

Re: Nevada State Board of Pharmacy Case No. 16-015-RPH-B-S Certificate of Registration No. 32832

Dear Mr. Chibueze,

In the above referenced matter, the Nevada State Board of Pharmacy in their May 31, 2017 meeting, ordered Board Staff to submit a public letter of reprimand to you as part of your discipline for your failure to adequately counsel and document that counseling for your patient L.T. upon dispensing her Adderall prescription.

Accordingly, it is my unpleasant duty as Executive Secretary of the Nevada State Board of Pharmacy to formally and publically reprimand you for your conduct, which reflects unfavorably upon the pharmacy profession as a whole.

We encourage you to use the utmost care in your future practice of pharmacy.

Sincerely,

Larry L. Pinson, Pharm. D.

Executive Secretary

REGISTER OF ACTIONS CASE No. 15F17802X

State of Nevada vs. CHIBUEZE, MARTIN

§ § Ś š 8

Case Type: Felony Date Filed: 12/02/2015 Location: JC Department 10

PARTY INFORMATION

Defendant

CHIBUEZE, MARTIN

Lead Attorneys Jamie S Hendrickson Retained

702-333-0007(W)

State of Nevada

State of Nevada

	Charge Information		
Charges: CHIBUEZE, MARTIN 1. Dom battery by strangulation [54740] 2. Coerc w/force or threat of force [53159] 3. Kidnapping, 2nd degree [50075] 4. Kidnapping, 2nd degree [50075] 5. Home invasion, (1st) [50435]	Statute 200.485.2 207.190.2a 200.310.2 200.310.2 205.067.2	Level Felony Felony Felony Felony Felony	Date 11/15/2015 11/15/2015 11/15/2015 11/15/2015 11/15/2015

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

05/02/2016 Disposition (Judicial Officer: Tobiasson, Melanie A.)

1. Dom battery by strangulation [54740]

Bound Over to District Court as Charged (PC Found)

2. Coerc w/force or threat of force [53159]

Bound Over to District Court as Charged (PC Found)

3. Kidnapping, 2nd degree [50075]

Bound Over to District Court as Charged (PC Found)

4. Kidnapping, 2nd degree [50075]

Bound Over to District Court as Charged (PC Found)

5. Home invasion, (1st) [50435]

Bound Over to District Court as Charged (PC Found)

OTHER EVENTS AND HEARINGS

12/01/2015 CTRACK Track Assignment JC01

12/02/2015 Criminal Complaint

12/02/2015 Request for Arrest Warrant Filed

12/02/2015 Filed Under Seal

12/02/2015 Declaration of Warrant Summons (Affidavit)

12/04/2015 Arrest Warrant Request (7:30 AM) (Judicial Officer Tobiasson, Melanie A.)

Result: Arrest Warrant Issued

12/04/2015 Minute Order - Department 10

12/04/2015 Arrest Warrant Ordered to be Issued

\$15,000/\$15,000

12/04/2015 Warrant Issued

12/04/2015 Arrest Warrant - Face Sheet

12/04/2015 Arrest Warrant Confidential

01/19/2016 Motion to Place on Calendar

to Allow Defendant to Surrender, Request to do a Walk-Through at the Clark County Detention Center, and to Release on His Own Recognizance 01/22/2016 Initial Appearance (8:30 AM) (Judicial Officer Tobiasson, Melanie A.)

No Bail Posted

Result: Matter Heard

01/22/2016 Motion

Motion by Defense for a O/R Walk- Through - Motion Granted.

01/22/2016 Warrant Walk - Through Granted

O/R

01/22/2016 Release Order - Own Recognizance (Judicial Officer: Tobiasson, Melanie A.)

01/22/2016 Warrant Stands

01/22/2016 Custody Comment

Defendant to be booked on arrest warrant and released on O/R.

01/22/2016 Initial Appearance Completed

Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint

01/22/2016 Counsel Confirms as Attorney of Record

J. Hendrickson, ESQ.

01/22/2016 Minute Order - Department 10

01/22/2016 Warrant Cleared

01/22/2016 Temporary Custody Record

Remand

01/23/2016 Release Agreement

01/25/2016 Warrant Service Slip

05/02/2016 Preliminary Hearing (9:30 AM) (Judicial Officer Tobiasson, Melanie A.)

Result: Bound Over

05/02/2016 Minute Order - Department 10

05/02/2016 Preliminary Hearing Held

Motion to Exclude Witnesses by State - Motion Granted States Witnesses: 1) Njideka Chibuze - witness identifies defendant. Motion by state to amend criminal complaint by interliniation- Motion Granted. # 2) Coercion (F) # 3) Kidnap 2nd degree # 4) Kidnap 2nd degree # 5) Home Invasion State Rests. Defendant Advised of His Statutory Right to Make a Statement Defendant Waives the Right to a Sworn or Unsworn Statement Defense Rests Motion to Dismiss and Argument In Favor of Said Motion by Defense - Argument Against Said Motion by State - Motion Dismissed Thereupon the Court Found the Defendant Guilty

05/02/2016 Remand - Cash or Surety

Counts: 001; 002; 003; 004; 005 - \$125,000.00/\$125,000.00 Total Bail

05/02/2016 No Contact with Victim

Njideka Chibueze

05/02/2016 Bound Over to District Court as Charged

Defendant Bound Over to District Court as Charged. Defendant to Appear in the Lower Level Arraignment Courtroom A.

05/02/2016 District Court Appearance Date Set May 4 2016 10:00AM: In Custody

05/02/2016 Case Closed - Bound Over

05/02/2016 Certificate, Bindover and Order to Appear

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDI-CONCEPTS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 8, 2019.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190508-0489

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

8 Date 5 6 19-

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	PHA	RMACY				
Compined	D Wellness pl	10 pacy 26 85 1	of License Flame ment for Which Licens	⊶g , 	r 24 89121	-
•••••		If applicable, Name Und	er Which It Is Now Op	erated		
1. PERSONAL	INFORMATION:	2.00				
Last Name CH(A	uelē	First Name	;	Middle Name	<u> </u>	-
Alias(es, Nicknames,	Maiden Name, Other Nam	ne Changes, Legal or Oth	nerwise)			-
	ddress-Street or RFD	Dales Dales	ity Vegas	State	8512	-
Present Business Add		Dates	as negas	State	e/Zip	-
Occupation	7	3 4100		Phone: • Residence	r	-
PHARMA	451	NIGEIUA			2847-6565	
Date of Birth	^	Place of Birth (City, C	ounty, State)			_
Age Y 1	Social	Security Number			Sex	_
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	-
Brown	Black	Dork	16012	Average	58t fin	
Scars, tattoos or	distinguishing marks	and/or characteristic	s NIA		= 1	
Are you a citizen	of the United States	Yel No 🗆 I	f alien, registratio	n No		
	rtificate No					
Place		•••••	(If natura	lized, document m	ust be verified.)	
2. MARITAL IN	IFORMATION:					
Single □ Ma	rried Separate	ed Divorced	□ Widowed	□ Engaged		
				Applicant's initi	al de	
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ame	of Spc	use		of Order Decree			e of Plac Marriage			ture of		City	tv ar	nd State	
3. P	reviou	s Marr	iages: If e	ver lega	ally sep	parated,	divorced	l, or ann	ulled, ir	ndicate	belo	w:			
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	Spor	ıse's er	mployer	N	A			Occ	upation	Hos	nĒ	MA	-0-/	KZK	
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			h												
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	Cuii	ent Ma	rriage	J	une.	- 15 ⁷⁶	Ust	}		(ا عد	unty and	ک	NV	

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

Page 2

AMILY INFORMATION-Continued	responsible for enforcing the shill support	
Name Newsda Chy	responsible for enforcing the child support	order:
Name 1965 E T/	is de la	Anc Caus
	ming, Ild las negas	עיו א ויט
Contact person ATIA		
C. Parents:	s, dates of birth and most recent occupations	s of narents sten-narents
arents-	·	
	d or deceased, list last address and occupat h Date Address	Occupation
ther Pominic Chibuell	elpaso TX 79512	PHYSICIAN RETIAE)
CAUDINC CHIANS 13		RN-RETILET
ther-in-Law		
other-in-Law		
NA	= :	
their respective spouses. Name (Maiden)	s, dates of birth and most recent occupation Birth Date Address	Occupation
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CHILLY CHINER	1 lorenes dr Gy 7x75052	,
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TANK WITH A STATE OF THE STATE		
EDUCATION:		
Name of School	Location Dates Attended	Graduate
ammar nool N4		Yes □ No □
h Techeral Port College	N14801+ 1990-1994	
llege University of Eller	Texa: 2000-2002	Yes X No L
iversity		Yes ☐ No 🎜
ner ruseman college of phase	"WZy "	Yes No □
pe of degree obtained, if any	PHARMD	
	Oseman college of phosmen	•
mege or university where obtained.	vocam cover of parmer	7
		' I

Applicant's initial Page 3

5 MILITARY INFORMATION:

A.	Have yo	ou ever served	l in any armed	forces?	Yes 🗆 N	• X	
	Branch		••••	Date		1	
	special	or general coι	ırt martial?	u ever arrested fo Yes □ No preign or domestion	If yes, furn	which resulted in su lish details on page	mmary action, a trial or 10. (List all incidents
В.			*	Yes 💢 No	•		
	County	Elpaso	Sta	e Texas	Da	ate registered.	1959
6. AF	not con Have you violation	i victed.) ou ever been a ofor any reaso	irrested, detair on whatsoever,	ed, charged, indi- regardless of the	cted or summe disposition of	oned to answer for the event? (Excep	s in which you were any criminal offense or t minor traffic citations.)
	Yes 🔼	No ☐ If yes,	give details in	space provided b	elow. List all	cases without exce	ption.
Date of		Age		Location-City an			Arresting Agency
				Sparks, N			Sparks police
jan	116	Detaine	d, Charge	ed with Dr	- 5/100g.	defon - cui	really on
Jung	astion.	W 36	month s	ince 8/201	7		
B. C. D. E. F. G.	arrested page 10 Have you commis Have you Yes Have you If yes, whave you If yes will have any the sany	d or in which you ou ever been of mittee? Yes ou ever been so sion? Yes ou ever been so No ou ever had a co when? ou ever receive hen?	pu were named uestioned or d No M ubpoenaed to No M ubpoenaed to civil or criminal ed a pardon or our family or of	d as an unindicted eposed by a city, appear or testify I testify for any civi record expungedcity, deferred prosecucity, your spouse's fai	state, federal pefore a federal or sealed by county and station for any crecounty and stamily ever been	or law enforcemental, state or county of administrative process a court order? Yes ate	□ No 🍂 s □ No 🍇
						This is detailed on pag	ge 10.
Name			Relations	hip	Charge	Loc	ation Date
	NA					Applies Alexander	
						Applicant's initial	Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

	Defendant or at/Respondent	Date Filed	Court and Case Number	City, County and	State Disp	osition/Date
						sattle e
			4			
J.	Has any gene	eral partnership	, business venture, so	le proprietorship or	closely held corporation	n (while you w
	associated wi	th it as an own	er, officer, director or plete the following:	oartner) been a part	y to a lawsuit, arbitration	n or bankrupt
	Name of Entity		Time of Entity		Approximate Date(s) of	
	Name of Entity		Type of Entity		Lawsuit/Arbitration/Bankı	ruptcy
*	•	an		•=		
	6			-		
					9	
7. R	ESIDENCES:					
ist al	residences you	u have had for	the last 25 years:			
1onth a	and Year					
	and Year n-To)	Stree	et and Number	City	State or Count	-
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onth a	and Year n-To) E. /Zus	Stree	et and Number		NV 12/1	6-Dek
onth a	and Year n-To) E. /Zus	Stree	et and Number (as	City LCS MSQ s Mgas	NY 12/13- NY 8/13-	6-Dek . 8/16 12/13
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1001th a (Front 1704) 1704 1706 1714 172	end Year 1-To) E. 12us Washing Verde Sp Flolling m N. Taylo Sy verze	Street Strings or coolings or coolings or	Las l	lus vesas vegas vegas	NY 12/11 NY 12/13- NY 8/13- NY 11/10-81 NY 2/09- X 11/06-	6-Dek . 8/16 . 12/13 . 11/10 . 12/03
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Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

2/2009-5/13	CVS phormacy 461 w. william for faller Name/Mailing Address of Employer/Business	8,320 Based on 40hrs/w
Month and Year		Number of Employed Hours
Manager	pharmass + Julies	ED Smith
	Description of Duties	Name of Supervisor
(13-7/14	CVS phomosy 8320 w. Cheyenne LVNV	10 80 Hrs
onth and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
and co.	pharmaeit Duffe:	matt Ray
itle	Description of Duties	Name of Supervisor
15-8/16	SAM club phoney las mas 89147	1700 Hrs
13 6110	Las negas 89149	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
arager	phormacist Dufies	TINA BLAKY
Γitle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Гitle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
itle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Γitle	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

	List five character		ho have l	know you five	e years o	r more	e. Do r	not includ	e relatives, pr	resent
Name of	employer or employed Where Employed	Street	City	State Zip		Т	elephone	e	Years K	(nown
Name C	Letus Amadi	Home	ン	acarond	aker	3	Las	hegas	•	
	lifectre phome	Business 3	020	E. Desc	Maci			702697	205 54	18
Name J	ohn Anozia	Home	Teton	Pines D.	HN	£90	74			
Employer	Green valley pla	Business 1	245 h	J. Green	velley	HN	W	89014	Ц.	10411
Name P	nmela o Bah	Home	:	Britton	Rose	7.	4	- N.	क्षाभ	12411
Employer	Pipeline LX	Business	La	s regas	, NV					
Name (houles lacy	Home	-La	render 1	ane,	,La	Ca	nada	CAGIOII	12415
Employer	Roseman Uni	Business 🕈	11 Su	insof w	an H	N	81014	· - '		
Name 1	Inama; ofun			Terraca				s uga		Syp
Employe	unc	Business Su	rsi cad	det !	San r	ی ، د	Lode	8/12 hr	d Cu 89	102
10.	Have you ever he the following:	eld a privilege	d, occupa	ational or pro	ofessiona	ıl licen	nse in a	ny state,	including but	not limited to
	Liquor L	awyer		orse/race do				Securities		Insurance
		Contractor Pilot		state broker promoter	or salesr	nan			osmetologist r manager	Gaming Educator
	Yes ☐ No 🐧 If yes, state type,	where and ve	are hold							
	ii yes, state type,	where and ye						******	•••••	
•••••		****************								*****
•••••									• • • • • • • • • • • • • • • • • • • •	•••••
11.	Have you ever ap									inancial
	interest in a licen If yes, state type,	sed business when and wh	or indust nere and	give names	: the Star and loca	te or in tions o	งevada of the b	? Yes ⊔ usinesse:	No 🔼 s in which you	ı were
	involved, the nam	nes and addre								
	venture or industr	ry.								
**********		***************************************			***********				•••••	
**********		***************************************		***************************************						
12.	Have you ever ap				cy or sim	ilar au	uthority	in or outs	ide the State	of Nevada for
	any reason whats	soever? Yes	⊔ No /	4						
13.	Have you ever be	een denied a	nersonal	licanse ner	mit certif	icate :	or regis	tration fo	r a nrivileged	occupational
13.	or professional a			ncense, pen	ini, ocilli	ivale (or regis	auon 10	a piiviiegeu,	occupational
**********		***************************************				*******	• • • • • • • • • • • • • • • • • • • •			
If yes to	o the above, state	where, when	and for v	vhat reason:						

Applicant's initial Page 7

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ No 💆
15.	Have you or any person with whom you have been a participant in any group been the sadministrative action or proceeding relating to the pharmaceutical industry?	ubject of an Yes □ No 🌠
16.		escription drugs and/or Yes □ No 🌇
17.	2) 5. 499/399/394 (20100000000000000000000000000000000000	ndered₊a license, therwise (other than Yes □ No
18.	Do you have any relatives within the fourth degree of consanguinity associated with or e pharmaceutical or drug related industry?	mployed in the Yes □ No 🌠
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes No □
20.	Will you be employed fulltime with the pharmacy or wholesaler?	Yes⁄X No □
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes No □ Yes No □ Yes No □
•••••		
**		
••••••	2/11/	IO.
	Date of photograph 3/15/	
	Applicant's initial	1

STATE OF Nevada	. SS.
ā.	55.
COUNTY OF Clark	
1, MARTIN CHIBUEZE	, being duly sworn, depose and say I have read the
	t the statements contained herein are true and correct and
contain a full and true account of the information request	ed; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information reques	ted may be deemed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this	application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the applica	tion of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certifi	cate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in	n support thereof, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Nevada S	tatutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the	Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,	
I hereby expressly waive, release and forever di	scharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of	action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the	licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or whole	saler in the State of Nevada.
	Original Signature of Applicant
Subscribed and Sworn to before me this	_ day of
march 2019	·-
Jamela J	
Notary Public	•

(seal)

PAMELA GOLDMAN
Notary Public State of Nevada
No. 06-103332-1
My Appt. Exp. Oct. 13, 2020

Applicant's initial...

Page 9

ADDITIONAL INFORMATION

·	
,	

Applicant's initial Page 10

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 5-7-19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	Retail	phorma	-64		
ComBIN	ED WEUNE Name and Add	Nature of Pharm S.S. Pharmae ress of Business for While	nacy of Wholesaler 7 2805 E. h Designated Represen	Tomings ntative Is Requested	Rd LV NY 8914
		If applicable, Name Unde	er Which It Is Now Oper	ated	
1. PERSONAL II	NFORMATION:				
Last Name CH 1B	neze	First Name	MARTIN	Middle Name	OBINNA
Alias(es, Nicknames, M	laiden Name, Other Nam	e Changes, Legal or Othe	erwise)		
E. Ru	SSELL Rd dress-Street or RFD	Cas	vegas	NV	89120
Present Residence Add	dress-Street or RFD	Ci	ity	State	e/Zip
2605 E.7	Comingo K	UDates Casu	regas	NV	89121
			ity	State	e/Zip
Present Position with th	RCTS+ ne Pharmacy or Wholesa	Dates	•	Dhara	- 1 × × × ×
r resent r ostion with th	ie i namacy or wholesa	ici		Phone: ~ Residence	
, i		an sall. Ni	10.54.	Business 2	28436565
Date of Birth		oniska, NI	4014		
41		Flace of Birth (City, Ct	ounty, State)		MALE
Age	Social	Security Number			Sex
BROWN	Black	DALK	16016	Average	MACE Sex Sff &In
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or di	istinguishing marks	and/or characteristic	s NH		
Are you a citizen o	f the United States?	Yes X No □ If	alien, registration	No	
If naturalized, certi-	ficate No	•••••	Date		
Place			(If naturaliz	ed, document m	ust be verified.)
2. MARITAL INF	ORMATION:				
Single □ Marr	ied 🔼 Separate	ed Divorced	□ Widowed □	☐ Engaged	
				Applicant's initi	al
					Pac

MARITAL	INFORMATIC	N-Continue
----------------	------------	------------

A.	Current Marria	ge <u>`</u>	une	121-014		CLAIL	K	
	Spouse's full na	me (Maiden) 1	PEON	14 140 EGB	hlam	City, County a S.S. No	and State ~	1
	Date of Birth			Place	of Birth NIC	EH4		•••••
	Resident addres	S Street	- Ru	usell RD	Las Vesas	X ✓ State	89120 Zip	
	Telephone: Re	sidence			Business N#			•
					Occupation Ho	ME MM	HKER	
	Address of empl	oyerStreet	14		City	State	Zip	
В. Р	revious Marriage	s: If ever legal	ly separa	ated, divorced,	or annulled, indica	te below:		
Name	of Spouse	Date of Order or Decree		Date of Place of Marriage	Nature of Action		y unty and State	1714
	.Uca chibe		416	Resilian	Divorc		Las Vegas	
	Name	Street N 4	and tele	ohone numbers City	of previous spous State		Telephone	
A.		ependents: Iren, including			ed children and giv			<u>. </u>
	Dom Chibu	Birth Dat	e I	Birth Place		Residence Ad		
			<u> </u>				7-0-	
	MARTIN CHA	14 kg 22	;	Las vegas	}	Las	Neggs	
В.	Child Support I Please r	nformation: mark the appro	oriate re	sponse:				
	□ I am	not subject to a	a court o	rder for the sup	port of child.			
	`plan	approved by th	e district		of one or more ch er public agency e or			
	the o	rder or a plan a	approved			ublic agenc	y enforcing the	
				•		plicant's init	tial	Dece (

FAMIL		rney or public		onsible for en	forcing the child	d support	order:	
	Name N	evada	child	Support	center	,======================================		
	Address	1900 E	Flam.	150 RD	CAS VZ	945 °	NV 89119	
		rson						
C.	Parents:							be
parent		, residence ad	dresses, date	es of birth and	l most recent o	ccupation	s of parents	, step-parents,
Parent	in-law or le				last address an	d*occupa	tion.	
	Name (Maide	n)	Birth Date	Ade	dress			Occupation
Father	Domini	c LHIBLO	ELE	, ,	DE	Sièiu,	Elpaso TX 798/2	PHYSICIAN RETIRED
Mother	CAROLIA	vi CHIB	uelė	_	V	ر		purse fethed
Father-i	n-Law NJ4	Doctors						
Mother-	in-Law NA	Deces.	2				76	
D.	List names		dresses, date	es of birth and	d most recent o	ccupation	s of brothers	s and sisters and of
	Name (Maide	ctive spouses.	Birth D		dress			Occupation
u	CHE CL	tiBuez	E , '	PEA	7 Stady Spri	151 D 1	Forens	ic Psychologism
Spouse								
	#(2ux	CHIBNE	TE.	, D	lorenzo	L SP TX	RN	
Spouse	WLA							
C	GECH	e cheps	uzzi	* * * * ·	. London.		LAW	Student
Spouse	NIA							
	1010							
Spouse	1		Þ					
·								
4. E	DUCATION:			1				
		me of School		Location	Dates Atter	ded		Graduate
Gramm School	ar ^	14						Yes 🗌 No 🗌
High School	TED. 50	NT COLFE	1 37	4437	1790-19	74		Yes 🐧 No 🗆
College Univers		ity of U	1450. T	X	2000-200	l		Yes 🗆 No 🕰
Other	Rosema	n college	of ph	Almna	4 2002	-2009	5	Yes X No □
Туре	of degree obt	tained, if any	(PHARM				
Colleg	ge or universi	ty where obtain	ned Kose	man co	lege of	MARI	ngy	17 HARMD
						Appli	cant's initial	A

Page 3

5 MILITARY INFORMATION:

Α.	Have you ever served in any armed forces?	Yes 🗆 No 🏌	
	Branch	Date of entry-active service	••••••
	Date of separation	Type of discharge	
	Rating at separation	Serial number	
	While in the military service were you ever arrest special or general court martial? Yes ☐ regardless of where they occurred-foreign or don	No IX If yes, furnish details of	ed in summary action, a trial or on page 10. (List all incidents
B.	Have you registered for the draft? Yes	No □	
	County 247450 State Total		ed 1999
6. AF	RRESTS, DETENTIONS, LITIGATIONS AND ARE not convicted.)	BITRATIONS: (Include those	arrests in which you were
A.	Have you ever been arrested, detained, charged, violation for any reason whatsoever, regardless of Yes № No □ If yes, give details in space provide	of the disposition of the event?	(Except minor traffic citations.)
Date of A	Arrest Age Charge Location-C	City and State Deposition	n/Date Arresting Agency
<u> </u>	2016 Detained charged with Dome	Druppell VIVI	3/2011 SVAILE POLICE
Jan 7	2016 Detained charged with Dom	esta Voilene - Strong	intoton. Currently
tende	r going probation for 36 month si	nee 8/2017	/
B. C. D. E. F. G.	Has a criminal indictment, information or complai arrested or in which you were named as an unincepage 10. Have you ever been questioned or deposed by a or committee? Yes \(\subseteq \text{No } \(\subseteq \) Have you ever been subpoenaed to appear or test commission? Yes \(\subseteq \text{No } \(\subseteq \) Have you ever been subpoenaed to testify for an Yes \(\subseteq \text{No } \(\subseteq \) Have you ever had a civil or criminal record expulf yes, when? Have you ever received a pardon or deferred proof yes when? Has any member of your family or of your spouse of you answer to any of the above questions (B the	city, state, federal or law enforcity, state, federal or law enforcity before a federal, state or or city, criminal or administrative named or sealed by a court ordecity, county and state secution for any criminal offencity, county and state	If yes, furnish details on rement agency, commission county grand jury, board or re proceeding or hearing? Per? Yes No No No No No No No No No No
Name	Relationship	Charge	Location Date
	NIA	Š	
		Applicant	's initial Page 4



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I.

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or baryes No		Di			Court and Case	5 . 511 .	Defendant or	
associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or be Yes \(\text{No } \text{ if yes, complete the following:} \) Name of Entity \(\text{Type of Entity} \) Type of Entity \(\text{Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy} \) Part RESIDENCES: Set all residences you have had for the last 25 years: South and Year (From-To) \(\text{Street and Number} \) E fussely for \(\text{Cas Vegas} \) NV \(\text{State or County} \) Part Verde \(\text{Spring } \text{Dr} \) Cas Vegas \(\text{Nr} \) Residence \(\text{Spring } \text{Dr} \) Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy Approx	n/Date	Disposition	and State	City, County	Number	Date Filed	Respondent	aiman
Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy 7. RESIDENCES: Stall residences you have had for the last 25 years: South and Year (From-To) Street and Number City State or County Def Washington Backs St Las Vegas NV 89120 19 Poo Verde Spring Dr Las Vegas NV 89128 12 Foo Verde Spring Dr Las Vegas NV 89128				or or partner) been a p	er, officer, directo	th it as an own	associated wit	J.
7. RESIDENCES: Stall residences you have had for the last 25 years: South and Year (From-To) Street and Number City State or County Las legas NV 89120 11 D9 Washington Backs St Cas legas NV 89128 12 Good Verde springs Dr Las legas NV 89128 81 717 Rolling meadows D Hyt 123 Spaks NV 89128 81 717 Rolling meadows D Hyt 123 Spaks NV 89128 81 717 Rolling meadows D Hyt 123 Spaks NV 89128 81 718 Rolling meadows D Hyt 123 Spaks NV 89128 81 718 Rolling meadows D Hyt 123 Spaks NV 89128 81 719 Rolling meadows D Hyt 123 Spaks NV 89128 81 719 Rolling meadows D Hyt 123 Spaks NV 89128 81 719 Rolling meadows D Hyt 123 Spaks NV 89128 81 719 Rolling meadows D Hyt 123 Spaks NV 89128 11 719 Rolling meadows D Hyt 123 Spaks						\		
st all residences you have had for the last 25 years: Onth and Year (From-To) Street and Number City State or County City State or	<u>′</u>	oitration/Bankruptcy	<u>Lawsuit/Arb</u>		Type of Entity		Name of Entity	
st all residences you have had for the last 25 years: Onth and Year (From-To) Street and Number City State or County Las Vegas NV 89120 19 Por Ulashington Books St Las Vegas NV 89128 12 Goo Verde spring Dr las Vegas NV 89128 811 Fit Rolling meadows D 14123 Spaks NV 89128 811 Fit Rolling meadows D 14123 Spaks NV 89128 811 Fit Rolling meadows D 14123 Spaks NV 89428 1110- Fit Rolling meadows D 161				-323-	On the wood			
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109 Washington Bots St Cas vegas Nr 89128 12 900 Verde springs Dr las vegas nr 89128 8/1 717 Rolling meadons D Hy 123 Spaks Nr 8944 1/10- 72 N. Taylor & Fallon Nr 81466 2/09- 884 lorenzo dr Grand predze TX 75052 4/2006	 12/16~ ca	•					-То)	
900 Verde springs Dr las legas nu 89128 8/17 717 Rolling meadows Dr My 123 Spaks nu 8944 1410- 72 N. Taylor & Tallon nu 81466 2/09- 884 lorenzo dr Grand predes TX 75052 4/2006		- 1,00			ets st	shm 89	Washin	
717 Rolling meadows D 14123 Spaks No 874X 1410- 72 N. Teylor & Tallon No 8746 2/09- 1884 lorenzo de Grand predes TX 75052 4/2006	lis-ru	89128 8	hv		9,	Surma	Verde	901
72 N. Taylor & - Fallon Nr 81466 2/09- 884 lorenzo de Grand predze TX 75052 4/2006	0- 5/13	क्ष्रभ्र पार	NV		s D /N+ 123	meadows	- Rolling 1	717
1884 lorenzo de Grand predes TX 75052 4/2006	10/10	1406 2/09	N 81		- I		_	
705 Desierto seco diere Elpaso 7x 79912 3/2000- 1	; _ rule	2 4/2006	7505	za TX	iad predi			
	- L	3/2000-	79812	1910 7x	hier Elp	Seco d	Desierho	705
	•							

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

Applicant's initial Page 5

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

42019 5 2013	Name/Mailing Address of Employer/Business NV 89	8,320 ltrs
Month and Year	4	• •
Manager	Pharmacist manager dutes Description of Duties	ED Smith
Title	Description of Duties	Name of Supervisor
6/2013-7/14	CVS phormacy 8320 w. Cherner	fue 2 DBD Hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	phormacist/manager duties	MAKEN RAU
Title	Description of Duties	MAKE RAY Name of Supervisor
8)2014-5/20	016 Soms Club 8080 w. Trapical	WM TINA BEATTY
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
nanager	ghermac:st/manager	• •
Title	Description of Duties	7/MA BEA779 Name of Supervisor
	•	Name of Capervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

lame of	employer or em Where Employed		City		ive years o	Telephon	not include rela	Years K	
	etus Amadi	Home	V4 453-1	randa B	-	1 01001101	<u> </u>	SYIS	LIOWII
	life care phen					10269721	05	- 113	
_	hn Anozie	,		oines de				24-5	
mployer	Green valley &					ndown 8	in		
lame po	mele OBah	/		Hon Rose				12415	
mployer	Pipline RX	Business (as we	gas N	/	<u> </u>			
lame Cl	narles Lacy	Home	lave	ender l	ane L	4 Cana	da CH 9104	124	2
mploye	losem ann Un	V. Business	Sunset	way k	nderson	84104	!	P	
	un kolade	Home			las mg			6-	115
mployer	Cal psychical	Business 3	201 m	ary (and	pkway	#318 LV	NY 8509		
10.	Have you ever the following: Liquor Doctor Accountant Yes \(\subseteq \) No \(\subseteq \) If yes, state typ	Lawyer Contractor Pilot	Race h Real e Sports	norse/race state broke promoter	dog owner		any state, include Securities dea Barber/Cosme Trainer or mar	ler tologist	not limited t Insurance Gaming Educator
11.	Have you ever interest in a lice If yes, state type involved, the na venture or indus	ensed business e, when and w ames and addr	s or indust here and	try OUTSIE give name	E the Stat s and locat	e of Nevada ions of the b	? Yes □ No l ousinesses in w	nich vou	were
12.	Have you ever any reason wha	appeared befo	re any lice □ No	ensing age	ncy or simi	lar authority	in or outside th	e State	of Nevada
13.	Have you ever lor professional	been denied a activity? Yes	personal □ No 🏳	license, pe	rmit, certifi	cate or regis	stration for a pri	vileged,	occupatior
yes to	the above, state	e where, when	and for w	vhat reasor	l:	•			
						Ap	plicant's initial	6	Pag

14.	Have you ever been refused a business or industry license or related finding of suitabilit participant in any group which has been denied a business or industry license or related suitability?	finding of Yes	10
15.	Have you or any person with whom you have been a participant in any group been the sadministrative action or proceeding relating to the pharmaceutical industry?	Yes □	an No 42
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to precontrolled substances?	found gui escription Yes	drugs and/or
17.	Have you or any person with whom you have been a participant in any group ever surre permit or certificate of registration relating to the pharmaceutical industry voluntarily or outpon voluntary close of a wholesaler	ndered a l	other than
18.	Do you have any relatives within the fourth degree of consanguinity associated with or epharmaceutical or drug related industry?	Yes	n the No
			·····
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes 🐼	No 🗆
20.	Will you be employed fulltime with the pharmacy or wholesaler?	Yes A	No 🗆
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes 🗗	No □
	ATT		
****	T/		
			AT THE PERSON AND THE
	Date of photograph 3/5/19		
	Applicant's initial	4	
	11	<i></i>	Page 8

STATE OF TEXAS
COUNTY OF El Paso
I, MARTIN CHIRUETE., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby, I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this 10 day of May, 2019 LILIAM MESTA Notary Public Notary Public Notary Public Notary Public Notary Public
~ **Z65 cs

Applicant's initial Page 9

ADDITIONAL INFORMATION

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	•••••

Applicant's initial Page 10

13C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206- Reno, NV 89521 - (775) 850-1440

APPLICATION FOR NEVADA 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.

Mew Pharmacy or □Owners Check box below for type of or Corporation or Partnership.	ship Change (Provide cur wnership and complete a	all required forms. **If LLC use Non Public	
□ Publicly Traded Corporation	ı – Pages 1,2,3,10,11a8	&b ☐ Partnership - Pages 1,2,6,10,11a&b	
□ Non Publicly Traded Corpo	ration - Pages 1,2,4,10,	11a&b	
GENERAL INFORMATION	to be completed by	all types of ownership	
Pharmacy Name: CREDO	PHARMACY LLC		
Physical Address: 8995 W	FLAMINGO RD STE	120	
City: LAS VEGAS	State:_Z	Zip Code: 89147 Telephone:	
702-800-4000	Fax: <u>702</u>	2-800-0488 Toll Free Number: N/A	
<u> </u>	E-mail: l	INFO@CREDORX.COM	
Website: www.credorx.con	1		
Managing Pharmacist: OLU	KUNLE ALABI	License Number: 14166	
TYPE OF PHA	ARMACY AND	SERVICES PROVIDED	
Yes/No		Yes/No	
□ ☑ Retail		☐ ☐ Off-site Cognitive Services	
☐ ☐ Hospita	I (# beds)	☐ ☐ Parenteral	
□ □ Internet		☐ ☐ Parenteral (outpatient)	
□ □ Nuclea		☐ ☐ Outpatient/Discharge	
□ □ Ambula	tory Surgery Center	M ☐ Mail Service	
□ □ Commu	inity	☐ ☐ Long Term Care	
□ □ Other:		☐ ☐ Sterile Compounding	
		☐ ☐ Non Sterile Compounding	
II .		L Hon Steine Compounding	- 1
All boxes must	be checked		
	be checked tion to be complete		

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	years:
--------	-----	------	------	-----	--------

Board	Use Only Date Processed:	Amount: 500,00)
	Name of Authorized Person	Date	
ARMA	AN MARTIROSYAN	05-03-2	019
Origin	al Signature of Person Authorized to Submit Application	on, no copies or stamp	s
0	M		
	round, qualification and reputation, as it may deem ne		
	t. I hereby authorize the Nevada State Board of Pharr yees, to conduct any investigation(s) of the business,		
under	read all questions, answers and statements and know penalty of perjury, that the information furnished on the	v the contents thereor. is application are true,	accurate and
		·	
correc	by certify that the answers given in this application and t. I understand that any infraction of the laws of the S tion of an authorized pharmacy may be grounds for the	tate of Nevada regulati	ng the
•		d -44bd d	
Copie	answer to question 1 through 5 is "yes", a signed state is of any documents that identify the circumstance or consition may be required.		
	interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary clo		Yes □ No
5)	Has the corporation, any owner(s), shareholder(s) or		
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo controlled	Yes □ No ☑
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative as site fine or proceeding relating to the pharmaceutical	ction, board citation,	Yes □ No 🗹
0)	registration?		Yes □ No 🔽
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce		
1)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a fel- misdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No 🗹

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: NEV	/ADA				
Paren	nt Company if any: N/A	4				
Mailin	g Address: 8995 W F	LAMINGO RD STI	E 120			
City: L	AS VEGAS	State	e: NV Zip:	89147		
Telep	hone: 702-800-4000	Fax:	702-800-0488		- 4	
Conta	ct Person: ARMAN N	MARTIROSYAN				
For a	ny corporation non pub	olicly traded, disclo	se the following:			
1)	List top 4 persons to	whom the shares v	vere issued by the o	corporation?		
	a) ARMAN MARTIRO	OSYAN 8995 W		E 120 LAS V	EGAS NV	89147
	Name		Business Address			
	b)					
	Name		Business Address			
	c)Name		Business Address			Managaraphylin
	Name		busilless Address			
	d) Name		Business Address		-	
2)	Provide the number of	of shares issued by	the corporation. 0)		
3)	What was the price p	aid per share? N/	'A			
-,	тиштиштин ристр					* h.
List a	ny physician sharehold	lers and percentag	e of ownership.			
Name	e: <u>N/A</u>			%:		
Name	÷			%:		
Hour	s of Operation for the	pharmacy:				
Mond	ay thru Friday <u>9:00</u> a	am <u>6:00 pm</u>	Satu	rday	_am	pm
	Sundaya	ampm	24 H	ours	_	
	vada business license is please provide the n			cy has a Nevad	la business	

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

I, ARMAN MARTIROSYAN
Responsible Person of CREDO PHARMACY LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s)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's, any owner(s), shareholder(s) or partner(s) 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.
Original Signature of Person Authorized to Submit Application, no copies or stamps
ARMAN MARTIROSYAN Print Name of Authorized Person Date

Date

Managing Pharmacist

Pharmacist Name: OLUKUNLE ALABI Lic	cense #: 14166	<u> </u>
Pharmacy Name: CREDO PHARMACY LLC		
As a managing pharmacist of the above referenced pharmacy, I understand report for duty as the managing pharmacist, I shall cause an inventory of all controlled pharmacy according to the method prescribed by the provision of 21 CFR Part 1304, the inventory to be on file at the pharmacy.	ed substances of	f the
I understand that as the managing pharmacist I am responsible for compliant and its personnel with all state and federal laws and regulations relating to the opera and the practice of pharmacy. I understand my license can be revoked or that I can I disciplinary action if such laws or regulations are knowingly violated in the pharmacy managing pharmacist.	ntion of the pharmals the subject of	macy
I understand that if I cease to be managing pharmacist of the above named putth the new managing pharmacist, take an inventory of all controlled substances.	oharmacy I will jo	ointly,
Been diagnosed or treated for any mental illness, including alcohol or substance aborehysical condition that would impair your ability to perform the essential functions of		es No
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	1	□ ष
2. been the subject of a board citation or an administrative action whether complete in any state?		□ 🗹
3. had your license subjected to any discipline for violation of pharmacy or drug laws state?	•	□ ∀
If you marked YES to any of the numbered questions above, please include the following	wing informatio	n
Board Administrative Action: State: Date: Ca	ase #:	
And/or Criminal Action: State: Date: Ca	ıse #:	

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

5/2/19 Date Attention: Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy #206, Reno, NV 89521



This letter is being written to clarify that we are applying for an *In-State* pharmacy license. Please accept this letter of acknowledgment that during our application process we did not mark LTC service at the time of enrollment. However, after reviewing all the opportunity in our market area, we would like to start offering this service in our pharmacy. We can assure the BOP that the pharmacy will always maintain a valid, unexpired license and in good standing at all time to properly carry out business. Thank you in advance for incorporating this information, and for your diligent attention to this matter. The Pharmacy will always comply and maintain strict policies that coincide with all Board of Pharmacy administrative codes, regulations and federal standards if any business changes may accord the BOP will be notified imminently if any additional information is needed please do not hesitate to contact me directly via the phone or e-mail. Thanks

Sincerely,

Arman Martirosyan / Managing Director

CREDO PHARMACY

8995 W Flamingo Rd Ste 120, Las Vegas, NV 89147

Phone/Fax: 702.800.4000, 702.800.0488

Toll Free: 888.800.3007
Email: arman@credorx.com
Web: www.credorx.com

The foregoing instrument was acknowledged before me this 20 day of May 20 19

STATE OF NOW

Notary Signature

TAYLOR RENNIE

Notary Public, State of Nevada
Appointment No. 16-4309-1
My Appt. Expires Sep 15, 2020

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CREDO PHARMACY LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 29, 2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 1, 2019.

Ballara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20190501-1297

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

CREDO PHARMACY LLC

Nevada Business Identification # NV20191247874

Expiration Date: March 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 29, 2019

Barbara K. Cegavske Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law <u>cannot</u> be waived.

ORGANIZATION CHART

Corporation Info



CREDO PHARMACY LLC

d.b.a

CREDO PHARMACY

8995 W FLAMINGO RD STE 120, LAS VEGAS, NV , 89147



Corporate Officer
ARMAN MARTIROSYAN



Nevada State Board of Pharmacy

Last Name	First Name	License#	City	State	Country	Action
labi	Olukunle	14166	LAS VEGAS	NV	United States	
	License 3 License St License I	ame: Alabi, Olukunle lype: Pharmacist atus: Active Date: 06/19/1998 Date: 10/31/2019			Primary Source Verified	

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PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

	05/06/2019	
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GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	NEVADA PHARM				•••••	
CREDO PHARM	ACY LLC, 8995 W	FLAMINGO RD S	ire of License TE 120, LAS VEG	AS, NV 89147		
	Name a	nd Address of Establis	hment for Which Licen	se Is Requested		
		If applicable, Name U	nder Which It Is Now O	perated		
1. PERSONAL II	NFORMATION:					
MARTIROSYAN		ARMAN		N/A		
Last Name		First Na	me	Middle Na	ame	
N/A Alias(es, Nicknames, M	aiden Name, Other Nan	ne Changes I egal or (Otherwise)			
, 11100(00), 11101111111111111111111111111111111	and on the state of the state o	.o onangoo, Logar or v	outerwise,			
SHALLOW POND			LAS VEGAS		NV 89117	
Present Residence Add	ress-Street or RFD		City		State/Zip	
8995 W FLAMINGO RE	STE 120	Dates 03/29/2019	LAS VEGAS		NV 89147	
Present Business Addre	ess		City		State/Zip	
MANAGING DIRECTOR	₹	Dates 03/29/2019		702.800.0	0330	
Occupation				Phone:		
				Residence	е	
				Business	702.800.4000	
Date of Birth		YEREVAN, ARME Place of Birth (City,				
Date of Bilds		riace of birth (City,	, County, State)			
45		3			MALE	
Age	Social	Security Number			Sex	
BROWN Color of Eyes	BLACK Color of Hair	WHITE Complexion	200 Weight	N/A Build	6'00" Height	
Color of Lyes	Color of Hall	Complexion	vveign	Bulla	Height	
Scars, tattoos or di	stinguishing marks	and/or characteris	stics N/A			
				***************************************	***************************************	
Are you a citizen of	f the United States?	P Yes ⊠ No □	If alien, registration	on No	***************************************	
If naturalized, certif	ficate No	i	Date 05	/10/2013	***************************************	
Place LAS VEGAS	S. NEVADA		(If natura	alized, docume	nt must be verified.)	
2. MARITAL INF	ORMATION:					
Single Marri	ied 🛛 Separate	ed Divorce	d Widowed	□ Engage	ed 🗆 🗸 🚜	
				Applicant's	initial AMM	
				Applicants	midel 10 y	Page

A.	Current Marria	3	YEREVAN, REPUBLIC OF ARMENIA				
	Spouse's full na	Date .ZARUHLTER.S	City, County and State S.S. No.{				
	Date of Birth		•••••	Place of Birth YEREVAN, ARMENIA			
	Resident addres	Stree	RRA RD APT 4		CONCORD	CA State	.94518Zip
	Telephone: Re	sidence	2	Bu	siness N/A		
	Spouse's emplo	yer_AIG.INS	URANCE	Oc	cupation_ <u>CUS</u>	TOMER.SE	RVICE
	Address of emp	loyer <u>1655 (</u> Stree	RANT STREET		CONCORD City	CAState	.94520 Zip
В. Р	revious Marriage	s: If ever le	gally separated, o	divorced, or an	nulled, indicate	below:	
		Date of Orde		of Place	Nature of	City	
<u>Name</u>	of Spouse	or Decree	of N	/larriage	Action	Coun	ty and State
LUSII	NE GHAZARYAN	05/30/201	3 11/0	8/2005	DIVORCE	D LAS	VEGAS, NEVADA
ARMI	NE ADAMYAN	06/30/200	4 10/0	7/1995	DIVORCE	D YER	EVAN, ARMENIA
			ss and telephone				
	Name	Stree	t	City	State	Zip	Telephone
LUSII	NE GHAZARYAN	EL	LERHURST DR	LAS VEGAS	NV	89103	702.767.5468
ARMI	NE ADAMYAN	N/A		YEREVAN	ARMENIA	N/A	N/A
3. FA	AMILY INFORMA Children and D List all child Name	ependents:	ng step-children a Date Birth f	ınd adopted ch Place		the followin	
NARE	EK MARTIROSYA	N.	YERE	VAN. ARMENIA	Y	EREVAN, ARM	ENIA
MARI	D MARTIROSYAI AM MARTIROSY E MARTIROSYAN	AN	YERE	VAN, ARMENIA VAN, ARMENIA ÆGAS, NEVADA	YI		ENIA RST DR, ALS VEGAS, NV 8910 RST DR, ALS VEGAS, NV 8910
B.	Child Support		propriate respons	e :			
	🛭 Iam	not subject	o a court order fo	or the support of	of child.		
	plan	approved by		ney or other pu			in compliance with a order for the repayment
	the o	order or a pla		e district attorn	ey or other put ne order.		OT in compliance with enforcing the order for Page 2

	District attorney or public agenc	v responsible for e	nforcing the child support orde	er:
	Name	•	•	
	Address			
	Contact person			
C. I	Parents:			
	List names, residence addresse	es, dates of birth an	d most recent occupations of	parents, step-parents,
parents- i	n-law or legal guardian. If retire	ed or deceased. list	last address and occupation.	
1	Name (Maiden) Bir		ldress	Occupation
VAZGEN N Father	MARTIROSYAN) GALLIANO AVE. LAS VEGAS, NV	89117 RETIRED
NINA POG Mother	HOSYAN		iALLIANO AVE, LAS VEGAS, NV	89117 RETIRED
ARA TER : Father-in-L	STEPANYAN .aw	YE	REVAN, ARMENIA	RETIRED
TATEVIK (Mother-in-l	GYOGJAEVA Law	YEF	REVAN, ARMENIA	RETIRED
l	Brothers and Sisters: List names, residence addresse	es, dates of birth an	d most recent occupations of	brothers and sisters and o
	Name (Maiden)	Birth Date A	ddress	Occupation
ARTUR M	ARTIROSYAN	2	KHARIBJANYAN ST. YEREVAN, AR	MENIA DRIVER
Spouse KRISTINE	GEGAMYAN	3.1	KHARIBJANYAN ST, YEREVAN, ARI	MENIA DESIGNER
<u>ANUSH M</u> Spouse	ARTIROSYAN	·	SHALLOW POND DR, LAS VEGAS	S. NV 89117 DESIGNER
KAREN SI	EYSYAN) SHALLOW POND DR, LAS VEGAS	S, NV 89117 DRIVER
Spouse				
Spouse				
4. EDL	JCATION:			
0	Name of School	Location	Dates Attended	Graduate
Grammar <u>School</u> High	YEREVAN 50 SCHOOL	YEREVAN, ARI	MENIA 1981-1991	Yes 🗓 No 🗆
School	YEREVAN 50 SCHOOL	YEREVAN, ARI	MENIA 1981-1991	Yes 🛛 No 🗌
College University	YEREVAN INSTITUTE OF HUMANI	TIES YEREVAN, ARI	MENIA 1992-1996	Yes ⊠ No □
Other				Yes 🗆 No 🗆
Type of	degree obtained, if any BACHE	LOR OF ART IN S	PANISH TRANSATION	
	or university where obtained YE			

Applicant's initial

5 MILITARY INFORMATION:

Α.	Have you ever served in any armed forces?	ces? Yes □ No 🕅				
	Branch	Date of entry-active service				
	Date of separation	Type of discharge				
	Rating at separation	Serial number				
	While in the military service were you ever arr special or general court martial? Yes regardless of where they occurred-foreign or or the service were you ever arrespectation.	rested for an offense which resulted in summary action, a trial or No I f yes, furnish details on page 10. (List all incidents domestic.)				
B.	Have you registered for the draft? Yes	□ No □				
	CountyState	Date registered				
6. AF		ARBITRATIONS: (Include those arrests in which you were				
A.	violation for any reason whatsoever, regardles	ged, indicted or summoned to answer for any criminal offense or ss of the disposition of the event? (Except minor traffic citations.) ovided below. List all cases without exception.				
Date of A	Arrest Age Charge Locati	ion-City and State Deposition/Date Arresting Agency				
В.		plaint ever been returned against you, but for which you were no nindicted co-party? Yes 리 No 図 If yes. furnish details on				
C.		by a city, state, federal or law enforcement agency, commission				
D.		r testify before a federal, state or county grand jury, board or				
E.		r any civil, criminal or administrative proceeding or hearing?				
F.	Have you ever had a civil or criminal record e	expunged or sealed by a court order? Yes No No				
G.	Have you ever received a pardon or deferred	city, county and stateprosecution for any criminal offense? Yes □ No 囚				
Ⅎ.	If yes when? Has any member of your family or of your sport If you answer to any of the above questions (city, county and state buse's family ever been convicted of a felony? Yes ☐ No ☒ B through H) is yes, furnish details on page 10.				
lame	Relationship	Charge Location Date				
	ATT					
-						
		1/1/2				
		Applicant's initial // Page				

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or responding Yes □ No ☒ (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies:						
	/Defendant or nt/Respondent	Date Filed	Court and Case Number	City, County and St.		Disposition/Date
J.	associated wit	h it as an own	, business venture, sole peer, officer, director or partrete the following:	roprietorship or clo ner) been a party to	sely held corpo a lawsuit, arb	oration (while you were itration or bankruptcy?
	Name of Entity		Type of Entity		Approximate Date Lawsuit/Arbitration	
	ESIDENCES:	have had for t	he last 25 years:			
Month a (Fron	and Year n-To)	Stree	t and Number	City	State of	r County
07/07/2	016 - CURRENT		SHALLOW POND DR	LAS VEGAS	NV 891	117
10/15/1	5 - 07/07/2016	3360	SHALLOW POND DR	LAS VEGAS	NV 891	117
12/15/2	009 - 10/15/15	8675	TRAVELING BREEZE AVE 103	LAS VEGAS	NV 891	178
01/03/2	009 - 12/15/2009	7885	W FLAMINGO RD 2028	LAS VEGAS	NV 891	147
09/23/2	006 - 01/03/2009	10820	BALLANTRAE WAY	SACRAMENTO	CA 956	370
09/17/1	1974 - 09/23/2006	32 KH	ARIBJANYAN ST	YEREVAN	ARME	NIA
	Laye to souls a.e.					
				An	plicant's initial	AM
				, ,		Page

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

2019 - CURRENT	CREDO PHARMACY LLC. 8995 W FLAMINGO RD STE 120, LAS VE	GAS NV 89147 CURRENT
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MANAGING DIRECTOR	BUSINESS OPERATIONS	ARMAN MARTIROSYAN
itle	Description of Duties	Name of Supervisor
2016 - 2018	REALTY 360, 8565 S FASTERN AVE, LAS VEGAS, NV 89123	NEW JOB PROMOTION
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
REALTOR	REAL ESTATE BUY & SELL TRANSACTIONS	TOM BUNTIC
Title	Description of Duties	Name of Supervisor
2012 - 2016	EREALTY, 6149 S RAINBOW BLVD, LAS VEGAS, NV 89118	NEW JOB PROMOTION
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
REALTOR	REAL ESTATE BUY & SELL TRANSACTIONS	JOSEPH LEE
Title	Description of Duties	Name of Supervisor
		_
2010 - 2012	LUCKY CAB. 4195 W DIABLO DR. LAS VEGAS, NV 89118	NEW JOB PROMOTION
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
DRIVER	TAXI DRIVER & CUSTOMER SERVICE	N/A
itle	Description of Duties	Name of Supervisor
2009 - 2010	ARIA RESORT, 3730 S LAS VEGAS BLVD, LAS VEGAS, NV 89158	NEW JOB PROMOTION
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CONCIERGE	CUSTOMER SERVICE & EVENT ARRANGEMENTS	N/A
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
litle little	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
litle little	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Total and Four	Transmining reduces of Employer/Dustriess	TOBSOIT OF LEAVING
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.

9. CHARACTER REFERENCES:

	employer or en Where Employed	Street	City	State Zip		Telephone	3	Years K	nown
Name Et	LADA SAROYAN				GAS, NV 89103,			20	10411
	r CAESARS PALAC				AS VEGAS, NV 8		3 227 5038		
	VETIK MELIKSETY				EGAS. NV 89103			20	
Employe	r_N/A	Business	WAA						
Name A	RPINE MIRZOYAN	Home	WFLAMING	GO RD, LAS V	EGAS, NV 89147	7.	12	15	
Employe	r STUDENT	Business N	/A						
Name A	ALEX MIRZOYAN	Home	WFLAMING	O RD. LAS VE	GAS. NV 89147.	-		15	
Employe	r STUDENT	Business N	/A			<u> </u>			
Name_H	IMAYAK HAKOBYAN	N Home	YARMO	UTH AVE. GRA	ANADA HILLS. C	A 91344			
Employe	WEB HORIZONS	Business P	O. BOX 1136	2. BURBANK.	CA 91510, 818.3	308.5880		18	
10.	Do you have ar person's depos If yes, complete	sitory? Yes 🛚	No 🛭	er such dep	ository, acces	ss to an	y depository o	r do you	use any oth
Box Num	ber or Type of Depo	sitory	Location	City	and State		Authorized Users		
11.	Have you ever the following: Liquor Doctor Accountant Yes 🖾 No 🗆	held a privilege Lawyer Contractor Pilot	Race ho	tional or prof prse/race do tate broker o promoter	g owner		ny state, inclu Securities dea Barber/Cosme Trainer or ma	aler etologist	not limited to Insurance Gaming Educator
2012	If yes, state typ 2018 STATE OF			T.OF.BUSI	NESS AND IN	NDUSTI	RY REAL EST	FATE DI	/ISION
12.	Have you ever	ensed business	or industry	y OUTSIDE	the State of I	Nevada ²	? Yes □ No	X	
**********	If yes, state typ involved, the na venture or indus	ames and addre	ess of all pa	artners and	the agency re	esponsil	ole for licensin	g said bu	isiness,

Applicant's initial AW

13.	. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada any reason whatsoever? Yes □ No 囚	i for
14.	. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupation or professional activity? Yes □ No 凶	nal
f yes t	s to the above, state where, when and for what reason:	
15.	. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No ☒	
16.	. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No 凶	
17.	. Have you or any person with whom you have been a participant in any group ever been found guilty, plea guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs are controlled substances? Yes □ No ☒	d 1d/or
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other th upon voluntary close of a manufacturer Yes □ No 区	an
19.	. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No 区	-
		•
		8

		_
	Date of photograph 5/6/19	•
	Applicant's initial KVV	age

being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby, I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their for a manufacturer license in the State of Nevada.

agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying

Original Signature of Applicant

Subscribed and Sworn to before me this day of

Notary Public

(seal)

Applicant's initial

ADDITIONAL INFORMATION

	••••
	••••
	••••

Applicant's initial Page 10

13D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206- Reno, NV 89521 - (775) 850-1440

APPLICATION FOR NEVADA 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							
Pharmacy Name: <u>Economy Drug - Eu</u>	reka						
Physical Address: 91 N. Main St. Eweks							
City: Ewcka State: Zip Code: 89316 Telephone:							
Fax:	Toll Free Number:						
E-mail:							
Website:							
Managing Pharmacist: Avosev D. BATH	License Number: 17941						
Wallaying Filathlacist. ANDREW D. 1541H	License Number. 11016						
TYPE OF PHARMACY AND	SERVICES PROVIDED						
Yes/No	Yes/No						
✓ □ Retail	☐ Ø Off-site Cognitive Services						
□ Ø Hospital (# beds)	□ Ø Parenteral						
□	☐ ☐ Parenteral (outpatient)						
□	□ ☑ Outpatient/Discharge						
☐	☐ ☑ Mail Service						
Community							
□ □ Community /	□ ☑ Long Term Care						
, ,	/						
	/						
, ,	☐ ☐ Sterile Compounding ☐ ☐ Non Sterile Compounding						
Other: Satellite Telephorns	☐ ☐ Sterile Compounding ☐ ☐ Non Sterile Compounding						

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	years:
--------	-----	------	------	-----	--------

Board	Use Only Date Processed:	Amount:	500.00	
Print N	Awrew D. BATH Iame of Authorized Person	5/13 Date	12019	
Origin	al Signature of Person Authorized to Submit Application	on, no copi	es or stamps	s
backg	round, qualification and reputation, as it may deem ne	cessary, p	roper or des	irable.
correc	penalty of perjury, that the information furnished on that. I hereby authorize the Nevada State Board of Pharm yees, to conduct any investigation(s) of the business,	nacy, its ag	gents, serva	nts and
I have	read all questions, answers and statements and know	v the conte	nts thereof.	I hereby certify.
correc	by certify that the answers given in this application and t. I understand that any infraction of the laws of the S ion of an authorized pharmacy may be grounds for the	tate of Nev	ada regulati	ng the
Copie	answer to question 1 through 5 is "yes", a signed state is of any documents that identify the circumstance or continuition may be required.	ement of ex contain an o	planation morder, agree	ust be attached. ment, or other
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary clo	ate of regis	stration cility)?	Yes 🗆 No 🖊
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of	nolo	Yes □ No
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative as site fine or proceeding relating to the pharmaceutical	ction, board	d citation.	Yes □ No
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce registration?	partner(s) ertificate of		Yes □ No 💋
1)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a fel- misdemeanor (including by way of a guilty plea or no	ony or gros	SS	Yes □ No 💆

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

		. 1		
Type of Partnership:	General	LimitedX		
List names of 4 largest partners	s and percentage of o	ownership:		
Name: Thomas A. Bas	th		_%:_50	Ì
Name: Andrew D. Bat	h		%: <u>20</u>	
Name: Thomas O. Best	h		_%:_15	
Name: Paul J Bath			Market .	
Partnership Name: Econor Mailing Address:	my Drug			
City, State Zip Code:	N 89301			
Telephone Number: 775 - 28		Number: <u>775-2</u>	89-8515	
Contact Person: Andre	2 Beeth			
List any physician shareholders Name:	s and percentage of o	ownership.	% :	
Name:			%:	
Name:			_%:	
Hours of Operation for the ph	narmacy:			
Monday thru Friday 9 am	<u>6</u> pm	Saturday	_ 9_ am	<u>5</u> pm
Sundayam	pm	24 Hours		12200 mm (12200 mm (1220 mm (1
A Nevada business license is r license please provide the num	not required, howeve	r if the pharmacy has	a Nevada bus	siness

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

I, ANDREW D. BATH
Responsible Person of Economy Orny - Eurcka
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s)
or partner(s)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's, any owner(s), shareholder(s)
or partner(s) 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.
ALL WAR TO THE REAL PROPERTY OF THE PROPERTY O
Original Signature of Person Authorized to Submit Application, no copies or stamps
Andrew D. BATH 5/13/2019
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name:	ANDREW	DALE	BATH PhonD	License #: 17848
Pharmacy Name:	Economy	Drug	- Eureka	

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?		Ø		
1. been charged, arrested or convicted of a felony or misdemeanor in any state?				
been the subject of a board citation or an administrative action whether completed or pending in any state?				
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?				
If you marked YES to any of the numbered questions above, please include the following information	tion			
Board Administrative Action: State: Date: Case #:				
And/or Criminal Action: State: Date: Case #: County Court:				

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

MAL	5/13/2019
Signature	Date

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ECONOMY DRUG, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 27, 1981, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 13, 2019.

Ballara K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20190613-0815

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

♥Date 5/24/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for New Pharmace Economy Drug - Eureka Name and Add	Nature of Pharmacy	or Wholesaler Sh Find esignated Representation	Place and	893 16	
	If applicable, Name Under WI			***************************************	
1. PERSONAL INFORMATION: Bath Last Name	Andrew First Name		Dale Middle Nam	е	
Alias(es, Nickhames, Maiden Name, Other Nam	ne Changes, Legal or Otherwis	se)		100,214	_
Pinished Ln	Ely		W	89381	
Present Residence Address-Street or RFD LAC Au Hman St Present Business Address	Dates 5/2010 - Present City	Ely	W	89301 ate/Zip	
Managing Pharmacist Present Position with the Pharmacy or Wholesa	Dates 5/2016		Phone:		
. 1	T 11+2 +	o./	Residence Business	775-289-4929	
Date of Birth	Place of Birth (City, County	/. State)			_
3(0				M	
Age Social	Security Number			Sex	
Green Blond	White	175	Medium	5'11	
Color of Eyes Color of Hair	Complexion	Weight	Build	Height	
Scars, tattoos or distinguishing marks	and/or characteristics	NONE			
Are you a citizen of the United States?	? Yes No □ If alie	en, registration No)		
If naturalized, certificate No	•••••	Date		***************************************	••••
Place	•	(If naturalized	, document	must be verified.)	
2. MARITAL INFORMATION:					
Single Married Separate	ed Divorced	Widowed □	Engaged		
		А	pplicant's in	itial h	Dage

MARIT	AL INFORMA	TION-Con	itinued							
A.	Current Mar	riage	(e/23	2007			Ely U	white	Pine NV	
	Current Mar Spouse's full	name (Ma	aiden)Ap	nl Mic	rele f	eterson	City, Co S.S. N	unty and en		
	Date of Birth		и.н		Place	of Birth	Ty W			
	Resident add		0020	S. S.					9301	
	Telephone:	Residenc	e		.w	Business	775-2	189-49	129	
	Spouse's em	ployer <u>{</u>	Conomy	Drug		Occupation	Office	May	1950	
	Address of e	mployer	CALE F	In Hmo.	n 57	E/y City	N Stat	V S	7701	
B. Pi	revious Marria									
Nama	of Spouse		of Order		of Place Marriage		ature of Action	City	and State	
ivame	oi Spouse	Of L)ecree	ŲI I	viarriage		ACHOIT	County	and State	
-						- 1.500				
								1 2		
	List of names	current	address and	l telephone	numhers	of previous	spouses.			
	Name		Street	receptione	City	Sta		Zip	Telephone	
	·									
								-::		
	MILY INFORI		lanta:							
A. ——	Children and List all o		ncluding ster			ed children a			nformation:	
tille	an Tessu	Balla	Birth Date	Birth	Place A N /		Resider	Pka	11. Fl. 12	
~	2	R.M.		CI	7 /00		,	P. J.	Ilm El M	,
tuva	an ruse	Dayin	- -	Ch	y /0V			rinusee	TOL GIY NO	
						<u> </u>				
B.	Child Suppo Plea		ation: ne appropria	ite respons	se:					
	XI.	am not su	bject to a co	ourt order f	or the sup	port of child.				
	pi	lan approv	ed by the d	istrict attor	ney or oth	er public age			compliance with er for the repaym	
			unt owed pu				 - -		in!!	ł la
	th	ne order o	r a plan app	roved by th	ne district	of one or mo attorney or of it to the order	ther public a r.	gency ent	in compliance wi forcing the order	n for
							Applicant	's initial	_ /U.\ Pa	 ige 2

FAMIL	Y INFORMATION-Continued District attorney or public agency	responsible for enfo	orcing the child support and	or
		7		
	NameAddress			***************************************
	Contact person_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••••
C.	Parents:			
parents	List names, residence addresses	dates of birth and	most recent occupations of	parents, step-parents,
Parcino	in-law or legal guardian. If retired	l or deceased, list la		
	Name (Maiden) Birth	Date Addr	ess	Occupation
Father	0.0.1)		ulc	
Mother	as A Bath		MillSt Ay NV	Business Owner
Marga Father-In	and L. Miller	De De	Stated ELY, WV.	Pharmacist
Mda Mother-ir		<u> </u>	Wolcott Dr. Spring C	reel IN Maintenance
Kath	een R Ricin		S. MINNESOTA Dr. Ely	W W.Co. Human Resources
D.	Brothers and Sisters: List names, residence addresses their respective spouses.	dates of birth and i	most recent occupations of	brothers and sisters and of
- 20/15	Name (Maiden)	Birth Date Addr	ess	Occupation
	nas O Bath		McClelland St SLC	ut Architect
Spouse	confe Dalley	, n	H B A	" Ardutect
Par	I to Bath "		E. 282 South Ely	AN Plus Office.
Spouse	ebica Byers		11 11 11	1. Feacher
Spouse				
Spouse				
			225	
4. ED	UCATION:			
Grammar	Name of School	Location	Dates Attended	Graduate
School High	Mt. View Elementary	Ely NV	9/89-2/94	Yes No 🗆
School College	White Pine High School	Ely W	9197 - 6161	Yes No 🗆
University	. University of Nevada Keni	Rene, NV	8/01-5/ae	Yes 🎮 No 🗆
Other C	neighton University	Omeha NE	8/66-5/16	Yes No 🗆
Type of	degree obtained, if any	octorate of	2 Pharmacy	
College	or university where obtained	Creighton U	nivesity	
			Applicant's	s initialPage 3

5 MILITARY INFORMATION:

e of separation	Yes □ No 🎾
ing at separationle in the military service were yearly or general court martial? ardless of where they occurred you registered for the draft?	Serial numberSerial numbersou ever arrested for an offense which resulted in summary action, a triverse No I foreign or domestic.) Yes I No
le in the military service were yocial or general court martial? ardless of where they occurred- e you registered for the draft?	ou ever arrested for an offense which resulted in summary action, a triverse I No I If yes, furnish details on page 10. (List all incident foreign or domestic.) Yes I No
le in the military service were yocial or general court martial? ardless of where they occurred- e you registered for the draft?	ou ever arrested for an offense which resulted in summary action, a triverse I No I If yes, furnish details on page 10. (List all incident foreign or domestic.) Yes I No
nntySt	
	The second secon
TO DETENTIONS LITICATIO	ateDate registered
	ONS AND ARBITRATIONS: (Include those arrests in which you we
ation for any reason whatsoeve	nined, charged, indicted or summoned to answer for any criminal offen- er, regardless of the disposition of the event? (Except minor traffic citat n space provided below. List all cases without exception.
Age Charge	Location-City and State Deposition/Date Arresting Agency
sted or in which you were name	tion or complaint ever been returned against you, but for which you we ed as an unindicted co-party? Yes \Box No $oxed{D}$ If yes. furnish details or
e you ever been questioned or	deposed by a city, state, federal or law enforcement agency, commiss
e you ever been subpoenaed t	o appear or testify before a federal, state or county grand jury, board o
mission? Yes 🗆 No 🔯	, , , , , , , , , , , , , , , , , , , ,
	to testify for any civil, criminal or administrative proceeding or hearing?
re you ever been subpoenaed t □ No 🌣 re you ever had a civil or crimin	to testify for any civil, criminal or administrative proceeding or hearing?
re you ever been subpoenaed to No >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	o testify for any civil, criminal or administrative proceeding or hearing? all record expunged or sealed by a court order? Yes city, county and state or deferred prosecution for any criminal offense? Yes No No
re you ever been subpoenaed to No Power pour ever had a civil or criminges, when? re you ever received a pardon coes when?	o testify for any civil, criminal or administrative proceeding or hearing? al record expunged or sealed by a court order? Yes city, county and state
re you ever been subpoenaed to No Power pour ever had a civil or criminges, when? re you ever received a pardon coes when?	to testify for any civil, criminal or administrative proceeding or hearing? all record expunged or sealed by a court order? Yes No city, county and state No your spouse's family ever been convicted of a felony? Yes No city No city No city No No city No No No No No No No No No N
3 13 6	Age Charge Age Charge a criminal indictment, informate sted or in which you were name 10. e you ever been questioned or ommittee? Yes No (3)

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

l.

l.	Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes No (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies:							
	Defendant or t/Respondent	Date Filed	Court and Case Number	City, County	and State	Disposition/Date		
				.,				
J.	associated with	h it as an own	, business venture er, officer, director ete the following:	, sole proprietorship or partner) been a p	or closely held o	corporation (while you were arbitration or bankruptcy?		
	Name of Entity		Type of Entity		Approximate Lawsuit/Arbi	Date(s) of tration/Bankruptcy		
						-		
7. RE	SIDENCES:							
List all	residences you	have had for t	he last 25 years:					
Month ar		Stree	t and Number	City	St	ate or County		
7/82.	-8/de	lect	Mill St	Ely	W	<i>J</i>		
8/00	-5/10	18734	R St	Guala	NE			
5/10-	-5/II	777 1	tuek	Ely	M			
5/11-	Present	o Pi	nukcel Ln	Ely	M	/		
			W	X				
	1000		10.9 - 10.0		130 - W. Colo.			
					· · · · · · · · · · · · · · · · · · ·			
		441						

					Applicant's in	itialA		

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
5/10-Current	Economy Drug logle Authory St Els W	23000 hrs
	Description of Duties	Name of Supervisor
Managing Pharmas	St	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8 12007	Hy Vee Planmacy Correct 180th + AST Omaha Description of Duties	NE
Title		
Intern Pharmaco	Input Rus + filled Rus	Nabil
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
6/2004 Title	St Mary's Reno W	
- 25 H	Description of Duties	Name of Supervisor
Pharmacy Technicia	repared Order, Sterle Companding	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Tiue	Description of Duties	Name of Supervisor
Month and Year	Name (Mailing Address of Franksian)	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
World and Fodi	Name / Na	Training of Employee realis
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees Name of Where Employed Street State Telephone Years Known Bliss Home **Business** NV 89301 Home 775-289-337 **Business** W 89301 Home **Business** Home Business Torld Home Business Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Lawyer Race horse/race dog owner Securities dealer Insurance Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming **Pilot** Accountant Sports promoter Trainer or manager Educator Yes 🗆 No 🔯 If yes, state type, where and years held 11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes

No

No If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes

No

No Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes

No

No If yes to the above, state where, when and for what reason:

Applicant's initial Page 7

•••••	participant in any group which has been denied a business or industry license or related suitability?	Yes □ No 🗷
15.	Have you or any person with whom you have been a participant in any group been the sadministrative action or proceeding relating to the pharmaceutical industry?	Yes 🗆 No 🔀
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to precontrolled substances?	found guilty, plead
17.	Have you or any person with whom you have been a participant in any group ever surre permit or certificate of registration relating to the pharmaceutical industry voluntarily or cupon voluntary close of a wholesaler	
18.	Do you have any relatives within the fourth degree of consanguinity associated with or epharmaceutical or drug related industry?	Yes 🗆 No 🗷
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes Ŋ No □
20.	Will you be employed fulltime with the pharmacy or wholesaler?	Yes 🕱 No 🗆
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes ☒ No □
	UNITED STATES POSTAL SERVICE	United
		L
		A. A.

14. Have you ever been refused a business or industry license or related finding of suitability or been a

B.

STATE OF Nevada
SS.
COUNTY OF White Pine
I, Andrew Bath , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes
639,210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
A_{ij}
MAL.
Original Signature of Applicant
Output to the desired of the second of the s
Subscribed and Sworn to before me this 29 day of
May , 2019 Notary Public-State of Nevada
APPT. NO. 19-1722-17 My Appt. Expires 03-07-2023
Notary Public

(seai)

Applicant's initial AS Page 9

ADDITIONAL INFORMATION

Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/24/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for New Phan	macy Application			•••••
Economy Drug Euro	e and Address of Establishment	for Which License Is F	1 89316 Requested	*****
	If applicable, Name Under W			•••••
1. PERSONAL INFORMATION:	Thomas		Albert	
Last Name	First Name		Middle Name	
Alias(es, Nicknames, Maiden Name, Other Na MillStreet	ame Changes, Legal or Otherwi	se)	Nevada 893	0/
Present Residence Address-Street or RFD	City		State/Zip	
Present Business Address	Dates City		State/Zip	
Occupation	Dates		Phone:	
1 1.,	FAST ELV, Ne	EUADA	Business 715-289-492	9
Date of Birth 1 1	Place of Birth (City, County	y, State)	Male	
Age / Socia	al Security Number		Sex Male	
Color of Eyes Color of Hair Rlue White	Complexion A glut	Weight 220 M	Build Height Korge 58"	
Scars, tattoos or distinguishing mark	s and/or characteristics	None	U	
Are you a citizen of the United States	s? Yes X No □ If alie	en, registration No)	
If naturalized, certificate No		Date		
Place		(If naturalized	, document must be verified.)	
2. MARITAL INFORMATION:				
Single □ Married □ Separa	ted □ Divorced □	Widowed X	Engaged 🗆 🙈	
		А	pplicant's initiation	Page 1
				i aye i

				O14	O	1.04-4-	
	Date Spouse's full name (Maiden)			City, County and State S.S. No			
	Date of Birth		Place of B	irth			
	Resident addre	ess					
		Street		City	State	Zip	
	Telephone: R	esidence	B	usiness			
	Spouse's empl	oyer	Oc	ccupation			
	Address of em	ployer Street		City	State	Zip	
3. P	revious Marriag	jes: If ever legally se	eparated, divorced, or an	nulled, indicate b	elow:	- 2	
ame	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action		nty and State	
ugi	ozelh BAth		Ely, Newada				
V			<u> </u>				
			telephone numbers of p City			Telephone	
				VIIV			
	List all ch	Dependents:	U Lown. -children and adopted ch Birth Place			ng information:	
	Children and List all ch	Dependents:	-children and adopted ch				
	Children and List all ch	Dependents:	-children and adopted ch				
	Children and List all chi Name Child Support	Dependents: Aildren, including step	-children and adopted ch Birth Place				
Α.	Children and List all chi Name Child Support	Dependents: ildren, including step Birth Date t Information: mark the appropriat	-children and adopted ch Birth Place	Res	idence Addr		
A.	Child Support Please	Dependents: ildren, including step Birth Date t Information: mark the appropriat m not subject to a count of	e response: urt order for the support of ostrict attorney or other pu	of child. All grants	en and an	n in compliance with a	

FAMII	Y INFORMATION-Continued			Tel
	District attorney or public agency responsib	ble for enf	orcing the child support of	order:
	Name			
	Address			
	Contact person			
C.	Parents: List names, residence addresses, dates of			
parent	s- <u>in-law or legal guardian. If retired or decea</u>	seed list l	ast address and occupation	on
	Name (Maiden) Birth Date		ress	Occupation
Father	0 / 10			
A d a d la a a	Thomas O. Dath 1907		First St Fly W	Business Own
Mother	More Di BAHL 1913		First St Ely W	decerted Stay at home Man
Father-i	1-Law			1 Pharmacist
	Vale Miller 1911		Pine St Ely W	deceased
Mother-	n-Law			1 Stay at heigh man
	Rosale Miller 1912		Pine St Fly IN	deceased
D.	Brothers and Sisters: List names, residence addresses, dates of their respective spouses.			of brothers and sisters and of
	Name (Maiden) Birth Date	Add	ress	Occupation .
	ingivia & Torry	<u> Box</u>		Ketwied
Spouse	Glenn Terral 1945	/		Religion
	Jun Balls 1950	2.	FirstStreet	Ballshermber - H. Alon
Spouse	Vonna Ball 1958			De Townsyn N. Nevado
	1 Di - 0 D. M. 1953	2.	^	- 1- 1)
Spouse	Caroline BAR Mexitosti	- DOX	· .	Retuced 1
	Mike Mc Tobosh		88.6	declased
Spouse				
4. El	DUCATION:	W.		
Gramma		cation	Dates Attended	Graduate
School	" Ely Krade [2]	y Neve	Sa A	Yes X No □
High School	White to e High School	_ Ana	Kusted 1963	Yes 🗵 No 🗆
College Universi	<u> </u>			Yes ☒ No □
	· 7			STATE OF THE STATE
Other	20		A 6	Yes No
	Al . I sould	occour	ting & France	Duseplette 1918
Colleg	e or university where obtained	7/	envery aryon	1 1100
)'	- 	A-
			Applica	nt's initial Page 3
				i age o

5 MILITARY INFORMATION:

Α.	Have you ever served	l in any armed fo	rces?	Yes □ No □			
	Branch		Date of	entry-active ser	vice		
	Date of separation		Type of	discharge			
	Rating at separation New add Natio While in the military s special or general couregardless of where the	urt martial? ney occurred-for	Yes □ No ☑ eign or domestic.)	Serial number offense which If yes, furnish d	Vevada resulted in sun etails on page	nmary act	ion, a trial or all incidents
B.	Have you registered f	or the draft?	Yes No D Nevada	Date re	gistered /	962	
6. AF	RRESTS, DETENTION	S, LITIGATIONS	AND ARBITRATI	ONS: (Include	those arrests	in which	you were
A.	not convicted.) Have you ever been a violation for any reason Yes \(\text{No.} \text{ No.} \text{ If yes,} \)	on whatsoever, re	egardless of the dis	position of the	event? (Except	minor tra	
Date of A	Arrest Age	Charge	Location-City and St	ate [Deposition/Date	Arresting	Agency
В.	Has a criminal indictmarrested or in which y page 10.	ou were named	as an unindicted co	-party? Yes □	No 🕱 If yes.	. furnish d	etails on
C. D.	Have you ever been or committee? Yes Did Have you ever been s	J No Ø					1
Б. Е.	commission? Yes Have you ever been s	No 🔯	•				
F.	Yes ☐ No ☑ Have you ever had a						
G.	If yes, when? Have you ever receive	ed a pardon or d	city, cou eferred prosecution	nty and state	al offense? Yes	□ No \$	<u> </u>
Н.	If yes when? Has any member of y If you answer to any o	our family or of y of the above que	city, cou our spouse's family stions (B through H	nty and state / ever been con) is yes, furnish	victed of a felo details on pag	ny? Yes e 10.	□ No X
lame		Relationshi	0	Charge	Loca	ition	Date
					oplicant's initial	Ab .	

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I.	part to a lawsuit a: Yes Ø No □ (C	ndividual, member of a partners s either a plaintiff or defendant other than divorces) s below. List all cases without e	or an arbitration as eithe	r a claimant or respondent?	er been a
Claima	Settle dear Acry	Court and Case Number 2015 CV-1311159 in coword Against Court Monartillo: Con	City County and Sta White Pivel community owned	ounte NV 2019. Marcantile Page	Feb sel
	associated with it	partnership, business venture, s as an owner, officer, director or yes, complete the following:	partner) been a party to	sely neid corporation (while a lawsuit, arbitration or bar Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy	you were nkruptcy?
		3115			
List al	RESIDENCES: Il residences you havend Year m-To) Il 1969	e had for the last 25 years: Street and Number Mil Street (Mill)	City F Stg	State or County Nevadae (V)	Inte Pin
				7	
			App	licant's initial	Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

	· · · · · · · · · · · · · · · · · · ·	
Month and Year	Name/Mailing, Address of Employer/Business	Reason for Leaving
5-2019 Title	BAth humber Co	Still Active
Title 0	Description of Duties	Name of Supervisor
President		None
7,0000		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1-1-1981	Sportswood	Active
Title /	Description of Duties	Name of Supervisor
General M	endler fortner	Nonl
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3-2016	Economy Drug lo.	Active
Title	Description of Duties	Name of Supervisor
Virector		None
Manth and View	Name (Martin - Address of Free Lands)	December 1
Month and Year	Community Owner Mercutile Project	Reason for Leaving
2-2012	Community owner promise ingect	
Title	Description of Dates (Levened Mercantel	Name of Supervisor
secretary	Viredaro	None
Month and Year	Name/Mailing Address of Employer/Business // —	Reason for Leaving
3-2001	Name/Mailing Address of Employer/Business Leneral Vental Broduct Lake	Sold Company 12-31-
Title / A	Description of Duties	Traine, or ouper visor
gresident		None'
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6-1967	Western Marsle Co	West out of Business
Title 1	Description of Duties	Name of Supervisor
Visicologo		None
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
World and rear	Maine/Maining Address of Employer/Dusiness	Reason for Leaving
Title	Description of Duties	Name of Supervisor
	= ====================================	. Tarrio di dapornioni
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
riue	Description of Duties	realite of Supervisor
		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not incluent the character reference who have know you five years or more. Do not incluent the character reference who have know you five years or more.	ude relatives, present
Name of Where Employed Street City State Zip Telephone	Years Known
Name Jake Bubler Home ROX - + Sly, NV 893/5	TOURS
Employer Retuild Business	Jo grad
Name Richard SIMS Home Elysium Drive	20 yr.
Employer Block Pisher by Business Ely NV 89301	
Name Pande Fielding Home Mt View Wrive Sy NV	7 42 yrs
Employer Batth Lumborth Business	
Name Beober ALLEN Home Duck Fly NV8930/	20475
Employer Returned Business Part time DAH pumber Co	
Name diver Martinez Home Box 2 EhyNV 89316	1 20 yrs
Employer KIN ROSS MI BUSINESS Co.	
10. Do you have any safe deposit box or other such depository, access to any deposition person's depository? Yes X No ☐ If yes, complete the following:	sitory or do you use any other
•	
	ed Users
Box 126 hrist National BADK of Sty Sty Newada	MEMOS DATE
Have you ever held a privileged, occupational or professional license in any state the following:	e, including but not limited to
Liquor Lawyer Race horse/race dog owner Securit	ies dealer Insurance
	/Cosmetologist Gaming or manager Educator
Yes □ No 🕅	or manager Educator
If yes, state type, where and years held	

12. Have you ever applied for a city, county of state business, venture or industry lice	ense or held a financial
interest in a licensed business or industry OUTSIDE the State of Nevada? Yes [□ No 🔯
If yes, state type, when and where and give names and locations of the business involved, the names and address of all partners and the agency responsible for li	es in Which you were icensing said business
venture or industry.	out a dolling of
	•••••••••••••••••••••••••••••••••••••••
ν,	***************************************
Applicant's	
	Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No □
lf yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No 🂢
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No ✓
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes □ No) □
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No □
7	

	Date of photograph
	Applicant's initial Page 8

STATE OF Nevada
COUNTY OF White Più e County ss.
I, Thom AS A BAH , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
State of Nevada County of Vi/hite Pine
County of Vilhite Pine
Original Signature of Applicant
Subscribed and Sworn to before me this 24 day of JENNIFER REGINA NEWTON
May 2019 by Thomas Bath Notary Public-State of Nevada APPT NO. 19-1722-17
APPT. NO. 19-1722-17 My Appt. Expires 03-07-2023
Notary Public

(seai)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

mal Do. 1	T /	23/	10	
9 Date		201	1	

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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Application for		PHARMACY			
		Nature of Lic PI NoRTH d Address of Establishment for	ense MAIN ST	FILREKA NI	V 89316
***************************************	Name and	Address of Establishment for	or Which License Is R	Requested	
		FCONOMY applicable, Name Under Wh	DINUU		•••••••••••••••••••••••••••••••••••••••
1. PERSONAL INFO	DMATION				
BATI-I	KWATION.	THOMAS		OAKLEY	
Last Name		First Name		OAKI-EY Middle Name	
Alias(es, Nicknames, Maide	n Name, Other Name	Changes, Legal or Otherwis	e)		
S Mc	CLELLAND	ST SLC	,	UT	84102
Present Residence Address	-Street or RFD	City	· · · · · · · · · · · · · · · · · · ·	State/Zip	01102
850 S 400	W #113	De 4/19-present SLC		LIT	84101
Present Business Address		Dates 4/19- Preset SLC City	X	State/Zip	07101
ARCHITECT					
Occupation		Dates of 15 present	. 1	Phone:	2
		2		Residence	11.11.22.2
	** **	ELY, NV (W	IHITE PINE CO.	Business 801	941 2203
Date of Birth		Place of Birth (City, County,		/	
39				Λ/	1A1 =
Age	Social Se	ecurity Number		10	Sex
BLUE	BLONDE		155 16	ATHLETIC "	5/5//
Color of Eyes	Color of Hair	Complexion	Weight	Build F	1eight
			· · · s.g.··	50,00	roight
Scars, tattoos or disting	guishing marks a	nd/or characteristics]	Nevada Sta	te Tatoo on	Left Forearm
Are you a citizen of the	United States?	Yes X No □ If alier	n, registration No)	
lf naturalized, certificat	e No		Date	•••••	***************************************
Place		900	(If naturalized	. document must be	e verified.)
2. MARITAL INFORM				,	,
Single D Married	Senerated	□ Divorced □	Widowad	Engaged C	
omanieu	Geparateu	□ Divolced □	widowed 🗆	Engaged	6
			Α	pplicant's initial	AD
					Page 1

A.	Current Marri	age	10/	16/10	77 11 1		S	eatlle,	WA	(King (County)
	Current Marri Spouse's full r	name (Mai	den)	ate Jennife	v Kate	, Dall	ley	S.S. No.	and State		
	Date of Birth			100 = 1	Place	of Birth	Las	Vegas	, NI	/	
	Resident addr	ess	Street	McC	lelland	City	SLC	State	8 L Zip	1102	
	Telephone: F	Residence			ر	Busine	ess Po	rallel	line	\$ 801	141.2203
	Spouse's emp	loyer	Parallt	el Lin	eS	Occupa	ation	Archin	tect		******
	Address of em	ployer	850 Street	S 400	* W #	113 S	SLC V	U.T State	ع Zip	1102	•
B. Pr	evious Marriaç	ges: If eve	er legally s	separated,	divorced, c	or annulle	ed, indicat	te below:			
Name (of Spouse	Date of or De			e of Place Marriage		Nature of Action	-	ity Sounty a	nd State	_
								9.50			
<i>-</i>									100		
	List of names. Name		dress and Street	d telephon	e numbers City	of previo	ous spous State		ір Т	elephone	
•						(20)					
W.											
3. FA A.		Depende ildren, inc	luding ste		and adopte	ed childre				formation:	
	Name		Birth Date		Place	La DL		Residence /		1 (1-11	
	Theodor.	nda Bat	n D u		Salt La	C, U	J			1cClellow 1cClella	
	/ KIROUDY.	e Mygn	St Barr	, ,	O	, 0		AND THE RESERVE OF THE PERSON	0 1	rcuella	nd ST
В.	Child Suppor			ate respons	se:		-				
	l ar	n not subj	ect to a co	ourt order f	or the supp	ort of ch	ild.				
	pla	n approve	d by the d	listrict attor	he support rney or othe he order; o	er public	more ch agency e	ildren and nforcing t	l am in o he order	compliance for the re	with a payment
	the	order or a	a plan app	roved by tl	he support he district a ed pursuant	ittorney o	or other porder.		ncy enfo	rcing the o	
							ر الم	phodric a II		4:31	Page 2

-AMILY INFORMATION-Conf District attorney or put		le for enforcing	the child support order:	
Address			833	***************************************
Contact person				***************************************
C. Parents:				***************************************
List names, residence parents-	addresses, dates of	birth and most	ecent occupations of parent	s, step-parents,
in-law or legal guardia	n. If retired or decea	sed. list last add	dress and occupation.	
Name (Maiden)	Birth Date	Address		Occupation
tom Albert Bath		19,111.	5 Mill St Ely, NV	General Manag Ace Hordwar
other D	.+1	,	89301	Ď.
Margaret Lowie B	an	1	Mill St Ey, NV	Pharmacist
Mahlon Bentley 7	Dalley	7	· N Homes tead Dr.	Foundator - Univer
other-in-Law			Liberty Lale, WA 99019	Educator - Highe
Marianne Dalle	Y	4	3 N Homestand Dr	Teacher
D. Brothers and Sisters:			Liberty Lake, WA 9901	9
	addresses, dates of t	pirth and most r	ecent occupations of brother	s and sisters and of
Name (Maiden)	Birth Date	Address		Occupation
Andrew Dale Bat	h	,	E Pinwheel Ln	Pharmacist
April Michelle Be	ath (Peterson)	1	F14, NV 89301	Office Manage
Paul James Ba	th		282 S E4, NV 89301	Pollice Officer
Becki Jean Ba	th (Byers)	" "	"	Teacher
ouse				
ouse				
. EDUCATION:				
Ammar White Pine Mi	1) 0 (10)		tes Attended	Graduate
ib.	200	1. NV	- 1995	Yes No 🗆
nool White Fine			1995 - 1998	Yes 🔄 No 🗆
iversity University		gene, OR	1998-2002	Yes No 🗆
er		¥.		Yes 🗆 No 🗆
pe of degree obtained, if any	Bachelor of	Science	in Architecture	
llege or university where obtain				
		J	V	6
			Applicant's initial	26
				Page

5 MILITARY INFORMATION:

Α.	Have you ever served in any armed forces?	Yes 🗆 No 🔀
	Branch	Date of entry-active service
	Date of separation_	Type of discharge
	Rating at separation	Serial number
	While in the military service were you ever arresspecial or general court martial? Yes ☐ regardless of where they occurred-foreign or do	sted for an offense which resulted in summary action, a trial or No If yes, furnish details on page 10. (List all incidents mestic.)
В.	Have you registered for the draft? Yes □	No 🗵
	CountyState	Date registered
6. AI		BITRATIONS: (Include those arrests in which you were
A.	not convicted.) Have you ever been arrested, detained, charged violation for any reason whatsoever, regardless Yes No If yes, give details in space provi	d, indicted or summoned to answer for any criminal offense or of the disposition of the event? (Except minor traffic citations. ded below. List all cases without exception.
Date of a	Arrest Age Charge Location	-City and State Deposition/Date Arresting Agency
	-	
	3	
B.	Has a criminal indictment, information or compla arrested or in which you were named as an unir page 10.	aint ever been returned against you, but for which you were no adicted co-party? Yes □ No ☒ If yes. furnish details on
C.	Have you ever been questioned or deposed by a or committee? Yes No No	a city, state, federal or law enforcement agency, commission
D.	Have you ever been subpoenaed to appear or to commission? Yes ☐ No ☒	estify before a federal, state or county grand jury, board or
E.	Have you ever been subpoenaed to testify for an Yes □ No ☒	ny civil, criminal or administrative proceeding or hearing?
F.	Have you ever had a civil or criminal record exp	unged or sealed by a court order? Yes No
G.	Have you ever received a pardon or deferred pr	_city, county and stateosecution for any criminal offense? Yes □ No ☒
H.	If yes when? Has any member of your family or of your spous If you answer to any of the above questions (B t	city, county and state se's family ever been convicted of a felony? Yes No Architecture No.
Vame	Relationship	Charge Location Date
		2000011 2010
		Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

pa Ye	rt to a lawsu es 🗆 No 🔀	it as eithei (Other th	al, member of a par a plaintiff or defend an divorces) List all cases witho	dant or an arbitra	tion as either a	claimant or res	oration. ever bee spondent?
laintiff/Defer		Date Filed	Court and Case Number		County and State	D	isposition/Date
ass	sociated wit	h it as an c	hip, business ventu wner, officer, directomplete the following	or or partner) bee	rship or closely en a party to a la	held corporat	ion (while you w
· 5 12 5	me of Entity	11 yes, co	Type of Entity			oximate Date(s) osuit/Arbitration/Ba	
	DENCES:	have had f	or the last 25 years:				
nth and Ye From-To)	ar	S	treet and Number	City	/	State or Cou	unty
2018	3 - prese	nt	5 McCle	lland St	SLC	UT	84102
/2013	- 4/20	18	350 5 400	W #213	SLC	ut	84101
1/2011	-9/20	013	786 Pine	Street	Elu	NV	89301
/2001	1-12/2	2011	3643B Albie	on Street	Seattle	WA	98103
ore 2	LOOH		600 Mill	Street	Ely	NV	89361
	4.00						
					Applica	nt's initial	Pag

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2612-present	Pavallel Lines Studio, LLC Description of Duties	
Title	Description of Duties	Name of Supervisor
Owner	Architect	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2009-12/2011	Callison	
Title	Description of Duties	Started at New Company Name of Supervisor
Associate	Architect	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2008 - 2009	NERT	started at new company
Title	Description of Duties	Name of Supervisor
Designer	Avchitect	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2003 — 2008 Title	Callison	
Title	Description of Duties	Started at new companion
Associate	Architect	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Applicant's initial

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If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference employer or employees.	who have know you five years or me	ore. Do not include relatives	, present
Name of Where Employed Street	City State Zip	Telephone Yea	ırs Known
Name ANDY MARGN Home	7 SOUTH 1800 EAGE	SHIVI	•
Employer 401 Business	Ahen Flogg		
Name JIM L/W Home		1 17 1 4 5 1 1 1 1 1	5
Employer UPLIGHT empiNVBusiness			
Name JON TANUR Home		3	15
Employer Business			
Name DAWLY PIKE Home		5	5
Employer Business			
Name Dallas Graham Home	(5
Employer ROFRO Business			
 Do you have any safe deposition person's depository? Yes ☐ If yes, complete the follow 		ess to any depository or do y	ou use any other
Box Number or Type of Depository	Location City and State	Authorized Users	
the following: Liquor Lawyer Doctor Contractor Accountant Pilot Yes ☒ No ☐ If yes, state type, where and		ense in any state, including b Securities dealer Barber/Cosmetolog Trainer or manager	Insurance ist Gaming
Interest in a licensed busines	city, county of state business, venturess or industry OUTSIDE the State of where and give names and locations dress of all partners and the agency response of the state of the agency response of the state of the agency response of the state of the stat	Nevada? Yes No □ of the businesses in which \(\)	ou were business,
	•	Applicant's initial	B Page 7

	any reason whatsoever? Yes ☒ No □	or similar authority in or outside the State of Nevaga
14.	Have you ever been denied a personal license, permi or professional activity? Yes □ No ☒	t, certificate or registration for a privileged, occupation
If yes t	to the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry lice participant in any group which has been denied a business suitability?	
16.	Have you or any person with whom you have been a administrative action or proceeding relating to the pha	
17.	Have you or any person with whom you have been a guilty or entered a plea of nolo contendere to any offe controlled substances?	participant in any group ever been found guilty, plead ense, federal or state, related to prescription drugs and Yes ☐ No ☐
18.	Have you or any person with whom you have been a permit or certificate of registration relating to the pharmupon voluntary close of a manufacturer	participant in any group ever surrendered a license, maceutical industry voluntarily or otherwise (other that Yes ☐ No 🗷
19.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?	consanguinity associated with or employed in the Yes ☐ No 🔀
		ATTACH PHOTOGRAPH
		- WENDAITHIN LAST
		Date of prolograpit
		Applicant's initial

Page 8

promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the

Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as

Original Signature of Applicant

Subscribed and Sworn to before me this

... day of May

2019

+14n Humphre

Notary Public

NOTARY PUBLIC
Kaitlyn Ann Humphrey
700002
(Seal) Ommission Expires
April 18, 2022
STATE OF UTAR

Applicant's initial

Page 9

ADDITIONAL INFORMATION

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······································
······································

Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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MDate /	1 1
Poato	****************

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	Jew Pharm	acy Applicat	100 e of License		***************************************		*********
	Conomy D Name an	Natur Yus — Eureke d Address of Establish	91 N	May S	- Eurel	a, W 89	316
	***************************************	f applicable, Name Un					**********
1. PERSONAL IN	FORMATION:	Paul		·	tamos		
Last Name		First Nam	ne		Middle Name		
Alias(es, Nicknames, Ma	iden Name, Other Name	Changes, Legal or O	therwise)				
EAST 28	2 SOUTH	E	LY		N/F	-VADA / PETO	/
Present Residence Addre	ess-Street or RFD		City		Sta	EVADA /8930	-
		Dates					
Present Business Addres	SS		City		Sta	nte/Zip	
POLICE OFFICER		Dates					
Occupation			(1		Phone: Residence		********
		be file a section			Business	775 289 49.	29
Date of Birth		Place of Birth (City,	PINE (OWTY,	NEVA	DA	7.12.431.41.	
Date of Birth		Place of Birth (City, (County, State)				
34		20				MALE	
Age	Social S	ecurity Number				Sex	
BROWN	RLONDE	LIGHT	IESLBS		MED	5'9"	
Color of Eyes	Color of Hair	Complexion	Weight		Build	Height	
Scars, tattoos or dis	tinguishing marks a		ics <u>k</u>				
Are you a citizen of t	the United States?	Yes ⊠ No □	If alien, registrat	ion No			••••
If naturalized, certific	cate No.		Date				******
Place	*************************		(If natu	ralized,	document n	nust be verified	.)
2. MARITAL INFO							
Single Marrie	d 🛭 Separated	I □ Divorced	□ Widowe	d 🗆	Engaged		
				Ap	oplicant's init	tial 🌃	
							Page

		Date		City County o	ICH /VEVADA	
Spouse's full na	me (Maiden)	REBELLA JEAN [NATH	City, County and State S.S. No		
Date of Birth		Pla	ce of Birth Deny	er, Colora	් ව	
Resident addres						
	Street	T 282 SOUTH	City	State	Zip	
Telephone: Re	sidence	1 6 4	Business 7	75 289 4	1811	
Spouse's emplo	yer WHITE	PINE COUNTY CLHOO	Compation 1	EACHER		
Address of empl	loyer 1800 Street	BUBGAT ORTVE	<i>ELY</i> City	/VV State	89301 Zip	
B. Previous Marriage	s: If ever leg	ally separated, divorce	d, or annulled, indic	ate below:		
	Date of Orde					
ame of Spouse	or Decree	of Marriac	e Actio	on Co	unty and State	
	8					
3 2 3 3 4 3	- Control					
· · · · · · · · · · · · · · · · · · ·						
List of names, c	urrent addres	s and telephone numb	ers of previous spo	uses:		
Name	Street	City	State	Zip	Telephone	
A. Children and D	ependents: dren, includin	g step-children and add	opted children and o	give the follow Residence Ad		
A. Children and D List all child Name	ependents: dren, including Birth (Date Birth Place	opted children and c	Residence Ad		
A. Children and D List all child Name	ependents: dren, including Birth C	Date Birth Place	opted children and g	Residence Ad	82 SOUTH ELY, NV.	
A. Children and D List all child Name EMERSON MILLES HOMAS ALBERT BAT	ependents: dren, including Birth (R-JEN N BATA H	Date Birth Place FLY, NV,		EAST 2	82 SOUTH ELY, NV.	
List all child Name EMIERSON MILLE THOMAS ALBERT BAT TMOTHY ALBERT BAT B. Child Support I Please I I am plan of the	ependents: dren, including Birth C 2-JEAN BAT TH Information: mark the app not subject to a c approved by e amount owe subject to a c subject to a c	Place Birth Place FLY, NV. ELY, NV. ELY, NV. FLY, N	support of child. nort of one or more of the public agency er; or	EAST 2 SAME SAME children and a	am in compliance with a corder for the repayme	
A. Children and D List all child Name EMERSON MILLE THOMAS ALBERT BAT TMOTHY ALBERT BAT B. Child Support I Please I I am plan of the	ependents: dren, including Birth C 2-JEAN BAT TH Information: mark the app not subject to a capproved by a amount ower subject to a corder or a plan	Place Birth Place FLY, NV. ELY, NV. ELY, NV. FLY, N	support of child. port of one or more of other public agency er; or port of one or more of other public attorney or other public agency art to the order.	SAME Children and a enforcing the children and I public agence	82 SOUTH ELY, NV.	

			r enforcing the child support order:	
	Name			
	Address	**************	••••••	***************************************
•	Contact person	******************		••••••
C.	Parents: List names, residence addresses, da	ates of birth	and most recent occupations of pare	ents sten-narents
parents	S-			into, stop paronts,
	in-law or legal guardian. If retired or Name (Maiden) Birth Dal		list last address and occupation. Address	Occupation
ather				
To	IM ALBERT BATH		and the set in the set same	Bus <i>livie</i> ss Mainager/
other	TRISE TO BATA		DMELL ST ELY AN, 89301	1 thintoely
MAR	GARET MILLER BATH		1 MELL ST. ELY IVV. 89301	PHARMACEST
ather-ir			31, 24, 100, 87301	Transversi
/lother-i	n-Law			
Cyrd	hia Martin	* :	JE Raknew Cir Centenny	al CO X-Ray Tech
D.	Brothers and Sisters:			
٥.	List names, residence addresses, da	ites of birth	and most recent occupations of broth	ners and sisters and of
	their respective spouses. Name (Maiden) Birth	Date	Address	Occupation
TL	OMAS DAKLEY BATH			
pouse	- 6 0 1	i a	1 S. MECLELIAND ST. SAULA	/ /
U	ennifer Dalley	1	S. McClellandSt SLC GT	Architect
	PRÉN DALE BATH		S PINWHEEL LANE ELYNY	PHARMACIST
	KEN DAILE DAILE			
pouse	Micheli Peterson 1		= Propheel In Ely IN	Office Manager
	1 1		= Pinoheel Ln Ely NV	Office Manager
Apri	1 1		= Pinoheel Ln Ely NV	Office Manager
Apri	1 1		= Pinoheel Ln Ely NV	Office Manager
Apo	1 1		= Pinoheel Ln Ely NV	Office Manager
Apo	1 1		= Pinoheel Ln Ely NV	Office Manager
April	1 1		= Pinoheel Ln Ely IV	Office Manager
April A April A April A April A April A April A April A April A Ap	1 1		5 Pinoheel Ln Ely NV	Office Manager
Spouse Spouse Spouse	Michelic Reterson 1	Location		
pouse pouse	DUCATION: Name of School	Location FIV (VI)	Dates Attended	Graduate
pouse pouse 4. EL ramma chool igh	DUCATION: Name of School WHITE PrivE MIDDLE XHOOL	ELY, NU	Dates Attended 1996 ~ 1999	Graduate Yes ☑ No □
pouse pouse 4. EC ramma chool igh chool	Michelis References 1 DUCATION: Name of School WHITE PINE MIDDLE XHOOL WHITE PINE HIGH SCHOOL	ELY, NV.	Dates Attended 1996 - 1999 1999-2003	Graduate
pouse pouse 4. EL ramma chool igh chool	DUCATION: Name of School WHITE PrivE MIDDLE XHOOL	ELY, NU	Dates Attended 1996 - 1999 1999-2003	Graduate Yes ☑ No □

5 MILITARY INFORMATION:

В.	Date of separation Rating at separation While in the military service were you e	Date of entry-active serviceType of dischargeSerial number
В.	Rating at separation	
В.	While in the military service were you e special or general court martial?	Serial number
В.	special or general court martial?	
B.		ever arrested for an offense which resulted in summary action, a tria Yes No If yes, furnish details on page 10. (List all incider eign or domestic.)
	Have you registered for the draft?	Yes № No □
	County WHITE PROF State	NEVADA Date registered 10/12/2002
6. A		AND ARBITRATIONS: (Include those arrests in which you wer
A.	violation for any reason whatsoever, re	d, charged, indicted or summoned to answer for any criminal offense gardless of the disposition of the event? (Except minor traffic citatio ace provided below. List all cases without exception.
Date of	Arrest Age Charge	Location-City and State Deposition/Date Arresting Agency
B. C. D. E.	arrested or in which you were named a page 10. Have you ever been questioned or dep or committee? Yes □ No ☒ Have you ever been subpoenaed to ap commission? Yes □ No ☒ Have you ever been subpoenaed to tes Yes □ No ☒	or complaint ever been returned against you, but for which you were as an unindicted co-party? Yes No If yes, furnish details on loosed by a city, state, federal or law enforcement agency, commission of the complex or testify before a federal, state or county grand jury, board or stify for any civil, criminal or administrative proceeding or hearing? Ecord expunged or sealed by a court order? Yes No city, county and state
	If yes, when?	eferred prosecution for any criminal offense? Ves 🖂 No 🖂
G. H.	If yes, when? Have you ever received a pardon or de If yes when? Has any member of your family or of you	eferred prosecution for any criminal offense? Yes No city, county and state our spouse's family ever been convicted of a felony? Yes No citions (B through H) is yes, furnish details on page 10.
G.	If yes, when? Have you ever received a pardon or de If yes when? Has any member of your family or of you	city, county and state our spouse's family ever been convicted of a felony? Yes □ No ⊠ tions (B through H) is yes, furnish details on page 10.

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

	yes □ No ☒ (Other	ier a plaintiff or defendant or	an arbitration as either a	
	Defendant or //Respondent Date File	Court and Case	City, County and State	
J.	Has any general partner associated with it as an Yes □ No ☑ If yes, o	ı owner, officer, director or pa	e proprietorship or close artner) been a party to a	ly held corporation (while you w lawsuit, arbitration or bankrupto
	Name of Entity	Type of Entity	Ap La	proximate Date(s) of wsuit/Arbitration/Bankruptcy
				110
7. RE	SIDENCES:			
ist all i	residences you have had	for the last 25 years:		
(From-		Street and Number	City	State or County
	2017 TO PRESENT	TEAST 282 SOWN	ELY.	NEVADA
PRIL				
	2008 TO APRIL 2017	1290 AVEL	ELY	NEVADA
HIVE	2008 TO APRA 2017 2006 TO TIME 2008		E14 RENJ	NEVADA NE VADA
WEUST	2006 TO THE 2008		RENU	· · · · · · · · · · · · · · · · · · ·
wive went	2006 TO THE 2008	2951 ARTEL DRIVE	RENU	IVE VADA
Went Went	2006 TO THE 2008 2004 TO AHALLT 2006	2951 ARFEL DRIVE 1675 SKY MOUNTAIN DI	RENJ R. REIOU	NE VAOA NE VAOA
Wive Went	2006 TO THE 2008 2004 TO AHALLT 2006	2951 ARFEL DRIVE 1675 SKY MOUNTAIN DI	RENJ R. REIOU	NE VAOA NE VA VA
Wive Went	2006 TO THE 2008 2004 TO AHALLT 2006	2951 ARFEL DRIVE 1675 SKY MOUNTAIN DI	RENJ R. REIOU	IVE VADA IVEVADA
WINE WELLT	2006 TO THE 2008 2004 TO AHALLT 2006	2951 ARFEL DRIVE 1675 SKY MOUNTAIN DI	RENJ R. REIOU	IVE VADA IVEVADA
wive went	2006 TO THE 2008 2004 TO AHALLT 2006	2951 ARFEL DRIVE 1675 SKY MOUNTAIN DI	RENJ R. REIOU	IVE VADA IVEVADA
hent hent	2006 TO THE 2008 2004 TO AHALLT 2006	2951 ARFEL DRIVE 1675 SKY MOUNTAIN DI	RENJ R. REIOU	NE VAOA NE VA DA
hent hent	2006 TO THE 2008 2004 TO AHALLT 2006	2951 ARFEL DRIVE 1675 SKY MOUNTAIN DI	RENJ R. REIOU	NE VAOA NE VA VA

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

6/18/18 Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE 2018	WHITE PINE COUNTY SHEIZIFFS / 1785 GREAT BASIN E	LY, NV. CURRENT
Title	Description of Duties	Name of Supervisor
DEPUTY PATROL	PATROL GEFTCER	SGT. FINCHER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Ture 2017	BATH LUNGER CO. / 1900 AVE G. EXY, NV.	NEW OCCUPATION
Title	Description of Duties	Name of Supervisor
MANAGER	BOOK KEEPSING	TOM BATH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2010	SPORTSWARD / ISOO ALLTMAND ST EIY NOU:	PRODUCTION
Title	Description of Duties	Name of Supervisor
MANHGER	MANAGE EMPLOYEES AND DALLY OPERALLOUS	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JHNE 2008	BATH LUNGER CO. / 1800 HUE G. ELY NV.	PROMUTEON
Title	Description of Duties	Name of Supervisor
MANNER	WAREHOUSE MANNETR, SURVITE TRUCKS, BELV.	TOM BATH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial	PB
	Page 6

9. CHARACTER REFERENCES:

ame o	List five charac employer or en f Where Employed	Street	City State Zip	Telep	hone	Years Known
	CATALINA JON		FIRON DR. ELY NV. 8	400	none	30 YEARS
			135 AVE (PLY NV. 89			30 TEHRS
	HRES JOHES	Home	TRON DE ELY N. 893			30 YEARS
	er ELY STATE PRES		S69 WORTH STATE RT. EL		287 8800	
ame 4	ANDON WHALEY		WILLOW RD IBAPHH	9		30 YEARS
mploye	er COLD HILL 14711	Business (-OLD HILL WT. 84034	/		
ame (UKE SHADY	Home /	DICKERSON AVE FINIUL	84301		25 YEARS
mploye	WHETE PINE COUM OF SHEREFFS UFFILE		GREAT BISSIN BLUD	ELY NN. 8934	775 287 9308	
ame 1	OPD FINCHER	Home	MLIRRY ST ETY NO.	89308		2SYEHRS
mploye	er WPCSO	Business	GREAT BASEN BLVD I	ELY UN 89304 77	5 289 8808	
	person's depos	4 4 6 4	Maria I			
ox Nur	nber or Type of Depo			and State	Authorized Users	
ox Nur	nber or Type of Depo	ository	Location City a			a but not limited t
	nber or Type of Depo	held a privilege	Location City a	fessional license i	n any state, includin	
	Have you ever the following: Liquor Doctor	held a privilege Lawyer Contractor	Location City and Cit	fessional license i	n any state, includin Securities dealer Barber/Cosmetol	Insurance logist Gaming
	Have you ever the following: Liquor Doctor Accountant Yes □ No ☒	held a privilege Lawyer Contractor Pilot	ed, occupational or prof Race horse/race dog Real estate broker o Sports promoter	fessional license i	n any state, includin Securities dealer	Insurance logist Gaming
	Have you ever the following: Liquor Doctor Accountant	held a privilege Lawyer Contractor Pilot	ed, occupational or prof Race horse/race dog Real estate broker o Sports promoter	fessional license i	n any state, includin Securities dealer Barber/Cosmetol	Insurance logist Gaming

Applicant's initial Pô

13.	Have you ever appeared before any licensing agency any reason whatsoever? Yes ☐ No ☐	y or similar authority in or outside the State of Nevada for
14.	Have you ever been denied a personal lieense, permor professional activity? Yes □ No □	it, certificate or registration for a privileged, occupational
If yes t	to the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry li participant in any group which has been denied a bus suitability?	
16.	Have you or any person with whom you have been a administrative action or proceeding relating to the ph	
17.		participant in any group ever been found guilty, plead ense, federal or state, related to prescription drugs and/or Yes No
18.		participant in any group ever surrendered a license, rmaceutical industry voluntarily or otherwise (other than Yes No
19.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?	f consanguinity associated with or employed in the
•••••		
••••••		
••••••		
*******		The second second second
• • • • • • • • • • • • • • • • • • • •		Date of photograph 5/25/19
		Applicant's initial Page 8
		9

STATE OF Nevada	
country of White Pine	
0. 1 R. 11	ted this statement with the knowledge that med sufficient case for denial or revocation of with full knowledge that Nevada Revised any person for a certificate, license, ate, certification, license or permit by the filing thereof, which is false of fraudulent," and tes on Pharmacists and Manufacturer and the wada State Board of Manufacturer as
for a manufacturer license in the State of Nevada.	y and their agents, as a result of my applying
	Original Signature of Applicant
Subscribed and Sworn to before me this 29 day of May 2019 Notary Public	JENNIFER REGINA NEWTON Notary Public-State of Nevada APPT. NO. 19-1722-17 My Appt. Expires 03-07-2023
	(seai)

Applicant's initial Page 9

ADDITIONAL INFORMATION

Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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- 1000	5	241	10	
		271		

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for New Pharmac Economy Drug-Eure Name	Application Nature of I	Stall to ficense Stall to Stall Europe	cehny NV	8131 6	
	If applicable, Name Under V	Which It Is Now Operated	d		
1. PERSONAL INFORMATION: Bath Last Name	Andrew First Name		Dale Middle Name	,	-
Alias(es, Nicknames, Maiden Name, Other Na	ame Changes, Legal or Otherv	ise)			
Present Business Address	2010 - Present City Dates City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State/Zi	4701	-
Managing Pharmacest Occupation Date of Birth	Dates 5 3010 Ely White Pre-Co	NV ty, State)	Phone: Residence Business 775	289-4929	- : ::
36			W-100-00	M	_
Age Social Bland Color of Eyes Color of Hair	al Security Number White Complexion	175 Weight	Medium Build	Sex 511 Height	
Scars, tattoos or distinguishing mark	s and/or characteristics	NONE			
Are you a citizen of the United States	s? Yes 💢 No 🗆 Ifal	ien, registration No			-
If naturalized, certificate No		Date			
Place 2. MARITAL INFORMATION:		(If naturalized	, document mus	t be verified.)	
Single □ Married 💢 Separa	ted □ Divorced □	Widowed □ A	Engaged □ pplicant's initial	J	age 1

IVIZAINI	TAL IN ORWATION-Conditioed			and the second second	
A.	Current Marriage 6 3 2007		Ę	y White	Pine NV
	Spouse's full name (Maiden) April M	1, chile f	derson s	S.S. No	itate
	Date of Birth	Place o	of Birth <u>Ely</u>	W	
	Resident address Problem Street	-h	Ely City	State Z	89301 ip
	Telephone: Residence		Business775	- 289-49	29
	Spouse's employer Economy Drug	3	Occupation	Of	fice Manager
	Address of employer Legle Author Street	in H	Ely City	W State Z	39301 Sip
В. Р	Previous Marriages: If ever legally separated	, divorced, o	r annulled, indicate	below:	
Name		ite of Place f Marriage	Nature of Action		and State
	List of names, current address and telephor	ne numbers	of previous spouse	es:	
	Name Street	City	State	Zip	Telephone

3 F	AMILY INFORMATION:				
A.	Children and Dependents: List all children, including step-children	and adopte	d children and give	the following	information:
		h Place		esidence Addres	
JII	lian Tessie Both	Ely NV		. Pinwh	ed Ln ElyM
Ev	van Rose Bath	Ely NV		Pinukea	ella ElyNV
В.	Child Support Information: Please mark the appropriate respon	nse:			
	X I am not subject to a court order	for the supp	ort of child.		
	 I am subject to a court order for plan approved by the district atto of the amount owed pursuant to 	orney or othe	r public agency en		
	I am subject to a court order for the order or a plan approved by the repayment of the amount ow	the district a	ttorney or other pul to the order.	blic agency er	
	the repayment of the amount ow	ea pursuant		icant's initial	<i></i>

FAMIL	Y INFORMATION-Cont District attorney or put	inued blic agency responsible	for enforcing the child	support order:	
	Name		_		
	Address				
	Contact person				
C.	Parents:	addresses, dates of bi			rents, step-parents
parent	S-			·	romo, stop-paromo,
	in-law or legal guardia Name (Maiden)	n. If retired or decease Birth Date	ed, list last address and Address	l occupation.	Occupation
ather					
1	was A. Both		The second second second	to, W	Business Owner
Marc	ignet La Miller	· . —	Descared E	LY, NV	Phymacist
Mother-in	had E. Peterson	· '	Wolcott Dr S	ones CrekNV	Maintenance
Kat	hleen R Ricci	1 1	2 So Mianesofr Dr	ElyNV i	UP Go Human Reserra
D.	Brothers and Sisters List names, residence their respective spouse	addresses, dates of bi	rth and most recent oc	cupations of bro	others and sisters and of
	Name (Maiden)	Birth Date	Address		Occupation
Spouse	ionas O. Bath			land St SC,	4
	Tennik Dalley		S. Mc Clellan	d St SLC,	UT Archetect
Spouse	Paul J. Bath		16 282 South	/	Police Officer
	Rebecea byers	4	1E 282 Sw	h Ely NV	leacher
Spouse				*	
Spouse	2	* ==	101.21.4.		
4. EC	DUCATION:				- AVX 63 PP-12
	Name of School	Locat	ion Dates Attend	ed	Graduate
ramma chool	Mt View Eler	mentary Ely, N	N 9/89-5	194	Yes 🔽 No 🗆
igh chool	White Pine High	School Ely A	N 9/97-6/0	01	Yes No 🗆
		VADA Reno Reng A	N 8/01-5/00		Yes ☒ No □
ther	Creighton Univers	ty Omaha	0.1		Yes ☑ No □
	f degree obtained, if any				***************************************
College	e or university where ob	ained Creighton	· University	•••••	••••••
				Applicant's in	itial
					Pag

5 MILITARY INFORMATION:

. lare you ever conve	a in any announ	orces?	103 🖾 140 9			
Branch		Date o	of entry-active serv	ice	•••••	
Date of separation		Type o	of discharge	• • • • • • • • • • • • • • • • • • • •		
Rating at separation		- ₁ 1	Serial number			
special or general co	urt martial?	Yes □ No □	I If yes, furnish de	esulted in sur stails on page	nmary ad 10. (List	ction, a trial or all incidents
Have you registered	for the draft?	Yes □ No 🔽				
County	State	e	Date reg	gistered		
not convicted.) Have you ever been violation for any reas	arrested, detaine on whatsoever,	ed, charged, indict regardless of the o	ed or summoned this disposition of the e	o answer for a	any crimi minor tr	nal offense or
Arrest Age	Charge	Location-City and	State D	eposition/Date	Arrestir	ng Agency
arrested or in which page 10. Have you ever been or committee? Yes Have you ever been commission? Yes	you were named questioned or de No subpoenaed to a No No No No No No No	I as an unindicted eposed by a city, sappear or testify be	co-party? Yes state, federal or lave efore a federal, sta	No If yes v enforcement ate or county g	, furnish t agency, grand jury	details on commission , board or
Yes D No 🔀 Have you ever had a	a civil or criminal	record expunged	or sealed by a cou	rt order? Yes	□ No j	≥
Have you ever receive	ved a pardon or	deferred prosecuti	on for any crimina	l offense? Yes	s □ No	X 0
Has any member of	your family or of of the above que	your spouse's fan	nily ever been conv	victed of a felo details on pag	ony? Yes ge 10.	□ No 🗓
	Relationsl	hip	Charge	Loc	ation	Date
		- FALSE	100			
				plicant's initia	do	
	Branch Date of separation Rating at separation While in the military special or general coregardless of where Have you registered County RRESTS, DETENTION not convicted.) Have you ever been violation for any reasy yes I how I fyes Arrest Age Has a criminal indict arrested or in which page 10. Have you ever been or committee? Yes Have you ever been commission? Yes I have you ever been yes I have you ever been yes I have you ever had alf yes, when? Have you ever receil fyes when? Have you ever receil fyes when? Has any member of	Branch Date of separation Rating at separation While in the military service were you special or general court martial? regardless of where they occurred-form they are you registered for the draft? County State RRESTS, DETENTIONS, LITIGATION not convicted.) Have you ever been arrested, detains violation for any reason whatsoever, Yes No If yes, give details in second arrested or in which you were named page 10. Have you ever been questioned or door committee? Yes No Have you ever been subpoenaed to a commission? Yes No Have you ever been subpoenaed to a commission? Yes No Have you ever been subpoenaed to a commission? Yes No Have you ever had a civil or criminal if yes, when? Have you ever received a pardon or if yes when? Has any member of your family or of if you answer to any of the above questioned are subpoenaed to a commission?	Date of separation	Date of separation	Date of separation	Date of separation

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

l.	Yes 🗆 No 🔀	uit as either a p ₫ (Other than o	vlaintiff or defendant divorces)	or an arbitration as e	either a claimant o	orporation. ever been r respondent?
	If yes, give de	tails below. Lis	st all cases without e	exception, including b	ankruptcies:	
	f/Defendant or nt/Respondent	Date Filed	Court and Case Number	City, County an	d State	Disposition/Date
J.	associated wit	th it as an owne	business venture, ser, officer, director or ete the following:	sole proprietorship or partner) been a part	closely held corp ty to a lawsuit, arb	oration (while you wer
	Name of Entity		Type of Entity		Approximate Dat Lawsuit/Arbitration	
List al		have had for t	ne last 25 years:			
Month a (Fron	and Year n-To)	Stree	and Number	City	State o	r County
7/82	-8/06	Leo	O Millst	Ely	W	White Pine
8/66	-5/10	18734	1R St	Omaha	NE	
5/10)-5/II	777	Ave K	Elv	W	
5/11	- frount	- ε β	nwheel Ln	Elý	NV	marks st
		-,-				
				WHO.	····	
					Applicant's initial	AS

Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/10-Current	Economy Drug Cogle Authman St Description of Duties	- Ely NV 89301 N/A.
Title	Description of Duties	Name of Supervisor
Managing Pharma	acist	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2007	Hyvec Pharmaist Description of Duties	Same of Supervisor
riue	Boson phon of Bulloo	Name of Supervisor
Intern Phornac	it Irpal Ris & F. K RES	Nabil
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2004	St Merry Rend, NV. Description of Duties	Name of Supervisor School
nide		•
Pharmory Ichril	in Prepared Orders, Strike Co.	pourds
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Voor	Namo/Mailing Address of Employer/Rusiness	Peason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
TIGE	Description of Duties	Name of Oupervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial_

Page 6

9. CHARACTER REFERENCES:

	employer or empl	ovees		,	more. Do not include i	oldavoo, procont
Name of	Where Employed	Street	City State	e Zip	Telephone	Years Known
Name (Beverly Bliss	Home ¢	i Opel Dr	Ely NV 89301		35 yrs
mploye	er Ritired	Business				
	Shannon Sena	Home	1 Ave K	- Ely N 8930	,	20 yrs
Employe	er Self	Business	Shannon Se	the D.D.S	775-289-3375	MOGRA
Vame 🔾	susan Kealigh	Home	i Mill S	+ Ely IV 8930	(e	36 yrs
mploye	Sportsworld	Business	Manager		775-289-8886	
lame	ern Pintar	Home	1 Mill	STELY W893		30 yrs
mploye		Business	Todd W	ilkin D.D.S.	- Office Manage	5 775-289-4000
	Mary Swetich	Home	3 Ave ME	14 NV 8930		30 yrs
mploye	r Ketired	Business				
10.	If yes, complete	ry? Yes ☐ the followi	No 🔀	uch depository, ac	cess to any depository	or do you use any othe
Box Nun	nber or Type of Deposito	ory	Location	City and State	Authorized Use	ers
11.	the following: Liquor La Doctor Ca	awyer ontractor ilot	Race horse/ Real estate Sports prom	race dog owner broker or salesma	Securities d	metologist Gaming
12.	interest in a licens If yes, state type, v	ed busines: when and w es and addr	s or industry OU here and give r	JTSIDE the State of names and location	ure or industry license of Nevada? Yes □ No ns of the businesses in y responsible for licens	o '⊠ o which vou were

13.	Have you ever appeared before any licensing agendany reason whatsoever? Yes ☐ No ☐	cy or similar authority in or o	utside the State of Nevada for
14.	Have you ever been denied a personal license, perr or professional activity? Yes □ No □		
-	to the above, state where, when and for what reason:		
15.	Have you ever been refused a business or industry participant in any group which has been denied a business or industry suitability?	usiness or industry license o	r related finding of Yes □ No 🗵
16.	Have you or any person with whom you have been administrative action or proceeding relating to the pl	narmaceutical industry?	Yes 🗆 No 🔀
17.	Have you or any person with whom you have been a guilty or entered a plea of nolo contendere to any of controlled substances?	fense, federal or state, relate	ver been found guilty, plead ed to prescription drugs and/or Yes □ No 💢
18.	Have you or any person with whom you have been a permit or certificate of registration relating to the phatupon voluntary close of a manufacturer	a participant in any group ev	
19.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?		with or employed in the Yes □ No 🄼
		States	
			-
		Date of photograph	6/1/2019
		Applicant	's initialPage 8

COUNTY OF White Pine 1. Andrew Bath, being duly sworn, depose and say I have read the

foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Subscribed and Sworn to before me this 29 day of

JENNIFER REGINA NEWTON Notary Public-State of Nevada APPT. NQ. 19-1722-17 My Appt. Expires 03-07-2023

(seal)

Applicant's initial AB Page 9

ADDITIONAL INFORMATION

777920000000000000000000000000000000000

Applicant's initial Page 10



13E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206- Reno, NV 89521 - (775) 850-1440

APPLICATION FOR NEVADA 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 Check <u>box</u> below for type of ownership and complete all re Corporation or Partnership.	equired forms. **If LLC use Non Public
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b	☐ Partnership - Pages 1,2,6,10,11a&b
Non Publicly Traded Corporation – Pages 1,2,4,10,11a	
GENERAL INFORMATION to be completed by all t	
Pharmacy Name: <u>Old Fashioned Pharm</u>	nacy LLC
Physical Address: 3772 E Flamingo Rd	
City: Las Vegas State: Zip C	ode: <u>W89121</u> Telephone: Pending
Fax: Pendi	Toll Free Number: AA
E-mail: old-	fashioned pharmacy a grnaul, com
Website: UA	
Managing Pharmacist: Dime Dono	License Number: 18900
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ Retail	☐ ☐ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	□ ☑ Parenteral
□ ☑ Internet	☐ ☑ Parenteral (outpatient)
□ ☑ Nuclear	☐ ☐ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☐ ☑ Mail Service
☐ ☑ Community	☐ ☐ Long Term Care
☐ ☑ Other:	☐ ☑ Sterile Compounding
	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding
For the application to be complete	☐ ☑ Other Services:
H .	

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) year	ars:
-------------------------------	------

Board	Use Only Date Processed:	Amount: 600,00)					
	lame of Authorized Person	6/13/2019 Date						
Original Signature of Person Authorized to Submit Application, no copies or stamps Carlos J Echevarrie (2/13/2019								
Original Signature of Porson Authorized to Submit Application no conice or storms								
background, qualification and reputation, as it may deem necessary, proper or desirable.								
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								
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								
operation of an authorized pharmacy may be grounds for the revocation of this permit.								
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								
disposition may be required.								
If the answer to 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								
	interest, ever surrendered a license, permit or certification voluntarily or otherwise (other than upon voluntary clo	_	Yes □ No ☑					
5)	Has the corporation, any owner(s), shareholder(s) or							
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo	Yes □ No ☑					
	interest, ever been the subject of an administrative ac site fine or proceeding relating to the pharmaceutical		Yes □ No ☑					
3)	Has the corporation, any owner(s), shareholder(s) or							
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce registration?	• • • • • • • • • • • • • • • • • • • •	Yes □ No ፱					
1)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a feld misdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No					

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorpora	ation: NE	EVADA					
Parent Company	if any:N	A					
Mailing Address:							
City: Henders	son	Sta	te: <u>NV</u>	Zip: <u>890</u>	11	*	
Telephone: 702	.334.376	3 Fax	c: <u>pending</u>				
Contact Person:	Carlos I	Echeva	rria				
For any corporati	on non publicly	rtraded, discl	ose the following	g:			
1) List top 4 p	persons to who	m the shares	were issued by	the corpora	tion?		
a)	NIA						
,	Name		Business Addre	SS			
b)	NA						
	Name		Business Addre	ess			
c)	N/A						
	Name Business Address						
d)	Name		Business Addres				
	name		Business Addres	SS	<i>*</i> -		
2) Provide the	e number of sh	ares issued b	y the corporation	n	-0		
3) What was	the price paid	per share? _		-0-			
List any physiciar	n shareholders	and percenta	ge of ownership).			
Name:	A/A				%:		
Name:	N/A				%:		
Hours of Operat	ion for the ph	armacy:					
Monday thru Friday 9:00 am 6:00 pm				Saturday	<u>10:00</u> am	Z :00 pm	
Sunday	closed am	closed pm		24 Hours	MA		
A Nevada busino	ee liooneo io n	at required be	wayar if the ph	ormooy boo	a Navada bur	inoso	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: $\frac{NV20191194728}{}$

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

1, (arlos) Echevarria
Responsible Person of Old Fashioned Pharmacy
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s)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's, any owner(s), shareholder(s) or partner(s) 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.
Original Signature of Person Authorized to Submit Application, no copies or stamps
Carlos J Echevarria Print Name of Authorized Person 6/13/2019 Date

Managing Pharmacist

Pharmacist Name: Dorsett License #: 18	100	\supseteq
Pharmacy Name: Old Fashwhed Pharmacy UC		-
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a the inventory to be on file at the pharmacy.	of the	Э
I understand that as the managing pharmacist I am responsible for compliance by the pharmacist 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 disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	rmac	2
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	jointl	y,
`	/es	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?		区
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		区
been the subject of a board citation or an administrative action whether completed or pending in any state?		D
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		X C
If you marked YES to any of the numbered questions above, please include the following informati	on	
Board Administrative Action: State: Date: Case #:		_
And/or Criminal Action: State: Date: Case #: County Court:		-

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- 9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

Date

10.14.2019

NEVADA SECRETARY OF STATE

Barbara K. Cegavske

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OLD FASHIONED PHARMACY

Q New Search	Man	age this Business \$ Ca	Iculate Fees	Printer Friendly	
Business Entity Infor	mation				
Status:	Active	File Date:	6/14/2019		
Туре:	Reserved Name	Entity Number:	r. E0277352019-9		
Qualifying State:		List of Officers Due:			
Managed By:		Expiration Date:	9/14/2019		
Reservation Holder					
Name:	Carlos J Echevarria	Address1:	5997 Aimless	St	
Address 2:		City:	: Henderson		
State:	NV	Zip Code:	89011		
Registered Agent Info					
Financial Information					
No Par Share Count:	0	Capital Amount:	\$0		
No stock records found	for this company				
- Officers			☐ Includ	le Inactive Officers	
No active officers found	for this company				
Actions\Amend	ments				
	or amondment associated with this co	mnamı			

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13F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206- Reno, NV 89521 - (775) 850-1440

APPLICATION FOR NEVADA 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 (Check box below for type of ownership and Corporation or Partnership. □ Publicly Traded Corporation – Pages 1,2 □ Non Publicly Traded Corporation – Page 	complete all require ,3,10,11a&b s 1,2,4,10,11a&b	ed forms. **If LLC use Non Public ☐ Partnership - Pages 1,2,6,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be comp	leted by all type:	s of ownership
Pharmacy Name: Sunrise Pharmacy	<u> </u>	
Physical Address: 2560 E Sunset RD #10	02	
City: Las Vegas	_State:_Zip Code	89120 Telephone: 7028315881
Nevada	_Fax: 855-631-411	Toll Free Number: 8552002100
	_E-mail: <u>sunrise</u>	pharmlv@yahoo.com
Website: n/a	V WINTE	
Managing Pharmacist: Tammy Angeles		License Number: 19070
TYPE OF PHARMACY	AND SE	RVICES PROVIDED
Yes/No	Ye	s/No
☐ Retail		风 Off-site Cognitive Services
☐ 塚 Hospital (# beds	_) 🗆	Parenteral
☐ ¥☐ Internet		☑ Parenteral (outpatient)
□ Ø Nuclear		☑ Outpatient/Discharge
□ 🖪 Ambulatory Surgery	Center □k	☐ Mail Service
□ 四 Community		☑ Long Term Care
□		☑ Sterile Compounding
	N	T 11 01 11 0 11 11 11 11 11 11 11 11 11 1
All boxes must be checked		□ Non Sterile Compounding
All boxes must be checked		回 Non Sterile Compounding 四 Mail Service Sterile Compounding
For the application to be cor		

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) year	S.
-------------------------------	----

* * 101 111	and last five (o) years.		
1)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a feld misdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No ☑
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce registration?		Yes □ No ☑
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative ac site fine or proceeding relating to the pharmaceutical	tion, board citation,	Yes □ No ☑
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo	Yes □ No ☑
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certificate voluntarily or otherwise (other than upon voluntary clo	ate of registration	Yes □ No ☑
Copies	answer to question 1 through 5 is "yes", a signed stated of any documents that identify the circumstance or continuous terms and the required.	ment of explanation montain an order, agreer	ust be attached. ment, or other
correc	by certify that the answers given in this application and t. I understand that any infraction of the laws of the St ion of an authorized pharmacy may be grounds for the	ate of Nevada regulati	ng the
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.			
	al Signature of Person Authorized to Submit Applicatio	n, no copies or stamps	3
Robert Print N	A. Seik, Pharm D License # 13574 ame of Authorized Person	<u>4-29-19</u> Date	-
Board	Use Only Date Processed:	Amount: 500.0	2_

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership:	General X	_ Limited	
List names of 4 largest partners	and percentage of own	ership:	
Name: Robert A. Seik, Pharmb	LICENSE # 13574		_%: <u>100</u>
Name:			%:
Name:			%:
Name:			%:
Partnership Name: Sunrise Pha			
Mailing Address: 2560 E Sunset			
City, State Zip Code: Las Vega			
Telephone Number: 702-831-588	Fax Nu	ımber: <u>855-631-4</u> 1	l15
Contact Person: Robert A. Seik			
List any physician shareholders			
Name: n/a			%:
Name:			%:
Name:			%:
Hours of Operation for the ph	armacy:		
Monday thru Friday 9am	<u>5</u> pm	Saturday	ampm
Sundayam	pm	24 Hours	
A Nevada business license is n license please provide the num	ot required, however if ber: n/a	the pharmacy has	a Nevada business

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

I, Robert A. Seik
Responsible Person of Sunrise Pharmacy
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s)
or partner(s)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's, any owner(s), shareholder(s)
or partner(s) 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.
JEA.M
Original Signature of Person Authorized to Submit Application, no copies or stamps
Robert A. Seik 4-29-19 Date
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name: Tammy AngeleS License #: 19	707(<u>)</u>
Pharmacy Name: Sunise Pharmacy		_
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hour report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a the inventory to be on file at the pharmacy.	of the	е
I understand that as the managing pharmacist I am responsible for compliance by the pharmacist 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 disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	armad	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	l joint	ly,
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?	Yes	No R
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		A
been the subject of a board citation or an administrative action whether completed or pending in any state?		¥
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		<u>'</u>
If you marked YES to any of the numbered questions above, please include the following informa	tion	
Board Administrative Action: State: Date: Case #:		_
And/or Criminal Action: State: Date: Case #: County Court:		

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

د.	Modes	4125/19	
Signature	J	Date	

List of Sunrise Pharmacy owners-

1.Current Owner; Michael L. Peters

2.New Owner; Robert A. Seik

NEVADA STATE BOARD OF PHARMACY

431 W PLUMB LANE - RENO, NV 89509 - (775) 850-1440

This application cannot be returned by fax or email.

We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change. General Information **Nevada Pharmacy Board License #: **(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB) Store #: 11/14 Telephone: Fax: HRISTOPHER New Managing Pharmacist Name: **Date Started:** 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. 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. 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?.... 8 1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... 2. Been the subject of an administrative action whether completed or pending in any state? 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?...... If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation: **Board Administrative** State Date: Case #: Action: Criminal State Date: Case #: County Court Action: Page 1 of 2

PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220).
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282; NAC 639.510; NAC 639.473(2).
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NRS 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254(2)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)
- Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- Maintain prescription records/logs for 2 years (2 years from the last fill date for original paper prescription). (NRS 639.236; NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639:268; NAC 453.485)
- 9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

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 have read all questions, answers and statements a	nd know the content thereof. I hereby certify,
under penalty of perjury, that the information furnis	shed on this application is true, accurate and
correct.	
	5-9-19
) 9-11

Signature of New Managing Pharmacist (no stamps or copies)

Date

정 Board Use Only			
Date Received:	Amount:	-675 -	Page 2 of 2

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUNRISE PHARMACY LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 2, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 25, 2019.

Barbara K. Cegavske Secretary of State

Suhara K. Cegarste

Electronic Certificate
Certificate Number: C20190425-2031

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

59	D	at	е	4-	2	5-	2	0	1!	9			

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Re	tail Pharmacy	Nature of Pharm	acy or Wholesaler		
2560 E. Sunset F	Rd, #102, Las	\	Ο'		
Sunrise Pharmac	V, LLC	ess of Business for Which	n Designated Represe	entative Is Requested	
	-	f applicable, Name Unde	r Which It Is Now Ope	erated	,
1. PERSONAL INFO	RMATION:	Robert		Alan	
ast Name		First Name		Middle Name	
Alias(es, Nicknames, Maider	n Name, Other Name	Changes, Legal or Othe	erwise)		
_aramie Ave		Las \	/egas	NV 8	39113
Present Residence Address- 835 S. Eastern Ave., Suite		Ci 89119 Dates June 2013 to pr	•	State	/Zip
Present Business Address		Ci		State	/Zip
CEO - Owner		Dates April 2005 to pr	resent		
Present Position with the Ph	armacy or Wholesale			Phone:	
				Business 702	2-791-3800
		Washington, Washi			
Date of Birth		Place of Birth (City, Co	ounty, State)		
47					Male
Age	Social S	Security Number			Sex
Blue	Brown	Fair	185	Medium	5'9"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or distin	guishing marks a	and/or characteristic	s Greek letters tatoo	ed on upper left thigh,	Phi Delta Chi
Are you a citizen of the	e United States?	Yes⊠ No □ If	alien, registration	n No	
If naturalized, certificat	te No		Date		
Place			(If natural	ized, document m	ust be verified.)
2. MARITAL INFOR	MATION:				
Single Married	✓ Separate	d Divorced	□ Widowed	□ Engaged	
				Applicant's initi	al //
				7 pphoenic o nitti	all

A.	Current Marriage	1-11-201	5	City, County and State					
	Spouse's full name	Date	arie Villei S.S. No						
	Date of Birth		Place of B	irth Norristow	n, PA				
	Resident address	' Laramie Ave	11	Las Vegas	NV	89113			
		Street		City	State	·			
	Telephone: Reside	nce	Bı	usiness		***************************************			
	Spouse's employer	N/A	O	ccupation N/A		***************************************			
	Address of employe	rStreet	•••••	City	State	Zip	•••••		
B. Pi	revious Marriages: 1	f ever legally sepa	rated, divorced, or ar	nnulled, indica	te below:				
Name		e of Order r Decree	Date of Place of Marriage	Nature (y unty and State			
N/A				7,000		anty and otato			
				25					
	List of names, curre	nt address and tele	ephone numbers of	previous spou: State	ses:	Telephone			
N/A	Ivaille	Oueet	City	State	ZID.	releptione			
7-37									
3. FA	MILY INFORMATION Children and Depe	ndents: . including step-ch	ildren and adopted c		<u>/e the follow</u> Residence Ad				
Charle	es Valor Seik		Las Vegas, NV				 IV 89113		
Samu	el Keen Seik		Las Vegas, NV			, Las Vegas, N			
В.	Child Support Info	rmation: the appropriate r	esponse:						
	🛛 I am not	subject to a court	order for the support	of child.					
	plan app	roved by the distric	er for the support of c ct attorney or other p ant to the order; or						
	the order	or a plan approve	er for the support of ced by the district attor ant owed pursuant to	ney or other p the order.		y enforcing the			

	Name N/A			
	Address	dea e le l		
	Contact person			
C.		resses, dates of birth ar	nd most recent occupations of pa	rents, step-parents,
arents		retired or deceased lis	t last address and occupation.	
	Name (Maiden)		ddress	Occupation
ather				
Charles V	villiam Seik		Jefferson Ave, Washington, PA 15301	Retired
fother		*****	Dentition () Transmignori, () () () ()	10000
Dorothy N	larie Dhayer	D	eceased	
ather-in			A CONTRACTOR OF THE CONTRACTOR	
Francis K	enneth Villei		Deceased	
/lother-ir	n-Law	T		
Susanna	Georeno		Deceased	
_	Darathana and C' 1			
D.	Brothers and Sisters: List names, residence add	resses, dates of birth ar	nd most recent occupations of bro	others and sisters and c
	their respective spouses.	·	-	
	Name (Maiden)	Birth Date A	ddress	Occupation
ori Seik			Jefferson Ave, Washington, PA 15301	None
pouse V/A				
Spouse	tichard Seik		3 Longview Drive, Latrobe, PA 15650	Laborer - Brewery
Spouse	tichard Seik		3 Longview Drive, Latrobe, PA 15650 Longview Drive, Latrobe, PA 15650	Laborer - Brewery Medical Billing
Spouse Jill Seik	tichard Seik			
Spouse Jill Seik	tichard Seik			
Spouse Jill Seik	tichard Seik			
Spouse Jill Seik Spouse	tichard Seik			
Spouse Jill Seik Spouse	tichard Seik			
Spouse Jill Seik Spouse	tichard Seik			
Spouse Jill Seik Spouse Spouse	DUCATION:			
Spouse Jill Seik Spouse Spouse		Location		
Spouse Spouse A. EC	DUCATION: Name of School	Location Washington, P.	; Longview Drive, Latrobe, PA 15650 Dates Attended	Medical Billing Graduate
Spouse Spouse A. EE Gramma School ligh	Name of School Wolfedale Elementary	Washington, P.	Dates Attended A 1976-1981	Medical Billing Graduate Yes X No
Spouse Spouse Gramma School High School	Name of School Wolfedale Elementary Trinity High School	Washington, P.	Dates Attended A 1976-1981 A 1981-1990	Medical Billing Graduate Yes ☒ No ☐ Yes ☒ No ☐
Spouse Spouse Gramma School High School College	Name of School Wolfedale Elementary Trinity High School	Washington, P.	Dates Attended A 1976-1981	Medical Billing Graduate Yes X No
Spouse Spouse Spouse Gramma School High School College Universit	Name of School Wolfedale Elementary Trinity High School	Washington, P.	Dates Attended A 1976-1981 A 1981-1990	Medical Billing Graduate Yes ☒ No ☐ Yes ☒ No ☐
Spouse Spouse Spouse A. EE Gramma School High School College Universit	Name of School Wolfedale Elementary Trinity High School Duquesne University	Washington, P. Washington, P. Pittsburgh, PA	Dates Attended A 1976-1981 A 1981-1990	Graduate Yes X No T Yes X No T
Spouse Jill Seik Spouse Spouse A. EE Gramma School High School College Universit	Name of School Wolfedale Elementary Trinity High School Duquesne University	Washington, P.	Dates Attended A 1976-1981 A 1981-1990	Graduate Yes X No T Yes X No T
Spouse Jill Seik Spouse Spouse A. EE Gramma School High School College Universit Other	Name of School Wolfedale Elementary Trinity High School Duquesne University	Washington, P. Washington, P. Pittsburgh, PA PharmD	Dates Attended A 1976-1981 A 1981-1990	Graduate Yes X No T Yes X No T
Spouse Jill Seik Spouse Spouse A. EE Gramma School High School College Universit Other	Name of School Wolfedale Elementary Trinity High School Duquesne University f degree obtained, if any	Washington, P. Washington, P. Pittsburgh, PA PharmD	Dates Attended A 1976-1981 A 1981-1990	Graduate Yes X No T Yes X No T
Spouse Jill Seik Spouse Spouse A. EE Gramma School High School College Universit Other	Name of School Wolfedale Elementary Trinity High School Duquesne University f degree obtained, if any	Washington, P. Washington, P. Pittsburgh, PA PharmD	Dates Attended A 1976-1981 A 1981-1990	Graduate Yes No Yes No Yes No Yes No Yes No
Spouse Spouse Spouse A. EE Gramma School High School College Universit Other	Name of School Wolfedale Elementary Trinity High School Duquesne University f degree obtained, if any	Washington, P. Washington, P. Pittsburgh, PA PharmD	Dates Attended A 1976-1981 A 1981-1990 1990-1995	Graduate Yes No Yes Yes Yes Yes Yes Yes Yes Yes

5 MILITARY INFORMATION:

t. Have yo	ou ever served in	any armed forces?	Yes 🗆 I	No 🗷	
Branch		·····	Date of entry-acti	ve service	
Date of	separation		Type of discharge	e	
Rating	at separation	***************************************	Serial nu	mber	
While ir special	the military servi or general court r	ice were you ever arr	ested for an offense □ No □ If ves. fur	which resulted in summarnish details on page 10.	ırv action, a trial o
. Have yo	ou registered for t	he draft? Yes	⊠ No □		
County	Washington	State PA		Date registered June, 19	89
not con Have yo	i victed.) ou ever been arre	sted, detained, charg	ed, indicted or sumn	nclude those arrests in valued to answer for any of the event? (Except min	criminal offense o
Yes □	No ⊠ If yes, giv	e details in space pro	vided below. List all	cases without exception	
of Arrest	Age	Charge Location	on-City and State	Deposition/Date A	resting Agency
arrested page 10 Have you commiss. Have you Yes Have you If yes, where Have you If yes will Has any	tor in which you wanted. The ever been questiffee? Yes \(\) No busever been subposed ever been subposed ever been subposed ever had a civil when? The ever received a member of your	were named as an unstioned or deposed by the poenaed to appear or poenaed to testify for or criminal record expands or deferred paramily or of your spot	indicted co-party? \(\) \(\) a city, state, federal \(\) testify before a fede \(\) any civil, criminal or \(\) \(rned against you, but for you all or law enforcement age eral, state or county grand administrative proceeding a court order? Yes ! tate	nish details on ency, commission if jury, board or g or hearing? No 🕱
9		Relationship	Charge	Location	Date
	V117			Applicant's initial	7 R

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ No ☐ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plaintiff	4-25-16	A-16-735593-B	District Court Clark County, Las Vegas, NV	Settled 5-17-2017
		11		

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes 🗵 No 🗆 If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
One Way Drug, LLC	Limited Liability Corporation	Filed 4-25-16, settled 5-17-2017

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
April 2011 to present	Laramie Ave	Las Vegas	NV
June 2010 to April 2011	3930 Spencer Street	Las Vegas	NV
Nov 2005 to April 2011	10639 Sweet Lily Court	Las Vegas	NV
June 2003 to Nov 2005	4439 Weitzman Place	Las Vegas	NV
June 2000 to June 2003	10537 Canon Perdido St	Las Vegas	NV
April 1999 to June 2000	3749 Tohono Canyon St	Las Vegas	NV
April 1997 to April 1999	2151 N. Green Valley Pkwy	Henderson	NV
1994 to 1997	3180 Jefferson Ave	Washington	PA

Applicant's initial...

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Partell Specialty Pharmacy 5835 S. Eastern Ave., Suite 101, Las V. Name/Mailing Address of Employer/Business	egas, NV 89119 28,000 Number of Employed Hours
000 0 0 0		realiser of Employed Flours
CEO - Owner - Pharmacist Title	Fill and validate prescriptions, consult patients, compounding Description of Duties	N/A
1110	Description of Duties	Name of Supervisor
April 1997 to June 1999	Walgreens, Las Vegas, NV	4000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Fill and validate prescriptions, consult patients	, ,
Title	Description of Duties	George Flaherty Name of Supervisor
		Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
	•	The state of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
-	10.7	
itle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
itle	Description of Duties	Name of Supervisor
fonth and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
	and a second sec	Number of Employed Hours
itle	Description of Duties	Name of Supervisor
Nonth and Year	Name/Mailing Address of Employer/Business	Alimaka and the state
Total and Four	Name/Mailing Address of Employer/Business	Number of Employed Hours
itle	Description of Duties	Name of Supervisor
		Name of Supervisor
Nonth and Year	Name/Mailing Address of Employer/Business	
TOTAL AND TEST	Name/Mailing Address of Employer/Business	Number of Employed Hours
itle	Description of Duties	Name of Supervisor
	W	Table of Capation
Nonth and Year	Name/Mailing Address of Employer/Business	Number of Egypta and 11
·		Number of Employed Hours
itle	Description of Duties	Name of Supervisor
	•	. Taile of GupGI VISUI

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

	employer or employed	Street	City	State	Zip	Telepho	ne	Years Kn	own
ame_M	lichael Wolfe	Home	Clark Way,	Tustin, CA	92782			6	
nployer	. Self	Business	MarketingDNA						Legg
	Cesar Maurtua	Home	' Robertson	Ave, Sacran	nento, CA 95821			10	
nployer	- Self	Business	Physician		عالم ليرال				
ame	Takashi Upshur	Home	Sergeant .	Jordan Ave, I	N Las Vegas, NV 89031			10	
nployer	ASP Cares	Business	501 S Rancho	Drive, Las V	egas, NV 89106				
ame '	Josah Gadan	Home	Meadowhawl	k Lane, Las \	Vegas, NV 89135			22	
mployer	r Self	Business	Planet Fitness,	7250 Arroyo	Crossing Pkwy, Las Ve	gas, NV 89113		t	
ame	Andrew Sternfield	Home) W Palmetto	o Pkwy, Unit	203-C, Boca Raton, FL	33432		10	
mployer	PTC Therapeutics	Business	100 Coroprate (Ct., South Pla	ainfield, NJ 07080				
ox Num	ber or Type of Depos	sitory	Locatio	n	City and State		Authorized User	S	
	the section of the se);
	· ·					4 10	A STATE OF THE STA		
	· · · · · · · · · · · · · · · · · · ·			1013			202	-l - 1	
11.	Have you ever	held a privile	ged, occu	pational	or professiona	ıl license ir	any state, incl	uding but r	not limited (
	the following: Liquor	Lawyer	Race	horse/r	ace dog owner		Securities de	ealer	Insurance
	the following:	Lawyer Contractor	Race Real	horse/r estate b	ace dog owner proker or salesr		Securities de Barber/Cosm	ealer netologist	Insurance Gaming
	the following: Liquor Doctor Accountant Yes 🗵 No 🗆	Lawyer Contractor Pilot	Race Real Sport	horse/r estate b	ace dog owner proker or salesr		Securities de	ealer netologist	Insurance
11.	the following: Liquor Doctor Accountant	Lawyer Contractor Pilot e, where and	Race Real Sport	horse/r estate b s promo	ace dog owner proker or salesi oter		Securities de Barber/Cosm	ealer netologist	Insurance Gaming
11. Tex	the following: Liquor Doctor Accountant Yes 🗵 No 🗆 If yes, state typ	Lawyer Contractor Pilot e, where and	Race Real Sport I years held pharmac	horse/r estate b s promo	ace dog owner proker or salesi oter years		Securities de Barber/Cosm	ealer netologist	Insurance Gaming
11. Tex	the following: Liquor Doctor Accountant Yes ☒ No ☐ If yes, state typ xas License #60′	Lawyer Contractor Pilot e, where and	Race Real Sport I years held pharmac	horse/r estate b s promo	ace dog owner proker or salesi oter years		Securities de Barber/Cosm	ealer netologist	Insurance Gaming
11. Tex	the following: Liquor Doctor Accountant Yes ☒ No ☐ If yes, state typ xas License #60′	Lawyer Contractor Pilot e, where and	Race Real Sport I years held pharmac	horse/r estate b s promo	ace dog owner proker or salesi oter years		Securities de Barber/Cosm	ealer netologist	Insurance Gaming
11.	the following: Liquor Doctor Accountant Yes No If yes, state type yas License: Have you ever	Lawyer Contractor Pilot e, where and 106 - licensed #15075 - lice	Race Real Sport I years held pharmace Insed pharmace city, coun	horse/restate best promoted ld clist - 2 y	race dog owner proker or salesi pter years s - 4 years ate business, v	man enture or ir	Securities de Barber/Cosm Trainer or ma	ealer netologist anager or held a fi	Insurance Gaming Educator
11.	the following: Liquor Doctor Accountant Yes No If yes, state type yas License: Have you ever interest in a lice	Lawyer Contractor Pilot e, where and 106 - licensed #15075 - lice applied for a	Race Real Sport I years held pharmace Insed pharmace city, counters or indu	horse/restate kes promoted ld clist - 2 yearmacists	race dog owner proker or sales poter years s - 4 years ate business, verses	man 	Securities de Barber/Cosm Trainer or mandatre de la commentation de la	ealer netologist anager or held a fi	Insurance Gaming Educator
11.	the following: Liquor Doctor Accountant Yes No If yes, state type yas License: Have you ever	Lawyer Contractor Pilot e, where and 106 - licensed #15075 - lice applied for a ensed busine e, when and ames and ad	Race Real Sport I years held pharmace insed pharmace city, counters or indu- where and	horse/restate best promoted to the state best pr	race dog owner proker or sales poter years s - 4 years ate business, verification of the standard occurrence oc	enture or ir	Securities de Barber/Cosm Trainer or mandustry license da? Yes businesses in	ealer netologist anager or held a fi which you	Insurance Gaming Educator
11.	the following: Liquor Doctor Accountant Yes No If yes, state typ xas License #60° braska License: Have you ever interest in a lice If yes, state typ involved, the na	Lawyer Contractor Pilot e, where and 106 - licensed #15075 - lice applied for a ensed busine e, when and ames and ad	Race Real Sport I years held pharmace insed pharmace city, counters or indu- where and	horse/restate best promoted to the state best pr	race dog owner proker or sales poter years s - 4 years ate business, verification of the standard occurrence oc	enture or ir	Securities de Barber/Cosm Trainer or mandustry license da? Yes businesses in	ealer netologist anager or held a fi which you	Insurance Gaming Educator
11.	the following: Liquor Doctor Accountant Yes No If yes, state typ xas License #60° braska License: Have you ever interest in a lice If yes, state typ involved, the na	Lawyer Contractor Pilot e, where and 106 - licensed #15075 - lice applied for a ensed busine e, when and ames and ad	Race Real Sport I years held pharmace insed pharmace city, counters or indu- where and	horse/restate best promoted to the state best pr	race dog owner proker or sales poter years s - 4 years ate business, verification of the standard occurrence oc	enture or ir	Securities de Barber/Cosm Trainer or mandustry license da? Yes businesses in	ealer netologist anager or held a fi which you	Insurance Gaming Educator
11.	the following: Liquor Doctor Accountant Yes No If yes, state typ xas License #60° braska License: Have you ever interest in a lice If yes, state typ involved, the na	Lawyer Contractor Pilot e, where and 106 - licensed #15075 - lice applied for a ensed busine e, when and ames and ad	Race Real Sport I years held pharmace insed pharmace city, counters or indu- where and	horse/restate best promoted to the state best pr	race dog owner proker or sales poter years s - 4 years ate business, verification of the standard occurrence oc	enture or ir	Securities de Barber/Cosm Trainer or mandustry license da? Yes businesses in	ealer netologist anager or held a fi which you	Insurance Gaming Educator
11.	the following: Liquor Doctor Accountant Yes No If yes, state typ xas License #60° braska License: Have you ever interest in a lice If yes, state typ involved, the na	Lawyer Contractor Pilot e, where and 106 - licensed #15075 - lice applied for a ensed busine e, when and ames and ad	Race Real Sport I years held pharmace insed pharmace city, counters or indu- where and	horse/restate best promoted to the state best pr	race dog owner proker or sales poter years s - 4 years ate business, verification of the standard occurrence occurrence of the standard occurrence occ	enture or ir	Securities de Barber/Cosm Trainer or mandustry license da? Yes businesses in	ealer netologist anager or held a fi which you	Insurance Gaming Educator

14.	participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ No 🕱
15.	Have you or any person with whom you have been a participant in any group been the sadministrative action or proceeding relating to the pharmaceutical industry?	ubject of an Yes □ No 🕱
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?	found guilty, plead scription drugs and/or Yes □ No 図
17.		ndered a license, herwise (other than Yes □ No ⋈
18.	Do you have any relatives within the fourth degree of consanguinity associated with or en pharmaceutical or drug related industry?	mployed in the Yes □ No ⊠
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes ⊠ No □
20.	Will you be employed fulltime with the pharmacy or wholesaler?	Yes ⊠ No □
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes ⊠ No □
		Λ
nefi50v	Applicant's initial	RAS 1

, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of

JAVIER A. BERBEY Votary Public - State of Nevada County of Clark My App. Expires Jan. 9, 2020

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial...



April 30, 2019

Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy, Suite 206 Reno, NV 89521



RE: Application for Designated Representative

Good Afternoon,

We sent a package containing documents to transfer owndership of Sunrise Pharmacy to me but the first page of the Application to be the Designated Representative was filled out incorrectly with our pharmacy information instead of the Sunrise Pharmacy information.

We have corrected it and have enclosed it herewith.

Please let us know if there is anything else that we need to do at this time.

Thank you,

Robert Seik

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4-25-2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

	Retail Pharmacy					
2560 E. Sun	set Rd #102, Las	Vegas, NV 891	of License			
Sunrise Phar	macy, LLC Name an	d Address of Establishr	nent for Which Licens	e Is Requested		
		f applicable, Name Und	*********************			
			o	Jerace		
1. PERSONAL Seik	INFORMATION:	Robert		Al		
Last Name		First Name)	Alan Middle Nar	ne	
Aller (Alleler Alleler			· · · · · · · · · · · · · · · · · · ·			
Alias(es, Nicknames, I	Maiden Name, Other Name	Changes, Legal or Oth	ierwise)			
.aramie Ave			as Vegas		NV 89113	
Present Residence Ad	dress-Street or RFD	C	City	5	State/Zip	
	uite 101, Las Vegas, NV 89119	Dates June 2013 to	present			
Present Business Add		(City	(State/Zip	
CEO - Owner - Partell P	Pharmacy	Dates April 2005 to p	resent			
Occupation				Phone: Residence	-	
				Business	702-791-3800	
Date of Birth		Washington Washington C				
Date of Billi		Place of Birth (City, C	ounty, State)	,		
47					Male	
Age	Social S	ecurity Number			Sex	
Blue	Brown	Fair	185	Medium	5'9"	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	
Scars, tattoos or d	listinguishing marks a	nd/or characteristic	CS Greek letter tatooe	d on upper left thigh,	Phi Delta Chi	
Are you a citizen c	of the United States?	Yes⊠ No □ I	alien, registratio	n No		*****
If naturalized, cert	ificate No		Date			
Place	***************************************		(If natural	lized, documen	t must be verified.)	
2. MARITAL INF	FORMATION:					
Single □ Mar	ried 🗵 Separated	l □ Divorced	□ Widowed	□ Engage	d \square	
				Applicant's i	nitial ///	Page

Α.	Current Marriage	1-11-2015			Las Vegas, C	ark, NV	
	Spouse's full name (Mai	Date			City, Count	ark, NV	
	Date of Birth						
	Resident address	Street		Las Vegas City	State	89113 Zip	********
	Telephone: Residence			Business			
	Spouse's employerN/A		(Occupation N/	Α		
	Address of employer	Street		City	State	7in	
В. Р	revious Marriages: If eve					p	
	Date of	Order	Date of Place	Nature		ity	
<u>Name</u>	of Spouse or De	cree	of Marriage	Actio	on C	ounty and State	
N/A							
	List of names, current ac	idress and tele	ephone numbers o		uses:		Today Francisco
	Name	Street	City	State	Z	ip Telephone	
N/A							
	notalist topos ligo						
2 5	AMILY INFORMATION:						
A.	Children and Depende						
	<u>List all children, inc</u> Name	luding step-ch Birth Date	ildren and adopted Birth Place	children and o	ive the follo		<u>n:</u>
Char	les Valor Seik	ą.	Las Vegas, N\	/	aramie Av	∕e, Las Vegas	s, NV 89113
Sam	uel Keen Seik	· ·	Las Vegas, N\	/ Li	aramie Av	e, Las Vegas	 s, NV 89113
	2044 - 20 May - 1944 -			_			
В.	Child Support Information	tion:					
	Please mark the		esponse:				
	🛚 I am not subj	ect to a court	order for the suppo	rt of child.			
	plan approve	d by the distri	er for the support of ct attorney or other ant to the order; or				
	the order or a	a plan approve	er for the support of ed by the district att ant owed pursuant t	orney or other othe other.		ncy enforcing the	
				,	hhiiraiit 2 i	intial	Page 2

		agency responsible for en		
	Name N/A			
	Address			
	Contact person			
		dresses, dates of birth and	d most recent occupations of pare	nts, step-parents,
arents-		f retired or deceased list	last address and occupation.	
	Name (Maiden)		dress	Occupation
ather				
harles Mi	illiam Seik		Leffer A. Marier B. Barrer	0/ .
other	main oek		Jefferson Ave, Washington, PA 15301	Retired
orothy Ma	arie Dhayer	Dec	ceased	
ather-in-l			Acaseu	
rancis Koi	nneth Villei	Dec		
other-in-		Dec	ceased	
Susanna (Georeno	Dec	ceased	
			Jeaseu .	
	Brothers and Sisters:		_	
	List names, residence add their respective spouses.	resses, dates of birth and	I most recent occupations of broth	ners and sisters and o
	Name (Maiden)	Birth Date Add	Iress	Occupation
ori Seik			Jefferson Ave, Washington, PA 15301	None
oouse		9	ochelsell Ave, vazslington, i A 1990 i	None
/A				
harles Ric	chard Seik	*	Longview Drive, Latrobe, PA 15650	Laborer - Brewery
pouse II Seik			Longview Drive, Latrobe, PA 15650	84-41-4 (200)
			Longview Drive, Earlube, PA 13030	Medical Billing
101100				
ouse				
ouse				
, I - I -				
, I - I -				
, I - T ;				
oouse	JCATION:			
oouse		Location	Dates Attended	Graduata
oouse 1. EDU	JCATION: Name of School Wolfedale Elementary	Location Washington, PA	Dates Attended 1976-1981	Graduate
4. EDL	Name of School Wolfedale Elementary			Graduate Yes ⊠ No □
ammar	Name of School			
ammar chool gh	Name of School Wolfedale Elementary	Washington, PA	1976-1981	Yes ☒ No ☐
ammar chool gh chool ollege	Name of School Wolfedale Elementary Trinity High School	Washington, PA	1976-1981 1981-1990	Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐
4. EDU	Name of School Wolfedale Elementary Trinity High School Duquesne University	Washington, PA Washington, PA Pittsburgh, PA	1976-1981 1981-1990	Yes ☒ No ☐
rammar chool ggh chool ollege niversity	Name of School Wolfedale Elementary Trinity High School Duquesne University	Washington, PA	1976-1981 1981-1990	Yes 🗵 No 🗆 Yes 🗵 No 🗆 Yes 🗵 No 🗆
rammar chool igh chool ollege niversity ther	Name of School Wolfedale Elementary Trinity High School Duquesne University	Washington, PA Washington, PA Pittsburgh, PA PharmD	1976-1981 1981-1990	Yes 🗵 No 🗆 Yes 🗵 No 🗆 Yes 🗵 No 🗆
rammar chool igh chool ollege niversity ther	Name of School Wolfedale Elementary Trinity High School Duquesne University degree obtained, if any	Washington, PA Washington, PA Pittsburgh, PA PharmD	1976-1981 1981-1990	Yes 🗵 No 🗆 Yes 🗵 No 🗆 Yes 🗵 No 🗆
rammar chool gh chool ollege niversity ther	Name of School Wolfedale Elementary Trinity High School Duquesne University degree obtained, if any	Washington, PA Washington, PA Pittsburgh, PA PharmD	1976-1981 1981-1990	Yes No D Yes No D Yes No D Yes No D

5 MILITARY INFORMATION:

	Branch		Date of entry-active	service	
	Date of separation		Type of discharge		
	Rating at separation		Serial numb	er	
	While in the military service special or general court regardless of where they	martial?	er arrested for an offense wh Yes □ No □ If yes, furnis n or domestic.)	nich resulted in sun sh details on page	nmary action, a trial or 10. (List all incidents
B.	Have you registered for	the draft?	Yes ⊠ No □		
	County Washington	State	PA Dat	e registered June	, 1989
6. A A.	not convicted.) Have you ever been arreviolation for any reason	ested, detained, whatsoever, rega	ND ARBITRATIONS: (Inclination of the provided below. List all care	ned to answer for a the event? (Except	any criminal offense or minor traffic citations.
ate of	Arrest Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
В.	arrested or in which you page 10.	were named as	complaint ever been returned an unindicted co-party? Yes	s 🗆 No 🖸 If yes	
C. D. E. F.	or committee? Yes Have you ever been sub commission? Yes N Have you ever been sub Yes No Have you ever had a cive of yes, when? Have you ever received If yes when? Has any member of you	No © ppoenaed to app o © poenaed to test ril or criminal recar a pardon or defeated in the property of your family or of your poenaed to the property of your poenaed to be proposed in the property of your poenaed to be proposed in the property of your property or propert	ear or testify before a federal of the sear or testify before a federal fify for any civil, criminal or accord expunged or sealed by a city, county and state erred prosecution for any criminal city, county and state ir spouse's family ever been ons (B through H) is yes, fur	dministrative proce a court order? Yes te minal offense? Yes te convicted of a felo	eding or hearing? No © No © No © No ©
D. E. F. G.	or committee? Yes Have you ever been sub commission? Yes N Have you ever been sub Yes No Have you ever had a cive of yes, when? Have you ever received If yes when? Has any member of you	No © popoenaed to app o © popoenaed to test of criminal record a pardon or defeat of the above questing popoenaed to test opposite the above questing popoenaed to app oppoenaed to the above questing popoenaed to app oppoenaed to app oppoenaed to test oppoe	ear or testify before a federal fify for any civil, criminal or accord expunged or sealed by a city, county and state erred prosecution for any criminal city, county and stater spouse's family ever been ons (B through H) is yes, fur	dministrative proce a court order? Yes te minal offense? Yes te convicted of a felo nish details on pag	rand jury, board or eding or hearing? ☐ No ᡌ ☐ No 忆 ☐ No 忆 ☐ No 忆 ☐ Ony? Yes ☐ No 忆 e 10.
D. E. F.	or committee? Yes Have you ever been sub commission? Yes N Have you ever been sub Yes No Have you ever had a cive of yes, when? Have you ever received If yes when? Has any member of you	No © ppoenaed to app o © poenaed to test ril or criminal recar a pardon or defeated in the property of your family or of your poenaed to the property of your poenaed to be proposed in the property of your poenaed to be proposed in the property of your property or propert	ear or testify before a federal ify for any civil, criminal or accord expunged or sealed by a city, county and sta erred prosecution for any crity city, county and sta ur spouse's family ever been	dministrative proce a court order? Yes te minal offense? Yes te convicted of a felo	rand jury, board or eding or hearing? ☐ No ᡌ ☐ No ᡌ ☐ No ᡌ ☐ No ᡌ ☐ No 忆 ☐ No 忆 ☐ No 忆 ☐ No 忆

I.	Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a
	part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
	Yes ☒ No ☐ (Other than divorces)
	If yes, give details below. List all cases without exception, including bankruptcies:

Date Filed	Number	City, County and State	Disposition/Date
4-25-16	A-16-735593-B	District Court Clark County, Las Vegas, NV	Settled 5-17-2017

_		A 46 725500 D	A 46 705700 P

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes 🗵 No 🗌 If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
One Way Drug, LLC	Limited Liability Corporation	Filed 4-25-16, settled 5-17-2017

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
April 2011 to present	⁷ Laramie Ave	Las Vegas	NV
June 2010 to April 2011	3930 Spencer Street	Las Vegas	NV
Nov 2005 to April 2011	10639 Sweet Lily Court	Las Vegas	NV
June 2003 to Nov 2005	4439 Weitzman Place	Las Vegas	NV
June 2000 to June 2003	10537 Canon Perdido St	Las Vegas	NV
April 1999 to June 2000	3749 Tohono Canyon St	Las Vegas	NV
April 1997 to April 1999	2151 N. Green Valley Pkwy	Henderson	NV
1994 to 1997	3180 Jefferson Ave	Washington	PA

Applicant's initial

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

April 2005 to present	Partell Specialty Pharmacy 5835 S. Eastern Ave., Suite 101, Las Vegas, NV 8	9119 N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO - Owner - Pharmacist	Fill and validate prescriptions, consult patients, compounding	N/A
Title	Description of Duties	Name of Supervisor
April 1997 to June 1999	Walgreens, Las Vegas, NV	Owner Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Staff Pharmacist	Fill and validate prescriptions, consult patients	George Flaherty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

ame of	Where Employed	Street	City State Zip	Telephone	Years K	nown
lame ^N	fichael Wolfe	Home	Clark Way, Tustin, CA 92782		6	
mployer	- Self	Business	MarketingDNA			
	Desar Maurtua	Home	/ Robertson Ave, Sacramento, CA 95821		10	
mployer	- Self	Business	Physician			
lame	Takashi Upshur	Home	Sergeant Jordan Ave, N Las Vegas, NV 89031		10	
mployer	ASP Cares	Business	501 S Rancho Drive, Las Vegas, NV 89106			
lame	Josiah Garlan	Home	Meadowhawk Lane, Las Vegas, NV 89135		22	
mployer	Self	Business	Planet Fitness, 7250 Arroyo Crossing Pkwy, Las Vegas,	NV 89113		
lame	Andrew Sternfield	Home	W Palmetto Pkwy, Unit 203-C, Boca Raton, FL 3343;	2	10	
mployer	PTC Therapeutics		100 Coroprate Ct., South Plainfield, NJ 07080			
ox Num	person's deposit	e the following		Authorize	ed Users	
11.	Have you ever h	neld a privileo	ed. occupational or professional lic	ense in any state	including but r	not limited
11.	the following: Liquor Doctor Accountant Yes 🗵 No 🗆	Lawyer Contractor Pilot	ed, occupational or professional lic Race horse/race dog owner Real estate broker or salesmar Sports promoter	Securit Barber/	e, including but r ies dealer 'Cosmetologist or manager	Insurance Gaming
	the following: Liquor Doctor Accountant Yes ☒ No ☐ If yes, state type	Lawyer Contractor Pilot e, where and y	Race horse/race dog owner Real estate broker or salesmar Sports promoter years held	Securit Barber/	ies dealer Cosmetologist	Insurance Gaming
Tex	the following: Liquor Doctor Accountant Yes ⊠ No □ If yes, state type as License #601	Lawyer Contractor Pilot e, where and y 06 - licensed	Race horse/race dog owner Real estate broker or salesmar Sports promoter	Securit Barber/	ies dealer Cosmetologist	Insurance
Tex	the following: Liquor Doctor Accountant Yes ⊠ No □ If yes, state type as License #601	Lawyer Contractor Pilot e, where and y 06 - licensed	Race horse/race dog owner Real estate broker or salesmar Sports promoter years held pharmacist - 2 years	Securit Barber/	ies dealer Cosmetologist	Insurance Gaming
Tex Neb	the following: Liquor Doctor Accountant Yes No If yes, state type as License #6010 raska License # Have you ever a interest in a licen If yes, state type	Lawyer Contractor Pilot e, where and y 06 - licensed 15075 - licen applied for a consed businesse, when and wo	Race horse/race dog owner Real estate broker or salesmar Sports promoter years held pharmacist - 2 years	Securit Barber/ Trainer Trainer re or industry lice f Nevada? Yes [s of the business	ies dealer Cosmetologist or manager ense or held a fi	Insurance Gaming Educator

13.	any reason whatsoever? Yes □ No ⊠
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupation or professional activity? Yes ☐ No ☒
If yes t	to the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No ☒
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and controlled substances? Yes □ No ☑
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes □ No ☑
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No ☑
********	Date of photograph 4/25/2019 Applicant's initial

COUNTY OF Clark

, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 21 day of

April 2019 by Robert Alan Seit

SERGIO CAMARGO Notary Public State of Nevada No. 18-2022-1 My Appt. Exp. April 23, 2022

(seal)

Applicant's initial

ADDITIONAL INFORMATION

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	:
	•••
	•••
<i>i</i>	

Applicant's initial Page 10

13G

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR NEVADA 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 curred Check box below for type of ownership and complete all recorporation or Partnership. ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a GENERAL INFORMATION to be completed by all to the complete of the c	equired forms. **If LLC use Non Public Partnership - Pages 1,2,6,10,11a&b Sole Owner - Pages 1,2,8,10,11a&b
Pharmacy Name: Vegas Pharma LLC	
Physical Address: 2121 E. Flamingo	Rd. Svite 216
City: Las Vegas State:	Zip Code:89\\9
Telephone:Fax:	
Toll Free Number:E-ma	
Website:	
Managing Pharmacist: ASWRY 150M	License Number: 17655
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ Retail	☐ ☑ Off-site Cognitive Services
☐ ☐ Hospital (# beds)	☐ ☑ Parenteral
□ □ Internet	☐ ☐ Parenteral (outpatient)
□ □ Nuclear	☐ ☑ Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	☐ ☑ Mail Service
☐ ☐ Community	
□ ☑ Other:	☐ Sterile Compounding
All become	☐ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding
For the application to be complete	□ Other Services:

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the la	st five (5) years:
---------------	-----------	-----------

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No ☑
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes □ No ☑
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes 🗆 No 🗹
Cobies	answer to question 1 through 5 is "yes", a signed statement of explanation man an order, agree ition may be required.	nust be attached. ement, or other
conec	by certify that the answers given in this application and attached documentated. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this pe	ing the
I have under correct employ backgr	read all questions, answers and statements and know the contents thereof, penalty of perjury, that the information furnished on this application are true, i. I hereby authorize the Nevada State Board of Pharmacy, its agents, serve yees, to conduct any investigation(s) of the business, professional, social and ound, qualification and reputation, as it may deem necessary, proper or despite the signature of Person Authorized to Submit Application, no copies or stamp	I hereby certify, accurate and ants and id moral sirable.
	Jse Only Date Processed: Amount: 600.0	0

APPLICATION FOR NEVADA PHARMACY LICENSE

he owner.			
Owner's Name: Jeremy Delk			
Business Name: Vegas Pharmal	LC		
Current Business Address: 2121 E Flamin	go Rd ?	Suite 2	6
city: Las Vegas State: NV	Zip Code:	39119	
Telephone: Contact Ashley Tsovn Fax	«:		
ist any physician shareholders and percentage of owners	hip.		
Name: NA		%:	
Name:			
Name:		%:	
Name:		%:	
Hours of Operation for the pharmacy:			
Monday thru Friday <u> </u>	Saturday	am	pm
Sundayampm	24 Hours	<u>.</u>	
A Nevada business license is not required, however if the license please provide the number: 人しょう「「		Nevada busines	SS
Note: Owner intends for			/
to provide on-call service	e afte	r hours	
to provide on-call service Pendring increasing busin	ess hou	ors of	operation
may increase.			

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

1. Ashley Isom
Responsible Person of Vegas Pharma LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s)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's, any owner(s), shareholder(s) or partner(s) 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.
Original Signature of Person Authorized to Submit Application, no copies or stamps
- Ashley Isom 4/15/19
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name:	AshleyIson	License #: 17655
Pharmacy Name: _	Vegas Pharma LLC	

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.	ie? 🏹	
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		
2. been the subject of a board citation or an administrative action whether completed or pendir	ng	
in any state?		
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any		
state?	\bigcirc	
If you marked YES to any of the numbered questions above, please include the following inform	nation	
Board Administrative Action: State: Date: 114 2016 Case #:	11	
And/or Criminal Action: State: \sqrt{A} Date: \sqrt{A} Case #: \sqrt{A}	1/4	
County Court: N/A	// \	

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

Ashley Isom

Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

FDate 4/15/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

withdrawn without the permission of the licensing agency.
Application for non-sterile composition phermacy of Wholesaler Dremmacy of Wholesaler Dremm
Name and Address of Business for Which Designated Representative is Requested.
If applicable, Name Under Which It Is Now Operated
1. PERSONAL INFORMATION: 1. SO IM Last Name A SHIET CHRISTINE Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Band Diber Village Way, Henderson NV 89012 Present Residence Address-Street or AFD 11732 CDV State/Zip Since 01/2019
6280 S. Valley View Dates Las Veges NJ 99118 Present Business Address City Sance 09/2617 State/Zip
Prosent Position with the Pharmacy or Wholesaler Phone:
Residence
Date of Birth Place of Birth (City, County, State)
42 Age Social Security Number Sex
Age Social Security Number Sex
Hazel blonde fair #120 medium 5'3"
Color of Eyes Color of Hair Complexion Weight Build Height
Scars, tattoos or distinguishing marks and/or characteristics Firthwork on Left open arm, tattoo on rightalest foreasm + 5 houldes
Are you a citizen of the United States? Yes∕⊡ No □ If alien, registration No
If naturalized, certificate No N/A Date
Place // /A (If naturalized, document must be verified.)
2. MARITAL INFORMATION:
Single □ Married 1 Separated □ Divorced □ Widowed □ Engaged □
Applicant's initial

A Current Marriage	MARIT	AL INFORMATION-Continued
Date of Birth Place of Birth Ceder City UT Resident address Street Service State Sta	A.	Current Marriage 1/2/2015 Revo, Washoe 111
Resident address		Spouse's full name (Maiden) Stephen Gart Tsour S.S. No.
Telephone: Residence TOD 384 927 Business Saul CP TOD 91 - 136 Spouse's employer DR - DUMONARY Relepocupation Physical That and Solution Address of employer Bull Spouse State City All Solite Bull State Bull Spouse State City All Solite Bull State Bull State Bull Spouse State City All Solite Bull State Bull Spouse State City All Solite Bull State City All State Country and State Country and State Country and State Country and State City All Clark City State Bull Spouse City State Cit		Date of Birth Place of Birth Cedar City UT
Spouse's employer		Resident address Sand Diper Lillage Wary Handorson NV Street
Address of employer Street 5.5. Eastern State 1. Scite B. Ly State 1. State		Telephone: Residence 702-884-4277 Business Same 02 702-914-136
B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: Name of Spouse		Spouse's employer CORF-PULMONARY Rolaboccupation Physical Thatapy Assistant
Date of Order Date of Place Nature of City County and State Storentsow 29 fb 2000 married IV, AV Clark (t Storentsow 04 19 2007 divorced IV, AV Clark (t Storentsom 04 19 2007 divorced IV, AV Clark (t Storentsom 10 10 20 20 15 morned Reno, AV (v) achoe) List of names, current address and telephone numbers of previous spouses: Name Street Remarking State Storentsom Street Remarking State Storentsom Street Remarking State Storentsom Street Remarking State Storentsom A Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Strip Place Residence Address NA B. Child Support Information: Please mark the appropriate response: [X] I am not subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the preer for the preparament of the amount oved pursuant to the prefer.		Address of employer 8655 S. Eastern AJ, Suite BLV, AJ, 89123
Name of Spouse or Decree of Marriage Action County and State Stephentsown 99 to 2000 married 14 AV (Clark (the Stephen Isom 04/19/2007 divorced 14 AV (Clark (the Stephen Isom 04/19/2007 divorced 14 AV (Clark (the Stephen Isom 01/02/2015 married Reng NV (v) actioned) List of names, current address and felephone numbers, of previous socueses: Name as aboute—Remarried Site phant Isom Street City State Zin Telephone Same as aboute—Remarried Site phant Isom A Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Strip Place Residence Address NA B. Child Support information: Please mark the appropriate response: (In a mot subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or	B. Pr	evious Marriages: If ever legally separated, divorced, or annulled, indicate below:
Stephen Isom 04/19/2007 divorced 14 AV (Clark (the Stephen Isom 04/19/2007 divorced 14 AV (Clark (the Stephen Isom 01/2) 20/5 Married Rena, NV (Washoe) List of pames, current address and lelephone numbers, of previous sociuses: Name Street City Stele Zio Telephone Same as above — Remarried Stephen Isom Same as above — Remarried Stephen Isom Birth Place Residence Address Name Birth Date Birth Place Residence Address NA B. Child Support Information: Please mark the appropriate response: (X) I am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or	Name c	
Stephen Isom 04/19/2007 divorced V NV (Clark Cit Stephen Isom 01/02/2015 married Reno, NV (L)achoe) List of names, current address and felephone numbers, of previous spouses: Name Street City State Zip Telephone Same as above — Remarried Site phan Isom 3. FAMILY INFORMATION: A. Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address N.A. B. Child Support Information: Please mark the appropriate response: [IZ I am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or	54	T 0 20/0/
List of names, current address and telephone numbers, of previous spouses: Name Sirest City State Zip Telephone Some as above — Remarried Stephon ISS A Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address NA B. Child Support Information: Please mark the appropriate response: [X] I am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or	5t	
Street City State Zip Telephone 5ame res abote — Remarried Stephan Isom 3. FAMILY INFORMATION: A. Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Burth Date Blith Place Residence Address A. Child Support Information: Please mark the appropriate response: [V. I am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or	51	ephon Isom 01/02/2015 married Reno NVC wigshool
Street City State Zip Telephone 5ame res abote — Remarried Stephan Isom 3. FAMILY INFORMATION: A. Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Burth Date Blith Place Residence Address A. Child Support Information: Please mark the appropriate response: [V. I am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or		List of names, current address and telephone numbers of previous spouses:
3. FAMILY INFORMATION: A. Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address B. Child Support Information: Please mark the appropriate response: [List all children, including step-children and adopted children and give the following information: Please mark the appropriate response: [List all children, including step-children and adopted children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.		Name Street City State Zip Telephone
A. Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Burth Date Burth Place Residence Address NA B. Child Support information: Please mark the appropriate response: [In am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.	_5a	me as above - Remarried Stephen Isom
A. Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address NA B. Child Support information: Please mark the appropriate response: [In am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or		
A. Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address NA B. Child Support information: Please mark the appropriate response: [In am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or		
B. Child Support Information: Please mark the appropriate response:	_	
B. Child Support Information: Please mark the appropriate response: I am not subject to a court order for the support of child. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.	·	List all children, including step-children and adopted children and give the following information:
Please mark the appropriate response: Image: am not subject to a court order for the support of child. Image: am not subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or Image: amount owed pursuant to the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.	N	130-001-07-7-01-00-0
Please mark the appropriate response: Image: am not subject to a court order for the support of child. Image: am not subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or Image: amount owed pursuant to the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.		
Please mark the appropriate response: Image: am not subject to a court order for the support of child. Image: am not subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or Image: amount owed pursuant to the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.		
 □ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or □ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. 	В.	
plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.		☑ I am not subject to a court order for the support of child.
the order or a plan approved by the district attorney or other public agency enforcing the order for		plan approved by the district attorney or other public agency enforcing the order for the repayment
· ONO L		the order or a plan approved by the district attorney or other public agency enforcing the order for

Pistrict attorney or public agency responsible for enfercing the ability and a state of the stat	726
District attorney or public agency responsible for enforcing the child support order: Name	
Address	
Contact person	
C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	
parents-	
in-law or legal guardian. If retired or deceased, list last address and occupation. Name (Maiden) Birth Date Address Occupation	
Occupation Occupation	
deceased (deceased)	
Mother Constance Forbes , sandpiper Retired	
Father-in-Law Cornell Villago Way Hendorson 82012	
Garth Ison washington, UT 84780 Retired	1 1
Mother-in-Law T Superintend	and
0,4797	_
tome in a ke	1
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.	
Name (Maiden) Birth Date Address Occupation	
Brother: Jason Aloia. I carlsbad, CA for Service No	w
Sit Til Deanne Herbourn Almin Lonicera ST	•
Sister InLaw: Deanner Hodgerson - Alvia Carlsbod CA Grapic Artist	
√ 1/ △	
Spouse	
Spouse	
Sportse ————————————————————————————————————	
4. EDUCATION:	
Name of School Location Dates Attended Graduate	
School Pat Viskin Flementary Lasteras My 1985-1987 VONT HOLD	
School Las Vegres Acadamy 1 (25) (27)	
College 1) USN University to Neils to Las leas 20062008	
2)() NIV () (Now Roseman) Hewady Son, NV 500 Yes & NO L	
310NLV University of Newsda, Las Vegas 2000-2003 Yes V No []	
Type of degree obtained, if any property and a respect of the same	FY
College or university where obtained Sec above 3	
$I = I \cap I$	

Applicant's initial Page 3

A.	Have you ever served in any armed forces? Yes ☐ No 🕱
	Branch Date of entry-active service
	Date of separation Type of discharge
	Rating at separation Serial number
	While in the military service were you ever arrested for an offense which resulted in summary action, a trial of special or general court martial? ✓ Yes □ No □ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)
B.	Have you registered for the draft? ₩ Yes □ No □
	County A State N A Date registered N A
6. A	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you was
A.	Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations. Yes No X If yes, give details in space provided below. List all cases without exception.
Date of	Arrest Age Charge Location-City and State Deposition/Date Arresting Agency
	V/A
В.	Has a criminal indictment, information or complaint ever been returned against you, but for which you were no page 10. ■ No 🗷 If yes, furnish details on
C.	Have you ever been questioned or deposed by a city, state, federal or law enforcement accepts, commission
D.	Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury beauti
E.	Commission? Yes \(\subseteq \) No \(\subseteq \) Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing?
F.	Yes \(\times\) No \(\times\)
	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \(\subseteq \text{No \(\subseteq \)} \) If yes, when? \(\subseteq \text{City, county and state} \) Have you ever received a particular or deferred as the county and state.
G.	If yes when?
H.	Has any member of your family or of your spouse's family ever been convicted of a felony? Yes \(\subseteq \) No \(\subseteq \) If you answer to any of the above questions (B through H) is yes, furnish details on page 10.
Name	Relationship Charge Location Better
	Relationship Charge Location Date
N	/ A

Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

1.

	(Other than details below. Li		ception, including bankruptcies	:
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
associated w	ith it as an own		le proprietorship or closely held partner) been a party to a lawsu	
Name of Entity		Type of Entity		ate Date(s) of rbitration/Bankruptcy
. 1/1/4				
1 1 1				
7. RESIDENCES:				
List all residences yo	u have had for	the last 25 vears:		
Month and Year				
(From-To)	Stree	et and Number	City	State or County
1/1/2019-	cycrem	7/ Sand	piper Villagely	Jay Henderson NV
7/15/2016-	12/31/20	18/5970 So	66 AVP. LASTEGE	15. NN 89118 8901
10/21/2011 -	7/15/201	6/2875 Td	Jew174 Dr#109	RONONV 89509
1/1/2011 -	10/21/28	01/22/90	nden Pd. Luceri	I A NEILES
	10/3/10	Filess than	Atholl Kd. Lice	rn, CA 98458
- I la.a-	1010	Cone mile an	way moved within months	7.1
5/1/2008-	12/2010	0/8815 M	uriay Canyon	Ct, LV, NV 89156
5/1/2007	-5/11/	2008/515	5 W Tropicanci	# 2020 LVN 18919:
9/1/2001	7-571/	2007/176	5 MtHodist IV	NV 89156
2/11/1991	-911	2007/5/5	5 W. Tropicano	#2020 LY, NV 891
3/1/1791	- 211	1990 100	L FDI I CL	1 RILL 20
11199	2-511	1776/800	FOUT DING 1911	00 #2020 LV, NV8°
4/1/199	4-811	/1995/51	V	19 11000
10/31/198	5-411	1993/72	37 Pleasant	View Ave, LY, NV8
l l	1	1 . 1	Applicant's	initial Page 5

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

9/2017 - CUI Month and Year	Mame/Mailing Address of Employer/Business (62805, Va	Number of Employed House
Title mostly	taited parttime, Now pardiem) (Description of Duties Some:	Name of Supervisor
mostly: Re	ecord keeping counseling dispensing	filling
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
2/4/15 -1	Description of Duties CVS 185 & Plumble F	
Pharmacist t	ulltime dispensing record koop	my Diegor Medina
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
2/2013-11/	2014 Walmart 4855 Kietzko Ln Description of Duties	Keno 89511 (3,400 hrs)
Time.	Fulltime dispensing, recoldke	Name of Supervisor
_^		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
OCIOUL - III	Description of Duties Rain AV 210 W 12 Description	Name of Supervisor
Clinical Phar	Description of Duties Reno NV, 210 W Libertys Macist full time, Clivical inenitoring dosing Filling Compounding it Name/Mailing Address of Employer/Business	1 310 Jim Franco
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
9/2009 -1	/2011 Montevinta - Red Bock Hosi	intels (2,560 hr)
Title	Description of Duties 5400 W Rochelle As L	Mame of Supervisor
Clinical Pho	Description of Duties 5400 W Richelle As L Permacist Clinical Manitering Tilling dispension Strad Name/Mailing Address of Employer/Business Red Rock H	ono3 Grant Shellerly Kth.
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
5/2009-9	Description of Duties 5900 Wilcohelle Av. 89103	05p. 640 hc
Title That The	Description of Duties 5900 W Rochelle Av. 89103	Name of Supervisor
In en ma	ermacist Filling, dispensing, record	Director of Pharmacy
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/4008	Description of Duties SEE attached	(1400 hr
Student:	Intem Pharm/internexperiencel	Name of Supervisor Rarla Darley Grant Shorterly
	Filling dispossing, record &	rector Director
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
		• • • • • • • • • • • • • • • • • • • •
Title	Description of Duties	Name of Supervisor
-		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial...

9. CHARACTER REFERENCES:

	List five character reference who have know you five years or more. Do not include relative employer or employees.	es, present
	Name of Where Emplayed 27	Years Known
	Name Tony Spagn Home) Trace on Way 1 V NV 8910 3	16 .
	Teamsters Individual Security 3555 S. Taslegas Bl. J. VIVI	Tover 30
	Name Larry Espate Pome Director of Chemical Dependency N	Ponte Vista Hos
	Employer Mantevista Hospital 5900 W. Rahelle Ave LVNV 8910	3/102)364-111/5
	Name Mindy HSU Home > Humboldt St Kengl 8509/	
	Employer Veteran Atbusiness KanoNV 975 Kirman Av RanaNV	89502 Pharma
	Name Lancielle Pouls Home 13/86 S. Maryland KNY LV	NN Malze
	The state of the s	84178/7
	Name Rick & Debi (VOVHome: Mojave Sage CT, LV, NV 8	31位8、2、1600000000000000000000000000000000000
	Employer Hetired Business Retired noise and ITs pecualist Rick	C
see	 Have you ever held a privileged, occupational or professional license in any state including 	but not limited to
	li-	
	Doctor Contractor Real estate broker or salesman Barber/Cosmetolo	Insurance ogist <u>Gamino</u>
	Accountant Pilot Sports promoter Trainer or manage Yes ☑ No □	
	If yes, state type, where and years held	
	11:161 = 100 +1111	
	High School Feach er at Las Vegrestligh 2003-	
	Nevada teaching license with ClarkCo	onty School
	11. Have you ever applied for a city, county of state business, venture or industry license or held	
	interest in a licensed business or industry OUTSIDE the State of Nevada? Yes \(\subseteq \) No \(\subseteq \) If yes, state type, when and where and give names and locations of the businesses in which	
	involved, the names and address of all partners and the agency responsible for licensing sa	1 you were uid business,
	venture or industry.	·
	NA	*****************

	12. Have you ever appeared before any licensing agency or similar authority in or outside the Si	tate of Nevada for
	any reason whatsoever? Yes \(\sigma \) No \(\sigma \) \[\lambda \) \(\sigma \)	1 to be
	13. Have you ever been denied a personal license, permit, certificate or registration for a privileg	armacy Manag
	or professional activity? Yes ☑ No □	ged, occupational
		**=====================================
	If yes to the above, state where, when and for what reason:	
	300 000	***************************************
		\wedge \wedge

Applicants initial_____

14.	participant in any group which has been denied a business or industry license or related suitability?	y or been a I finding of Yes □ No ☑
15.	Have you or any person with whom you have been a participant in any group been the sadministrative action or proceeding relating to the pharmaceutical industry?	Vac N Na M
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to precontrolled substances?	found guilty, plead
17.	Have you or any person with whom you have been a participant in any group ever surre permit or certificate of registration relating to the pharmaceutical industry voluntarily or o upon voluntary close of a wholesaler	therwise (other than
18.	Do you have any relatives within the fourth degree of consanguinity associated with or e pharmaceutical or drug related industry?	1000
*********		*****************
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes The No 🗆
20.	Will you be employed fulltime with the pharmacy or wholesaler?	Yes ☑ No □
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes 1 No 🗆
	A	
	Date of photograph 1	6119
	Applicant® initial_	Page

STATE OF NEVADA
STATE OF NEW OOC SS.
COUNTY OF Clark
I, ASh ley LSo M , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or
permit if the holder or applicant (Has obtained any certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false of fraudulent, □and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Priginal Signature of Applicant
Subscribed and Sworn to before me this day of
$G = \{1, \dots, 1, \dots, n\}$
Emily For DH548Ael (Notary Public
V

(seai)

Applicants initial....

If References on vacation, see alternates:
Alternata References
Goesel Anson MD. Anson Higains, & Edwards Plastic Surgery Los Vegas Spanish Heights LVNV 89148 W 702-822-210 'W. Sunst #130 (10t years) LVNV 89113 Elizabeth McKennar Hard Back Hotel & Casino
Hard Rock Hotel a Cosino (10+ years)
FROM PG Go) See following pages for previous employment duties responsibilities

Applicant® initial.

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

VEGAS PHARMA LLC

Nevada Business Identification # NV20191171007

Expiration Date: March 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2019

Barbara K. Cegavske Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law <u>cannot</u> be waived.

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **VEGAS PHARMA LLC** did on March 4, 2019, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20190304-2669 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2019.

Barbara K. Cegavske
Secretary of State

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 Date 4/25/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to

reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for NOM - Sterile	Compoundin	a Pharn	NUCY		
Application for Non-Sterile Vegas Pharma, LLC Name	2121 E Flamin	onse Pd #	2110. Las	Venas NV	,
N/A Name	and Address of Establishment f	Which License is f	Requested	5 Vegas, NV 89119	
	lf applicable, Name Under Wh				
1. PERSONAL INFORMATION:					
Delk	Jerem	1	Steven		
Last Name V/A	First Name	•	Middle Name		
Alias(es, Nicknames, Malden Name, Other N	ame Changes, Legal or Otherwis	e)			
Hambrick Dri Present Residence Address-Street or RFD	we Nichol	asville	KY 2	40356	
4			State/Z	•	
200 Moore Drive Present Business Address	Dates Decemb	per 2004	o-Preser State/Z	2+	
Investor	Dates April 26	201-Pre		P	
Occupation	0000	21 110	Phone:		-
. J	-1		Residence	007 m	ر (
Date of Birth	Clearwater Pin Place of Birth (City, County	ellas,FL	Business 05	1- 201-00	رح
2a	Place of Birth (City, County	, State)			
Age Soci	al Security Number			Male	
0 - 2				Sex	
Color of Eyes Color of Hair	Complexion	255 A	4thletic	6'2"	
Sold of Hair	Complexion	AAGIBLIT	Build	Height	
Scars, tattoos or distinguishing mark	s and/or characteristics)	V/A	***************************************	***************************************	
***************************************		40400-100000000000000000000000000000000			
Are you a citizen of the United State	s? Yes 1 No 1 If alle	n, registration No)	*************	
If naturalized, certificate No	•••••	Date			
				L &	
	***************************************	(II naturalized	ı, document mus	r be ventied.)	
2. MARITAL INFORMATION:					
Single ☐ Married ☑ Separa	ited Divorced	Widowed	Engaged		
			Applicant's initial	4	
		•	Abhicant 2 mingi	Pa	ae 1

A.	Curre	ent Man	iage 5	1291	D		\mathbb{B}_{ℓ}	ardstou	M.NC	elson.	KY
	Spou	se's full	name (M	aiden) (AUTNI	a Mae	Pec	Ke s	y, County ar .S. No_	id State	m m
	Date	of Birth.	····			Place	of Birth	Baras	าพท	KY	
	Resid	ient addı	ess	Street	ndn	CK Pr	Nic	holasvill	e, LY	4035	ماه
	Telep	hone: F	Residenc	B	**********		Busi	ness N/A	**********		
	Spou	se's emp	loyer	V/A	*********	*********************	_Occu	pation S 177.	v At V	nne 1	MOM
	Addre	ess of en	ployer	VJA	******	ům¢0 €0 0 da pg n0 €0 vvu pepa e		55 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
P D				Street						Zip	
В, Р	evious	warria				ed, divorced, (or ennu	lled, indicate t	pelow:		
Name (of Spou	ise		f Order ecree		Date of Place of Marriage		Nature of	City		
NI	A					O IMBITIADE		Action	Cou	nty and Sta	le
											
											
	SECTION :	<u></u>									
	List of	names.	current a	ddress ar Street	nd teleph	one numbers City	of prev				
NIA				00000		CIV		State	Zlp	Telephone	
		11		=						 -	<u>-</u>
3. FA	MILY II Childr	NFORM/	ATION: Depende	nte:							
		ist ell chi	ldren, inc	duding ste	ep-childr	en and adopte	d childr	en and give th	ne followin	o informatio	vn•
Caral	10.500			- Hill belo		AIRI FIACE		Res	lder∽≏ Addn	253	
		•	1112	Delk		LO	<u>uisva</u>	Wells 1	IAITU	DIUSVIIIA	PY 40500
Ava	Coll	ins .		19-		ngton, Ky	<u>~</u>) Hambri C	K Dr. N	licholasi	illex4 4035
****					: <u>-</u>						
B.	Child S	Support	Informa mark the	tion: appropri	ate resp	onse:				· ·	
		D I am	not sub	ect to a c	ourt orde	er for the supp	ort of cl	nild.			
		□ I am plan	subject approve	to a court	order fo	r the support of torney or othe o the order; or	of one o	r moro childre	n and am cing the c	in compliar rder for the	nce with a repayment
		□ I am	subject	to a court a plan apo	order fo	r the support o y the district at wed pursuant	of one o	or other public order.	n and NO agency e	T in compliant of the complication of the complex o	ance with order for

nd most recent occupations t last address and occupations ddress Lutheran Bardstown, wy	of parents, step-parents,
nd most recent occupations t last address and occupati	of parents, step-parents,
nd most recent occupations t last address and occupati	of parents, step-parents,
t last address and occupati	on. Occupation
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Barastown, by	church RdReti
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nd most recent occupations	s of brothers and sisters and of
ddress	Occupation
r Dalabia The	
1 Sernie II	ai), Nicholasville, KY 4
	Sales Isnr. Ma
	Graduale
7-0	Yes 🗹 No 🗆
94-96	Yes 🖾 No 🗆
- 198-2002	Yes No 🗆
V	
	Yes 🗆 No 🗆
·*************************************	***************************************

	LA
Applic:	ant's InitiaiPag
	Detes Attended 4-8 th '94-'96 L '98-2002 Applica

	Branch	••••••	Date of entry-active	e service	- Alordo Cabacada e do esta un abbabbaso
	Date of separation				
	Rating at separation				
	While in the military service special or general court mar regardless of where they oc	tial? Yes	□ No □ If ves. furn	thich resulted in sum ish details on page	nmary action, a trial or 10. (List all incidents
В.	Have you registered for the	draft? Yes	□ No □		
	County	State	Da	ite registered	
6. A	RRESTS, DETENTIONS, LITE not convicted.)				
Α.	Have you ever been arreste violation for any teason wha Yes □ No ☑ If yes, give d	tsoever, renardies	is of the disposition of	the event? (Event	minor troffic altetions \
Date of	Arrest Age Ch	arge Location	on-City and State	Deposition/Date	Arresting Agency
B. C. D. E. F.	Has a criminal indictment, in arrested or in which you wer page 10. Have you ever been question or committee? Yes I No Have you ever been subpose commission? Yes I No Have you ever been subposed Yes I No Have you ever had a civil or If yes, when? Have you ever received a palif yes when?	e named as an un ned of deposed by naed to appear or naed to testify for criminal record ex	y a city, state, federal of testify before a federal any civil, criminal or ac punged or sealed by acity, county and state or secution for any criminal or ac prosecution for any criminal criminal or accity, county and state or secution for any criminal or accity, county and state or secution for any criminal	or law enforcement and, state or county gradministrative procees court order? Yes	furnish details on agency, commission and jury, board or ding or hearing?
H.	If yes when? Has any member of your fan If you answer to any of the a	nily or of your spou bove questions (B	city, county and statuse's family ever been through H) is yes, fun	convicted of a felon nish details on page	y? Yes □ No ⊡ 10.
Name		Relationship	Charge	Locati	on Date
				Applicant's initial	Page 4

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☑ No ☐ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City.	County and St	ate	Disposition/Date
Vet Stein - N	redivet #	F13CVØ49	8-WG	Powa	y, CA	7/1/14
10Pearls-Taik	x Made H	ealth #CI	-2019-0	2417	Fairfax, V	1A May 19
associated with	al partnership, b n it as an owner, If yes, complet	officer, director o	sole proprieto r partner) bed	orship or clo en a party to	osely held cor o a lawsuit, a	poration (while you wer rbitration or bankruptcy
Name of Entity		Type of Entity			Approximate Da	
Vet Stem-M	edivet #	130VØ499	B-W67	gife ag	7/1/1	4
10 Pearls-Ta	ijor Mad	le Health	#CL-	2019-0	2477	May 2019
7. RESIDENCES: List all residences you	have had for the	last 25 years:				
Month and Year (From-To)	Street a	nd Number	Cit	v	State	or County
1/14-Present:	tamb	rick Dr. Ni	cholash	ille, KY		
4/09-9/14:158						
		d Place, t			ation. N	У
1103-4/05:		IS AVE. 1	/		14	
1/02-1/03:		oth 15c S			love, NY	
9/98-1/02: 6	26 Smi	th field R	d #91	O.N.P	oviden	ce.PI
1/90-9/98:1	360 Lu	theran C	hurch	Rd. B	andsto	Nn.KY
THE						
						0

Applicant's initial

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Malling Address of Employer/Business	Reason for Leaving
2002-Pre	sent Delk Enterprises	
Title	Description of Duties	Name of Supervisor
CEO	Making major corporate decision	ons and managing operations
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000 - 20	02 Fidelity Invesments	
Title	Description of Duties	Name of Supervisor
Trader	Mediator between client and th	epeople executing the trades
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
90-2000	Abercrombie & Fitch Description of Dutles	-
Title	1 1-0	Name of Supervisor
		with merchandise & increase Sale
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Dutles	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Dutles	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.....

employer or e		vno nave know	you live years or	more. Do	not include rel	auves, pre	sent
Name of Where Employed	Street	City State	Zíp	Telephon	9	Years Kn	IOWN
Name J Masters	M Home			<u>, 2 gul</u>			
Employer Medi Vet	Business 7	TOO MADLES.	Dr., Nichola	isville, K	y 4035le	(2012)	
NameRoger Fran-	12 Home	***/					
Employer ROOF F., P.	SC Business F	10 BOX 1850	, Pewer Vo	lley, KY	4005le (2012)	
Name Jerry Fowler	Home						alda illa
Employer Jerry F., PL	C Business	2 N. Spaldin	ng Ave. PO	Box 1140,	LeBannon	xy 400	33/2013
Namo Steven Wrigh	+ Home		<i>J</i>				
Employer CANTUAL BOX	1 Business	2400 Harra	dsburg Rd.,	Lexinat	on, ky 40	503 (2	.015)
Name Lawrence Well		40 140 00 00 00 00	5.7				all a
Employer Republic Bar	114 Business 3	33 West V	ine Still	Xinaton	KY 4050	7 (20	13)
person's depo	ny safe deposit sitory? Yes □ ete the followir	No D	uch depository, a	ocess to an	y depository o	r do you u	ise any other
Box Number or Type of Dep	ository	Location	City and State		Authorized Users		
NA							
							(9:
the following: Liquor Doctor Accountant Yes ☑ No □	Lawyer Contractor Pilot	Race berse/ Real estate Sports prom	race dog owner broker or salesm oter	> <	Securities des Barber/Cosm Trainer or ma	etologist	Insurance Gaming Educator
		••••••	*****************	************		***********	***********
KY State	/						
interest in a lic If yes, state typ	ensed business be, when and w ames and addr	s or industry OL here and give r	ate business, ver ITSIDE the State names and locati ers and the agen	of Nevada	? Yes 🖾 No pusinesses in v	D which you	were
Vac chi-	4 1144.50		74.46		1111-	1	
Jest Silibuu	y Icuns	e tor 1	ailor Mad ME, MS, N	al pro	aucts	10 a	11.50
UDH States	EXCEPT	HR, LA, 1	ME, MS, N	IC, UC	and WV	; 6 ,	9
-Tailor Ma	de come	oundina				6	
- with the	10 00.11			Ар	plicant's initial		r
						9	Page

Page 8

Applicant's initial

COUNTY OF FAY ette

I, Verence Delk , being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Ortginal Signature of Applicant

Subscribed and Sworn to before me this 25th

(seal)

Applicant's initial

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Applicant's initial_____