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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 current license number if making changes: **PH 03042**)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- ☐ 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&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Fidelis Health Group LLC d/b/a Fidelis Specialty Pharmacy

Physical Address: 5275 Arville St Ste 156

City: Las Vegas State: NV Zip Code: 89118

Telephone: (702) 815-0800 Fax: (702) 815-0801

Toll Free Number: (866) 643-3547 E-mail: wlemus@fidelis-rx.com

Website: www.fidelis-rx.com

Managing Pharmacist: Zachary William Bergan License Number: 15889

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

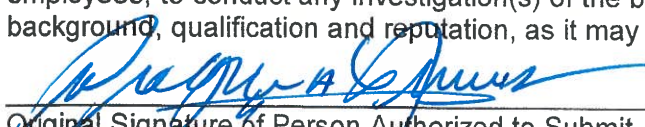
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or 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 ☒

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.

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

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

Wagner A. Lemus

Print Name of Authorized Person

Date

10/9/18

Board Use Only

Date Processed: _____

Amount: 500.00

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 _____ Limited _____ **LLC**

List names of 4 largest partners and percentage of ownership:

Name: WAL Capital LLC (Wagner A. Lemus) %: 50

Name: Emerald Mayan Investments LLC (Jose A. Rosas) %: 50

Name: N/A %: _____

Name: N/A %: _____

Partnership Name: Fidelis Health Group LLC

Mailing Address: 5275 Arville St Ste 156

City, State Zip Code: Las Vegas, NV 89118

Telephone Number: (702) 815-0800 Fax Number: (702) 815-0801

Contact Person: Wagner A. Lemus, President

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours No

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20131409456

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


I, Wagner A. Lemus

Responsible Person of Fidelis Health Group, LLC d/b/a Fidelis Specialty 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

Wagner A. Lemus

Print Name of Authorized Person

10/9/18
Date

Managing Pharmacist

Pharmacist Name: Zachary William Bergan

License #: 15889

Pharmacy Name: Fidelis Specialty Pharmacy

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>04/03/2008</u> Case #: <u>07-083-RPH-N</u>
	State: <u>NV</u>	Date: <u>12/21/2004</u> Case #: <u>04-063-RPH-N</u>
And/or Criminal Action:	State: <u>NV</u>	Date: <u>08/05/2007</u> Case #: <u>07CR462</u>
	County: <u>Lyon</u>	Court: <u>Dayton Township Justice Court</u>

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

10/09/2018

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, **FIDELIS HEALTH GROUP 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 July 10, 2013, 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 August 30, 2018.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180830-2832

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, **WAL CAPITAL 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 July 26, 2013, 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 August 30, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180830-2833

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, **EMERALD MAYAN INVESTMENTS L.L.C.**, 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 July 30, 2013, 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 August 30, 2018.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180830-2831

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/04/2018

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 Pharmacy, Change of ownership
 Nature of License
Fidelis Specialty Pharmacy, 5275 Arville St Ste 156, Las Vegas, NV 89118
 Name and Address of Establishment for Which License Is Requested
Fidelis Specialty Pharmacy
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name <u>Lemus</u>		First Name <u>Wagner</u>		Middle Name <u>Anthony</u>	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>N/A</u>					
Present Residence Address-Street or RFD <u>Vargas Way</u>		City <u>Redondo Beach</u>		State/Zip <u>CA 90278</u>	
Present Business Address <u>5275 Arville St Ste 156</u>		City <u>Las Vegas</u>		State/Zip <u>NV 89118</u>	
Occupation <u>President, Fidelis Health Group, LLC</u>				Phone: Residence _____ Business <u>(702) 815-0800</u>	
Date of Birth _____		Place of Birth (City, County, State) <u>Guatemala City, Guatemala</u>			
Age <u>45</u>		Social Security Number _____		Sex <u>Male</u>	
Color of Eyes <u>Blue</u>	Color of Hair <u>Black</u>	Complexion <u>Fair</u>	Weight <u>265 lbs.</u>	Build <u>Stocky</u>	Height <u>5'8"</u>

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

If naturalized, certificate No. 3 / INS Reg Date 08/26/1999 *Certificate Copy Attached*

Place Los Angeles, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial W.L. Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** July 19, 1998 Malibu, Los Angeles, CA
Date City, County and State
 Spouse's full name (Maiden) Gina Paola Lemus (Perez) S.S. No.
 Date of Birth _____ Place of Birth Lima, Peru
 Resident address Vargas Way Redondo Beach CA 90278
Street City State Zip
 Telephone: Residence _____ Business (310) 291-3449
 Spouse's employer Casa Linda Properties Occupation Real Estate Salesperson
 Address of employer 18119 Prairie Ave Ste 116 Torrance CA 90504
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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N/A

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
Justin C. Lemus		Torrance, CA	Vargas Way, Redondo Beach, CA 90278

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.

Applicant's initial

W.L

FAMILY INFORMATION-Continued

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
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Father

Jorge Lemus, Frampton Ave Spc 9, Harbor City, CA 90710 Printer / Retired

Mother

Thelma Lemus (Ramos), rampton Ave Spc 9, Harbor City, CA 90710 Hair Stylist /

Retired

Walter David Perez, 5 Artesia Blvd, Torrance, CA 90504 Car Rentals / Deceased

Mother-in-Law

Maria Elena Perez (Luna), 18 5 Artesia Blvd, Torrance, CA 90504 Homemaker / Retired

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
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Madeline Lara, 5 W Ave 34, Los Angeles, CA 90065 Intake coordinator

Spouse

Douglas Lara, W Ave 34 Los Angeles, CA 90065 Graphic designer

Dolly Lemus, J W Ave 34 Los Angeles, CA 90065 Interpreter

Spouse

N/A

Jonathan Lemus, Scott Ave, Los Angeles 90026 Patient care coordinator

Spouse

Judith Lemus, 5 Scott Ave, Los Angeles 90026 Credit analyst

N/A

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Kenter Canyon Elementary, Los Angeles, CA		1979 - 1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Pacific Palisades, Los Angeles, CA		1988 - 1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Santa Monica College, Santa Monica, CA		1991 - 1992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	El Camino College, Torrance, CA		1992 - 1994	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial

W.L.

5 MILITARY INFORMATION:

- 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 or 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 Los Angeles State CA Date registered 1991

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- 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 ☒ 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
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N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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N/A

Applicant's initial  _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
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N/A

- 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
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N/A

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
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11/2015 - Present	Vargas Way, Redondo Beach, CA, Los Angeles County		
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02/2012 - 10/2015	4629 W 164th St, Lawndale, CA, Los Angeles County		
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06/2009 - 01/2012	4445 W 164th St, Lawndale, CA, Los Angeles County		
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11/2008 - 05/2009	4006 Artesia Blvd, Torrance, CA, Los Angeles County		
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03/2004 - 10/2008	4244 W 179th St, Torrance, CA, Los Angeles County		
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09/1998 - 02/2004	2122 Bataan Rd Unit C, Redondo Beach, CA, Los Angeles County		
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03/1986 - 08/1998	2929 W 11th St, Los Angeles, CA, Los Angeles County		
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Applicant's initial

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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
11/2013	Fidelis Health Group, 5275 Arville St Ste 156, Las Vegas, NV 89118	Current
Title	Description of Duties	Name of Supervisor
President	Corporate governance, business development	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2012	National Cornerstone, 24747 Redlands Blvd, Loma Linda, CA 92354	Executive position with Fidelis Health Group
Title	Description of Duties	Name of Supervisor
Division Director	Specialty pharmacy sales	Edgar Kusnohadi
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2008	Biomed Pharmaceuticals, 721 S Glasgow Ave, Inglewood, CA 90301	Career Advancement
Title	Description of Duties	Name of Supervisor
Sales Executive	Specialty pharmacy sales	Peter Sartini
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2004	Accredo Health Group, 1831 Commerce St, Corona, CA 92880	Career advancement
Title	Description of Duties	Name of Supervisor
Sales Associate	Specialty pharmacy sales	Bonnie Webb
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2001	Children's Hospital LA, 4650 Sunset Blvd, Los Angeles, CA 90027	Career advancement
Title	Description of Duties	Name of Supervisor
Ambulatory Care Rep	Office managemen- Rehab Department.	Steve Snitzer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/1997	California Hospital Medical Center, 1401 S Grand Ave, Los Angeles 90015	Career advancement
Title	Description of Duties	Name of Supervisor
Clerk	Clerical work- Radiology Department	Guillermo Torres
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 W 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	City	State	Zip	Telephone	Years Known
Name Jason Brenenstahl	Home	1/2 Warfield Ave,	Redondo Beach, CA	90278		6 Years
Employer Majestec Security	Business	546 Mary Ann Dr,	Redondo Beach, CA	90278	855-625-3788	
Name Erik Moreno	Home	Marcelina Ave Unit G,	Torrance CA	90501		6 Years
Employer Sasco	Business	2750 Moore Ave,	Fullerton, CA	92833	714-870-0217	
Name Sam Aviles	Home	Grant Ave Apt 3,	Redondo Beach, CA	90278		6 Years
Employer Honeywell	Business	12 Clintonville Rd,	North Ford, CT	06472	800-289-3473	
Name Marco Serpas	Home	E Palm Ave Apt 1,	Burbank, CA	91501		30 Years
Employer ResCare	Business	21010 Vanowen St,	Canoga Park, CA	91303	818-596-4448	
Name Richard Granados	Home	Inglewood Ave Apt A,	Lawndale, CA	90260		6 Years
Employer CA Orthpaedic Spec.	Business	360 San Miguel Dr Ste 701,	Newport Beach, CA	92660	949-759-3600	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. 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
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county or state business, venture or industry license 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 businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

NV Board of Pharmacy Non-Resident Pharmacy Permit PH03322

Fidelis Health Group LLC d/b/a Fidelis Specialty Pharmacy, 1002 S Baldwin Ave, Arcadia, CA 91007

CA Board of Pharmacy Permit PHY52510. Members (3) and address listed below.

Members:

WAL Capital LLC (Wagner A. Lemus)
Emerald Mayan Investments LLC (Jose A. Rosas)
RDL Capital Group LLC (Russell D. Lubrani)
5275 Arville St Ste 156, Las Vegas, NV 89118

Applicant's initial W

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 ☒



Date of photograph 09/12/2018

Applicant's initial

wt

STATE OF CALIFORNIA

SS.

COUNTY OF LOS ANGELES

I, Wagner A. Lemus, 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 or 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.


 10/4/18
Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

See Attached Notary

Applicant's initial  _____
Page 9

Applicant's initial.

W

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

S.S.

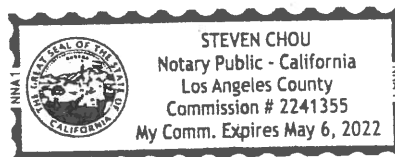
Subscribed and sworn to (or affirmed) before me on this 4 day of Oct,

20 17, by Wagner A Lemus and

_____, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.





For use required when notary public, Commission No. _____

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it is to prevent fraud, removal and liability of this Jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:

☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date 10/04/2018

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 Pharmacy, Change of ownership
 Nature of License
Fidelis Specialty Pharmacy, 5275 Arville St Ste 156, Las Vegas, NV 89118
 Name and Address of Establishment for Which License Is Requested
Fidelis Specialty Pharmacy
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Rosas	Jose	Antonio
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
N/A		
Present Residence Address-Street or RFD	City	State/Zip
S Isabella Ave	Monterey Park	CA 91754
Present Business Address	City	State/Zip
5275 Arville St Ste 156	Las Vegas	NV 89118
Occupation	Phone:	
	Residence	
	Business	
Vice President, Fidelis Health Group, LLC	(702) 815-0800	
Date of Birth	Place of Birth (City, County, State)	
	Mexico City, Mexico	
Age	Social Security Number	Sex
43		Male
Color of Eyes	Color of Hair	Complexion
Black	Black	Medium
	Weight	Build
	175 lbs.	Medium
		Height
		5'10"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

If naturalized, certificate No. 1 / INS Reg. Date 01/30/2004 *Certificate Copy Attached*

Place Los Angeles, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial jm

MARITAL INFORMATION-Continued

A. **Current Marriage** March 25, 1997 Los Angeles, Los Angeles County, CA
Date City, County and State
 Spouse's full name (Maiden) Ivette Rosas (Gomez) S.S. No.
 Date of Birth _____ Place of Birth El Monte, CA
 Resident address 1 S Isabella Ave Monterey Park CA 91754
Street City State Zip
 Telephone: Residence _____ Business (626) 585-7256
 Spouse's employer Pasadena City College Occupation Counselor
 Address of employer 1570 E Colorado Blvd Pasadena CA 91106
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

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
Alexis Rosas	13	Los Angeles, CA	9 S Isabella Ave, Monterey Park, CA 91754
Maya Rosas		Los Angeles, CA	1 S Isabella Ave, Monterey Park, CA 91754
Anthony Rosas		Los Angeles, CA	S Isabella Ave, Monterey Park, CA 91754

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.

Applicant's initial DR
 Page 2

FAMILY INFORMATION-Continued

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
---------------	------------	---------	------------

Father

Jose Angel Rosas

Unknown, Mexico City, Mexico.

Wholesale supply / Retired

Mother

Evelia Romo Bustamante

3

N Ditman Ave, Los Angeles, CA 90063,

Housekeeper

Father-in-Law

Sergio Gomez

3 S Isabella Ave, Monterey Park, CA 9175, CSR for ADT/ Deceased

Mother-in-Law

Hermelinda Sanchez

3 S Isabella Ave, Monterey Park, CA 91754, Housekeeper / Retired

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
---------------	------------	---------	------------

N/A

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Belvedere Elementary, Los Angeles, CA		1981 - 1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Roosevelt High School, Los Angeles, CA		1990 - 1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	California State Los Angeles, Los Angeles, CA		1997 - 2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Bachelor of Arts

College or university where obtained..... California State Los Angeles

Applicant's initial..... 

5 MILITARY INFORMATION:

- 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 or 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 State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- 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 ☒ 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
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? city, county and state
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? city, county and state
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial Jan Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- 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
----------------	----------------	--

N/A

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
-----------------------------	-------------------	------	-----------------

02/2011 - Present	S Isabella Ave, Monterey Park,	CA, Los Angeles County
-------------------	--------------------------------	------------------------

02/2005 - 01/2011	913 Loma Verde St, Monterey Park,	CA, Los Angeles County
-------------------	-----------------------------------	------------------------

01/2001- 01/2005	2109 S Isabella Ave, Monterey Park,	CA, Los Angeles County
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09/1997 - 12/2000	617 W Riggan St, Monterey Park,	CA, Los Angeles County
-------------------	---------------------------------	------------------------

09/1989- 09/1997	926 N Ditman Ave, Los Angeles,	CA, Los Angeles County
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Applicant's initial SAZ

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
11/2013	Fidelis Health Group, 5275 Arville St Ste 156, Las Vegas, NV 89118	Current
Title	Description of Duties	Name of Supervisor
Vice President	Corporate governance, business development	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2013	Biogen Idec, 225 Binney St, Cambridge, MA 02142	Executive position with Fidelis
Title	Description of Duties	Name of Supervisor
Community Relations Manager	Represent biopharma company to communities served	Deborah Speranzo

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2002	Accredo Health Group, 1831 Commerce St, Corona, CA 92880	Career advancement
Title	Description of Duties	Name of Supervisor
Customer Account Manager	Represent specialty pharmacy to communities served	Craig Mears

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 Jan 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	City	State	Zip	Telephone	Years Known
Name Isabel Brenes	Home	Bear Creek Ave,	Chino Hills,	CA 91709,		23 Years
Employer Chino High School	Business	5472 Park Pl,	Chino,	CA 91710,	909-627-7351	
Name Juan Ramon Gomez	Home	Hartsville St,	La Puente,	CA 91746,		29 Years
Employer Scheffer Construction	Business	727 N Vernon Ave,	Azusa,	CA 91702 ,	626-333-6317	
Name Fernando Nemesio	Home	W Riggins St,	Monterey Park,	CA 91754,		2 15 Years
Employer LAUSD	Business	333 S Beaudry Ave,	Los Angeles,	CA 90017,	213-241-1000	
Name Anna Macias	Home	2 W Wren Dr,	Canyon County,	CA 91387,		19 Years
Employer Garfield High School	Business	5101 E 6th St,	East Los Angeles,	CA 90022,	323-981-5500	
Name Ana Lacayo	Home	N Dos Robles Pl,	Alhambra,	CA 91801,		19 Years
Employer Kaiser Permanente	Business	393 E Walnut St,	Pasadena,	CA 91188,	626-405-5000	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. 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 |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license 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 businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

NV Board of Pharmacy Non-Resident Pharmacy Permit PH03322
Fidelis Health Group LLC d/b/a Fidelis Specialty Pharmacy, 1002 S Baldwin Ave, Arcadia, CA 91007
CA Board of Pharmacy Permit PHY52510. Members (3) and address listed below.

Members:

WAL Capital LLC (Wagner A. Lemus)
 Emerald Mayan Investments LLC (Jose A. Rosas)
 RDL Capital Group LLC (Russell D. Lubrani)
 5275 Arville St Ste 156, Las Vegas, NV 89118

Applicant's initial JA2 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 ☒



Date of photograph 10/01/2018

Applicant's initial

SM

STATE OF CALIFORNIA

ss.

COUNTY OF LOS ANGELES

I, Jose A. Rosas, 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 cause 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 or 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 _____ day of

10/4/13

Notary Public

(seal)

- See Attached Notary -

Applicant's initial  Page 9

202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

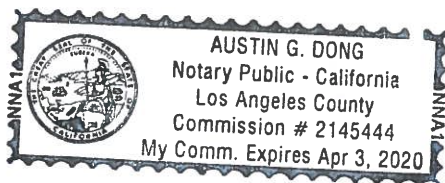
County of

Los Angeles

Subscribed and sworn to (or affirmed) before me on this 4 day of Oct.,

20 18, by JOSE A. ROSAS,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature

[Signature]

X [Signature]
10/4/18

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

Date 10/09/2018

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 _____ Designated Representative for Retail Pharmacy
 _____ Nature of Pharmacy or Wholesaler
 _____ Fidelis Health Group, 5275 Arville St STE 156 Las Vegas, NV 89118
 _____ Name and Address of Business for Which Designated Representative Is Requested
 _____ Fidelis Specialty Pharmacy
 _____ If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Bergan		First Name Zachary		Middle Name William	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A					
Present Residence Address-Street or RFD 3 Mountain Song Ct		City Henderson		State/Zip NV 89074	
Present Business Address 5275 Arville St STE 156		City Las Vegas		State/Zip NV 89118	
Present Position with the Pharmacy or Wholesaler Pharmacy Manager				Phone: Residence _____ Business 702-815-0800	
Date of Birth _____		Place of Birth (City, County, State) Middletown, Middlesex, CT			
Age 40		Social Security Number _____		Sex M	
Color of Eyes Blue	Color of Hair Blonde	Complexion Fair	Weight 235	Build Large	Height 6'1"

Scars, tattoos or distinguishing marks and/or characteristics _____ Scar on left shoulder _____

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. **N/A**

If naturalized, certificate No. **N/A** Date **N/A**

Place **N/A** (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial ZB
 Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 9/7/2010 Middletown, Middlesex, CT
Date City, County and State
 Spouse's full name (Maiden) Alexis Marie Gillmore S.S. No. _____
 Date of Birth 3 Place of Birth Flagstaff, AZ
 Resident address Mountain Song Ct Henderson NV 89074
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer Self employed Occupation Photographer
 Address of employer Mountain Song Ct Henderson NV 89074
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Andrea Smith	8/15/2007	May 2005	Divorce	Minden, Douglas, Nevada
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Andrea Smith	Sansol Ct	Sparks	NV	89436	
N/A					
N/A					

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
Reese Bergan		Farmington, CT	3 Mountain Song Ct Henderson, NV 89074
Emma Gillmore		Farmington, CT	3 Mountain Song Ct Henderson, NV 89074
N/A			

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.

Applicant's initial AB

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**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			
William Bergan		Spithead Rd Waterford, Ct 06385	Land Surveyor
Mother			
Gail Bergan (Falt)		Spithead Rd Waterford, Ct 06385	Teacher
Father-in-Law			
Tom Gillmore		Shady Lane Suamino, WI 54313	Fire Protection Engineer
Mother-in-Law			
Nicky Gillmore (Juarez)		Tall Tree Ct Maysville, NC 28555	Homemaker/Retired

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
Matt Bergan		Shore Ave Kotzebue, AK 99752	Engineer
Spouse			
Toni Raye Bergan (Schaeffer)		1 Shore Ave Kotzebue, AK 99752	Alaska Air
John Bergan		Randolph Rd Middletown CT 06457	Insurance
Spouse			
Maria Bergan (Esquivex)		Randolph Rd Middletown CT 06457	Insurance
Nathaniel Bergan	3	45th St Apt 10a. NY, NY 10036	Engineer
Spouse			
Sarah Bergan (Brandas de Melo)		W 45th St Apt 10a. NY, NY 10036	Student
N/A			
Spouse			
N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Burr Elementary	Higganum, CT	1982-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Haddam Killingworth H.S.	Higganum, CT	1990-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Ithaca College	Ithaca, NY	1995-1996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other University of Connecticut	Storrs, CT	1996-2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm D.College or university where obtained University of Connecticut

Applicant's initial

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or 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 Middlesex State CT Date registered April 1995

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- 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 ☐ 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
08/05/2007	29	DUI	Dayton, NV	12/19/2009	NHP
N/A					
N/A					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial BA Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- 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
N/A		
N/A		
N/A		

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
June 2015 to Current	Mountain Song Ct	Henderson	NV
March 2013- June 2015	1773 Nuevo Rd	Henderson	NV
June 2012- March 2013	3125 W Warm Springs Rd #1125	Henderson	NV
May 2010- June 2012	44 Chittenden Rd	Killingworth	CT
October 2007 - April 2010	39 Hickory Lane	Higganum	CT
January 2003 - October 2007	932 Powers Ave	Minden	NV
May 2002 - January 2003	1151 White Oak Loop	Minden	NV
May 2001-May 2002	39 Hickory Lane	Higganum	CT
Sept 1999 - May 2001	380 Daleville Rd	Willington	CT
Sept 1998 - Sept 1999	15 Carriage House Dr	Storrs	CT
Sept 1996- June 1998	North Eagleville Rd	Storrs	CT
Sept 1995- June 1996	953 Danby Rd	Ithaca	NY
1977- Aug 1995	39 Hickory Lane	Higganum, CT	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	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/05/2018 to Current	Fidelis Specialty Pharmacy 5275 Arville St STE 156 LV, NV 89118	7,300
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	All aspects of licensed Pharmacy services, procurement, dispensing, records	Russell Lubrani
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2012-02/05/2018	Anazao health Corp 7465 W Sunset Rd LV, NV 89113	5,000
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	All aspects of licensed Pharmacy services, procurement, dispensing, records, compounding	Doug Cannman
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
October 2006- October 2007	AmerisourceBergen Relief R.Ph 1300 Morris Dr Chesterbrook, PA 19087	1500
Title	Description of Duties	Name of Supervisor
Relief Pharmacist	On call pharmacist, relief Pharmacist, medium/long term placements (Hospital, retail, clinic)	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
October 2002-October 2006	Walgreens Pharmacy 1465 E William St, Carson City, NV 89701	8000
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	All aspects of licensed Pharmacy services, procurement, dispensing, records	Russ Smith
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

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

Applicant's initial

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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	City	State	Zip	Telephone	Years Known
Name	Tim Ferris	Home	3 Redbud Ln	Bostic, NV 28018		21 years
Employer	Defiant Marine	Business	3 Redbud Ln	Bostic, NV 28018		
Name	Liam Poirier	Home	5 Rt 81	Killingworth, CT 06419		28 Years
Employer	New England Residential Services	Business	282 Main St Extension	Middletown, CT 06457	860-347-9633	
Name	Dan August	Home	Beebe Rd East Haddam, Ct	06423	1	17 Years
Employer	ServPro	Business	239 Williams St Unit #6	New London, CT 06320	860-443-2222	
Name	Chris Peters	Home	1 Sari Dr	Las Vegas, NV 89110		6 Years
Employer	Professional Rx Pharmacy	Business	2560 E Sunset Rd #120	Las Vegas, NV 89120	702-478-6690	
Name	Doug Cannman	Home	Windjammer Ct	Henderson, NV 89074		5 Years
Employer	Anazao Health	Business	7465 W Sunset Rd LV, NV	89113	800-995-4363	

10. 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
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held Nevada R.Ph #15889 (2002-2008, 2011-Current)

Oregon R.Ph # 16447 12/2017- Current, Arizona R.Ph. # S023189 04//2018- Current

Connecticut R.Ph. # 10949 02/2012 - 01/2014 (Inactive)

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 ☒

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.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

13. 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:

12) NV Board of Pharmacy Case No. 04-063-RPH-N (12/2004), NV BOP Case No. 07-083-RPH-N 04/2008

Applicant's initial

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14. 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 ☐
 NV BOP Case No 07-083-RPH-N April 2008

15. 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 ☐
 NV BOP Case No 07-083-RPH-N April 2008

16. 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 ☐
 NV BOP Case No. 07-083-RPH-N April/2008

17. 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 wholesaler) Yes ☒ No ☐
 NV BOP Case No. 07-083-RPH-N April/2008

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical 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 ☒ 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 ☐

N/A



Date of photograph 9/12/18

Applicant's initial ZJ

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, Zach Bergan, 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 cause 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 or 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.

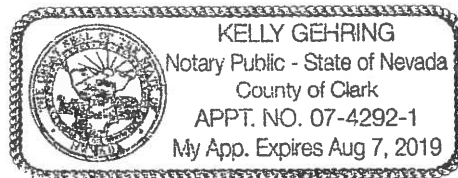
Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of

OCTOBER 2018 By ZACHARY WILLIAM BERGAN

Notary Public

(seal)



Applicant's initial

ZB

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ADDITIONAL INFORMATION

Question 6c from page 4: NV Board of Pharmacy Case No. 04-063-RPH-N (12/2004) and NV BOP Case No. 07-083-RPH-N 04/2008

Applicant's initial ZB

5B

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 current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ 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&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Modern Rx

Physical Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip Code: 89119

Telephone: 800-959-3657 Fax: 800-376-5441

Toll Free Number: _____ E-mail: info@modernrxpharmacy.com

Website: Not Applicable

Managing Pharmacist: THUHO NGUYEN License Number: 14869

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☒ ☐ Other Services: Local Delivery

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

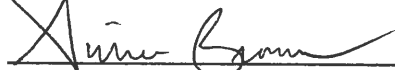
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or 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 ☒

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.

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

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

Aimee Brown

Print Name of Authorized Person

09/09/2018

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6330 S Eastern Ave Suite 1ACity: Las Vegas State: NV Zip: 89119Telephone: 800-959-3657 Fax: 800-376-5441Contact Person: Aimee BrownFor any ^{LLC}corporation non publicly traded, disclose the following:1) List top 4 persons to whom the shares were issued by the ^{LLC}corporation?a) Aimee Brown - 100% owner 6330 S Eastern Ave Suite 1A, Las Vegas, NV 89119
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9:00 am 5:30 pmSaturday N/A am N/A pmSunday N/A am N/A pm24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

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

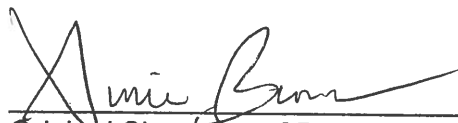
I, Aimee Brown

Responsible Person of Modern Rx

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

Aimee Brown

Print Name of Authorized Person

9/12/2018

Date

Managing Pharmacist

 Pharmacist Name: THUHO NGUYEN

 License #: 14889

 Pharmacy Name: Modern Rx

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

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

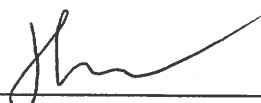
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

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

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

10/1/18

 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, **MODERN RX 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 September 12, 2018, 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 September 28, 2018.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180928-1256

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/2/2018

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 Pharmacy Licence

Nature of License
Modern Rx Pharmacy 6330 S EASTERN AVE., LAS VEGAS, NEVADA 89119

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	<u>Brown</u>	First Name	<u>Aimee</u>	Middle Name	<u>Elizabeth</u>
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
<u>3 Mansbury St.</u>		<u>Fremont</u>	<u>California, 94538</u>		
Present Residence Address-Street or RFD		City	State/Zip		
<u>6330 S EASTERN AVE.,</u>		<u>Dates 10/1/2018</u>	<u>LAS VEGAS,</u>	<u>NEVADA, 89119</u>	
Present Business Address		City	State/Zip		
Owner/ Operations		<u>Dates TBD</u>			
Occupation				Phone:	
				Residence	
				Business	
<u>9</u>		<u>Livonia, Michigan</u>			
Date of Birth		Place of Birth (City, County, State)			
<u>49</u>		<u>Female</u>			
Age	Social Security Number			Sex	
<u>Hazel</u>	<u>Blonde</u>	<u>caucasian</u>	<u>140</u>	<u>Average</u>	<u>5' 7"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics Small mole on chin right side

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial

AB

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) Date N/A City, County and State
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 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Paul Brown	1/26/2018	9/19/1992	Divorce	Alameda County, Fremont, Ca.

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Paul Brown	Beethoven Common Apt	Fremont	Ca.	94538	

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
Haley Brown		San Mateo	Mansbury St. Fremont, Ca. 94538

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.

Applicant's initial



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			
Jerry Baird	.0	Yonder Drive Lake Havasu, AZ 86406	Retired
Mother			
Sandra Baird	48	Yonder Drive Lake Havasu, AZ 86406	Retired
Father-in-Law			
None			
Mother-in-Law			
None			

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
Jerry Baird	(Alameda De Las Pulgas, Belmont, CA 94002	IT Manager
Spouse			
Cherrise Baird		Alameda De Las Pulgas, Belmont, CA 94002	Accountant
Junko Droesher	Germany		Retired
Spouse			
Raik Droesher	Germany		Sales
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Red Rocks Elementary	Morrison, CO	1980-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Bear Creek High School	Colorado	1984-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University College of San Mateo	San Mateo, CA	1987-2014	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any High School , AA Degree in AccountingCollege or university where obtained College of San Mateo

Applicant's initial



5 MILITARY INFORMATION:

- 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 or 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.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- 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 ☒ 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

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- 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

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
1994 to Present	Mansbury St	Fremont	California
1992-1994	Port Walk Place, Redwood Shores, CA		

Applicant's initial



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	City	State	Zip	Telephone	Years Known
Name Dyan Vassallo	Home	Brecon Court	Redwood City	CA 94062		30
Employer Splunk	Business	270 Breannan Street,	San Francisco,	CA	415-848-8400	
Name Christina Valdez	Home	1 Pennsylvania Ave.,	#15 Fremont,	CA 94536		9
Employer Praxair	Business	41446 Christy Street,	Fremont,	CA 94538	510-438-6734	
Name Leah Gregg	Home	8 Calico Ct,	Morgan Hill,	CA 95037		22
Employer Student	Business					
Name Linda Folan	Home	Clifton Avenue,	San Carlos,	CA 94070		26
Employer Retired	Business					
Name Judy Weber	Home	Mansbury Street,	Fremont,	CA 94538		24
Employer Stay at home mom	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. 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
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Real Estate in the state of California 2006-2010

12. Have you ever applied for a city, county or state business, venture or industry license 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 businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

AB

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 ☒



Date of photograph 10/3/18

Applicant's initial AB

STATE OF California

SS.

COUNTY OF Alameda

I, Aimee Brown, 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 cause 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 or 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.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

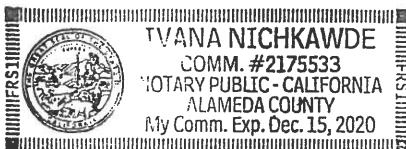
Aimee Brown
Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of

October 2018

Jane Nickawde
Notary Public

(seal)



Applicant's initial

AB

ADDITIONAL INFORMATION

This image shows a full page of a document template designed for handwriting practice. It consists of a series of evenly spaced, horizontal dashed lines extending across the entire width of the page. The background is plain white, and there are no margins, text, or other markings present.

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

Date 11/2/18

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 Modern Rx
6330 S Eastern Suite 1A Las Vegas, NV 89119
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

NGUYEN THUHO
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Melrose Abbey pl Las Vegas NV 89141
Present Residence Address-Street or RFD City State/Zip

NA NA NA
Present Business Address Dates City State/Zip

NA NA NA
Present Position with the Pharmacy or Wholesaler Phone: Residence 912

1 1 1
Date of Birth Place of Birth (City, County, State) Business

45 45 45
Age Social Security Number Sex

Brown Black Medium Tan 147 lbs Medium 5'8
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 alien, registration No

If naturalized, certificate No Date 9/14/2001

Place Las Vegas, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TH

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/2008 Las Vegas, Clark, NV
 Date City, County and State
 Spouse's full name (Maiden) THUY NGUYEN S.S. No. 9
 Date of Birth 1-1-1971 Place of Birth SAIGON - VIETNAM
 Resident address Melrose Abbey Pl Las Vegas NV 89141
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer Walgreen Occupation pharmacist
 Address of employer 6650 E Lake Mead Blvd Las Vegas NV 89156
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
THUY NGUYEN	3/2003	Las Vegas, NV	Divorced	Las Vegas, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
THUY NGUYEN	Melrose Abbey Pl	LV	NV	89141	702-324-5075

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
XENA NGUYEN	1-1-1991	Las Vegas, NV	Melrose Abbey Pl, LV, NV 89141
Star NGUYEN	1-1-1991	Las Vegas, NV	Melrose Abbey Pl LV, NV 89141

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.

Applicant's initial TA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address..... N/A

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 GIAO NGUYEN	1/1/1941	Deceased	Pharmacist
Mother HANH VO	1/1/1941	Gaelic Hills LV, NV 89141	retired
Father-in-Law LIEUCAO	1/1/1941	Deceased	
Mother-in-Law			

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
THUNHI Duncan	1/1/1941	Moody ave Fullerton, CA	pharmacist
Spouse Kent Duncan	1/1/1941	S Moody ave Fullerton, CA	pharmacist
TRAC NGUYEN	1/1/1941	Dogwood ST, Westminster, CA	pharmacist
Spouse Victoria NGUYEN	1/1/1941	Dogwood St, Westminster, CA	registered nurse
LUONG NGUYEN	1/1/1941	patch Dr, Huntington Beach, CA	pharmacist
Spouse VY NGUYEN	1/1/1941	patch Dr, Huntington Beach, CA	pharmacist
NGAN NGUYEN	1/1/1941	Southern Highland, Las Vegas, NV	registered nurse
Spouse Katerina NGUYEN	1/1/1941	Loggessa Way, LV, NV 89141	Dental assistant

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Pham Chan Trinh	Danang, Vietnam	8/1988 - 5/1991
College	The University of New Mexico	Albuquerque, NM	5/94 - 5/99
University			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... pharmacist

College or university where obtained..... Bachelor of ~~science~~ Science at University of New Mexico

Applicant's initial..... DJ

5 MILITARY INFORMATION:

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 or 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 _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

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 ☒ 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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- 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

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
5/2011 - present	Melrose Abbey Pl	Las Vegas,	NV 89141
6/2010 - 5/2011	1425 Corral Dr	Las Vegas	NV
3/2007 - 6/2010	7903 Sleeping Lily Dr	Las Vegas, NV	89178

Applicant's initial

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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.

5/2008-present	CVS pharmacy- Las Vegas, NV	over 10,000 hours
pharmacist	All Duties of a pharmacist	Jody Lewis
5/2006 - 5/2008	Walgreen, Las Vegas, NV	about 3000 hours
pharmacist in charge	All of Duties of a pharmacist & PIC	Matt Forster
12/2008 - 12/2009	AMEX pharmacy, Las Vegas, NV	about 800 hours
Owner	All duties of owner of pharmacy	Owner
3/2004 - 5/2006	CVS pharmacy, Las Vegas, NV	about 3000 hours
pharmacist in charge	Typing, production, Inventory...	Chad Luebski
6/2002 - 3/2004	Walgreen, Chico, CA	about 2000 hours
pharmacist	All Duties of a Full time pharmacist	Collins Bogg
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

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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	City	State	Zip	Telephone	Years Known
Name <u>Sam Labib</u>	Home	<u>3 Nordland Dr, Corona, CA 92880</u>				<u>10 years</u>
Employer <u>Kaiser</u>	Business	<u>Kaiser permanente, California</u>				
Name <u>Hoa Leu</u>	Home	<u>Inverlocky Ct, Las Vegas, NV 89161</u>				<u>3 6 years</u>
Employer <u>Tiger soft</u>	Business	<u>Tiger soft computer 702-808-0033</u>				
Name <u>Trinh Huu</u>	Home	<u>S Muscardi way, Las Vegas, NV 89141</u>				<u>10 years</u>
Employer <u>Unemployment</u>	Business	<u>Unemployment</u>				
Name <u>Tony chu</u>	Home	<u>E camelia Dr, Alhambra, CA 91801</u>				<u>1 10 years</u>
Employer <u>Walgreen</u>	Business	<u>Working for Walgreen in California</u>				
Name <u>TRUNG NGUYEN</u>	Home	<u>Henderson, NV</u>				<u>11 years</u>
Employer <u>CVS pharmacy</u>	Business	<u>work for CVS at 1825 E warm spring Lv, NV 89119</u>				

10. 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
Accountant	Pilot	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 or state business, venture or industry license 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 businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. 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:

Applicant's initial

DM

14. 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 ☒
15. 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 ☒
16. 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 ☒
17. 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 wholesaler) Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical 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 ☒ 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 ☐



ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph 11/1/18
Applicant's initial TM

STATE OF Nevada SS.COUNTY OF Clark

I, THUHO NGUYEN, 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 cause 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 or 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,

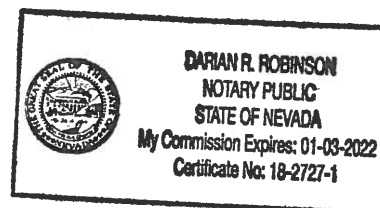
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of

November 2018
DARROL
Notary Public

(seal)



Applicant's initial TH Page 9

ADDITIONAL INFORMATION

N/A

Applicant's initial

TH

5C

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 current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ 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&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Perform Rx Pharmacy

Physical Address: 2565 Chandler Ave Suite 2

City: Las Vegas State: NV Zip Code: 89120

Telephone: 844-334-1010 Fax: 833-861-0249

Toll Free Number: 844-334-1010 E-mail: performpharmacy@yahoo.com

Website: Not Applicable

Managing Pharmacist: Trinh Luu License Number: 16351

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: Specialty

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☒ ☐ Other Services: Local Delivery

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

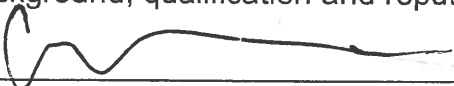
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or 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 ☒

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.

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

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

Courtney Robinson

Print Name of Authorized Person

10/26/2018

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 2565 Chandler Ave Suite 2City: Las Vegas State: NV Zip: 89120Telephone: 844-334-1010 Fax: 833-861-0249Contact Person: Courtney Robinson .

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Courtney Robinson 2565 Chandler Ave Suite 2, Las Vegas, NV 89120
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9:00</u> am	<u>5:30</u> pm	Saturday	<u>N/A</u> am	<u>N/A</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181777436

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

I, Courtney Robinson

Responsible Person of Perform Rx 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

Courtney Robinson

Print Name of Authorized Person

10/26/2018

Date

Managing Pharmacist

 Pharmacist Name: Trinh Luu

 License #: 16351

 Pharmacy Name: Perform Rx Pharmacy

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

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

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

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

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

11-1-18

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, **PERFORM RX 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 October 28, 2018, 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 November 2, 2018.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20181102-1888

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

211

Date 11-1-18

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 _____
Nature of Pharmacy or Wholesaler _____
Name and Address of Business for Which Designated Representative Is Requested _____
If applicable, Name Under Which It Is Now Operated _____

1. PERSONAL INFORMATION:

Last Name Luu First Name Triah Middle Name Ngoc

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A

Present Residence Address-Street or RFD 2 Spring Ranch Pkwy City Las Vegas State/Zip NV 89118
Dates 2009-Present

Present Business Address _____ City _____ State/Zip _____
Dates _____

Present Position with the Pharmacy or Wholesaler _____
Phone: Residence _____ Business _____

Date of Birth _____ Place of Birth (City, County, State) Saigon, Vietnam

Age 49 Social Security Number _____ Sex male

Color of Eyes Brown Color of Hair Black Complexion Medium Weight 170 lbs Build Medium Height 5'9"

Scars, tattoos or distinguishing marks and/or characteristics Birth mark on Right Cheek

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date 11-1-18

Place Bakersfield California (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TL

A. **Current Marriage** 3-4-08 Las Vegas, Clark, NV
 Spouse's full name (Maiden) Ho, Linh Thuy Thi City, County and State
Date S.S. No.
 Date of Birth Place of Birth Vietnam
 Resident address Spring Ranch Pkwy Las Vegas NV 89118
Street City State Zip
 Telephone: Residence Business
 Spouse's employer Sweet Nails Occupation Manicurist
 Address of employer 10530 Southern Highlands Las Vegas NV 89118
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Olivia Nguyen	2006	2004	Divorced	Las Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

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
Lynna Luu		Las Vegas, NV	Spring Ranch Pkwy
Lana Luu		Las Vegas, NV	Spring Ranch Pkwy

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.

Applicant's initial PL

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
Father			
Hai Luu		N. Main St Chambersburg, PA	Electrical Engineer
Mother			
Lang Luu		N. Main St Chambersburg, PA	Taylor
Father-in-Law			
Duong Van Ho (Deceased)		Vietnam	Farmer
Mother-in-Law			
Ba Kim. Nguyen (Deceased)		Vietnam	Farmer

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
Michelle Trainor		495 Arcaro Dr	House wife
Spouse Richard Trainor		Milton GA 30004	CEO of Lexisnexis
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate	
Grammar School	Wilson	Battle Creek	1977-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Burroughs	Ridgecrest	1984-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of New Mexico	Albuquerque	1989-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Pharm D.

College or university where obtained..... University of New Mexico

Applicant's initial.....

5 MILITARY INFORMATION:

214

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 or 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 _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

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 ☒ 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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial 

- 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- 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

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
1/2010 - Present	Spring Ranch Pkwy	Las Vegas	NV
2/2008 - 1/2010	10367 Gwynns Falls ST	Las Vegas	NV
6/04 - 2/08	3555 Arville ST #105B	Las Vegas	NV
5/99 - 6/04	4573 ATLANTIC Ave	Long Beach	CA

Applicant's initial

FL

216

8/17	QHR Pharmacy 765 N. Nellis Blvd #7 Las Vegas	1,400
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager	manage Pharmacy Operations	Mol:
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
7/14	1144 E. Charleston Blvd, Las Vegas	6,240
Title	Description of Duties	Name of Supervisor
Pharmacist	Fill, Process, Verify, Transfery	Shaina

Month and Year 6/04	Name/Mailing Address of Employer/Business CVS Pharmacy DesserT Inn Rd	Number of Employed Hours 29,800
Title Pharmacist	Description of Duties Fill, process, verify, counsel	Name of Supervisor Ke

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

[illegible]

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.

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

9. CHARACTER REFERENCES:

217

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	City	State	Zip	Telephone	Years Known
Name <u>Hoa Lau</u>	Home	<u>4 Inverloch</u>	<u>CT</u>			<u>3 1 yr</u>
Employer <u>Self</u>	Business					
Name <u>Jimmy Nguyen</u>	Home	<u>Melrose Abbey</u>	<u>LV</u>			<u>12 15 yrs</u>
Employer <u>CVS</u>	Business	<u>Las Vegas</u>	<u>NV</u>			
Name <u>Christina Arief</u>	Home	<u>Poker face</u>	<u>LV</u>			<u>10 yrs</u>
Employer <u>Primerica</u>	Business					
Name <u>Samantha Dong</u>	Home	<u>Sahara Ave</u>	<u>LV</u>			<u>15 1 yr</u>
Employer <u>West Valley RX</u>	Business					
Name <u>Karin Nguyen</u>	Home	<u>Muscari way</u>	<u>LV</u>			<u>6 10 yrs</u>
Employer <u>Self</u>	Business					

10. 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
Accountant	Pilot	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 or state business, venture or industry license 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 businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. 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:

Applicant's initial RL

14. 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 ☒

15. 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 ☒

16. 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 ☒

17. 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 wholesaler)? Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical 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 ☒ 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 ☐



Date of photograph 11-2-18

Applicant's initial RE

COUNTY OF Clark

I, Trinh Luu, 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 cause 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 or 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,

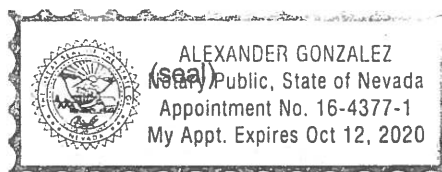
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, 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

State of Nevada

Clark, CountySubscribed and Sworn to before me this 2nd day of November 2018Alexander Gonzalez


Notary Public

Applicant's initial TL

Lined area for additional information.

Applicant's initial TV

5D

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

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

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☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☒ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Swift Pharmaceutical Inc

Physical Address: 2411 South Eastern

City: Las Vegas State: NV Zip Code: 89104

Telephone: Pending Fax: Pending

Toll Free Number: N/A E-mail: Pending

Website: Pending

Managing Pharmacist: Aurelia Hurtada-Sadowski License Number: 15345 ✓

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☒ Retail
☒ ☒ Hospital (# beds _____)
☒ ☒ Internet
☒ ☒ Nuclear
☒ ☒ Ambulatory Surgery Center
☒ ☒ Community
☒ ☒ Other: N/A

All boxes must be checked

For the application to be complete

Yes/No

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

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 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 ☒

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.

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

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

Original Signature of Person Authorized to Submit Application, no copies or stamps

RON GABOLA

Print Name of Authorized Person

10/31/18

Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
 Parent Company if any: N/A
 Mailing Address: 1811 S 7th St.
 City: Las Vegas State: NV Zip: 89104
 Telephone: 7028862265 Fax: N/A
 Contact Person: Ron Gabiola

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- a) Ron Gabiola 57th St Las Vegas NV 89104
 Name Business Address
- b) N/A
 Name Business Address
- c) N/A
 Name Business Address
- d) N/A
 Name Business Address

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? 1

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A
 Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm
 Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20181757529

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


I, Ron Gabiola

Responsible Person of Swift Pharmaceutical 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 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

RON GABIOLA
Print Name of Authorized Person

10/31/2018
Date

Managing Pharmacist

Pharmacist Name: Aurelia Hurtado - Sobuski License #: 15345Pharmacy Name: Swift Pharmaceutical Inc

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

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

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

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

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.

Anna D. Husted-Valandi
Signature

NOVEMBER 01, 2018
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/31/2018

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 Community Pharmacy
Swift Pharmaceutical Inc 2411 S Eastern Las Vegas NV 89104
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Gabiola Ron Sy
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
57th St Las Vegas NV 89104
 Present Residence Address-Street or RFD City State/Zip
57th St Las Vegas NV 89104
 Present Business Address City State/Zip
Registered Nurse 2014 - Present
 Occupation Dates
 Phone:
 Residence
 Business N/A
Philippines
 Date of Birth Place of Birth (City, County, State)

28 years old
 Age Social Security Number Sex
Brown Black Fair 195165 Mesomorph 5'6
 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 alien, registration No.

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial R.G.
 Page 1

MARITAL INFORMATION-Continued

A. Current Marriage 01/10/2018 Philippines
 Spouse's full name (Maiden) Trixie De Lara Gonsespe City, County and State NIA
 Date of Birth _____ Place of Birth Philippines
 Resident address Vista Verde North Kaybiga Calacan City, Philippines
 Street City State Zip
 Telephone: Residence _____ Business NIA
 Spouse's employer NIA Occupation Student
 Address of employer NIA
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Claire Corpuz</u>	<u>10/17/2016</u>	<u>Las Vegas, NV</u>	<u>Divorce</u>	<u>Las Vegas Clark County NV</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>Claire Corpuz</u>	<u>Tanagrone Dr</u>	<u>North Las Vegas</u>	<u>NV</u>	<u>89084</u>	<u>702 633 5002</u>

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
<u>NIA</u>			

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.

Applicant's initial P.G.
 Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A

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 <u>Rodolfo Pineda Gabiola</u>	<u>5/1</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Business Manager</u>
Mother <u>Rena Patawaran Sy</u>	<u>8/1</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Housewife</u>
Father-in-Law <u>Alberto Gorospe</u>	<u>UK</u>		<u>Caregiver</u>
Mother-in-Law <u>Me Linda Gorospe</u>	<u>UK</u>		<u>Caregiver</u>

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
<u>Randolph Gabiola</u>	<u>2/23</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Callcenter Agent</u>
Spouse <u>Thanytha Enriquez</u>	<u>1/19</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Nurse</u>
<u>Russel Ann Gabiola</u>	<u>2/1</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Housewife</u>
Spouse <u>Cristopherkhu</u>	<u>1/1</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Stock Trader</u>

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Guardian Angel School</u>	<u>Deparo, Philippines</u>	<u>1997 - 2003</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Guardian Angel School</u>	<u>Deparo, Philippines</u>	<u>2003 - 2007</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Trinity University of Asia</u>	<u>Quezon City, Philippines</u>	<u>2007 - 2011</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B S N C Bachelor of Science in NursingCollege or university where obtained Trinity University of AsiaApplicant's initial P.G.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes £ No £

Branch NIA Date of entry-active service NIA

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or 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 NIA State NIA Date registered NIA

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

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 ☐ 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
----------------	-----	--------	-------------------------	-----------------	------------------

NIA

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing?
Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial 12. A.

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

N/A

- 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
----------------	----------------	---

N/A

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
--------------------------	-------------------	------	-----------------

01/1990-03/2014	1433 Vista Verde North	Kayhiga Caceron City, Philippines	
03/2014-10/2016	2909 Tanagrine Dr	North Las Vegas	NV / Clark County
10/2016-10/2017	5001 Vacaville Ave	Las Vegas	NV / Clark County
10/2017-Present	5711 N St	Las Vegas	NV / Clark County

Applicant's initial R.G.

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
06/2011		Explore other opportunities
PN	Medical Care (Nursing)	Corq Patawaran
09/2015	United Homehealth	Explore other job
PN	Medical Care (Nursing)	Arlene Melendres
10/2015	Premier Homehealth	N/A
PN	Medical Care (Nursing)	Arlene Alino
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		

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

Applicant's initial 12-07
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	City	State	Zip	Telephone	Years Known
Name <u>Rubelle Yadao</u> Home	<u>9 Tanager Dr</u>	<u>NV</u>	<u>89104</u>		<u>6</u>
Employer <u>Naph Cafe</u> Busin	<u>330 Casino Center Blvd</u>	<u>NV</u>	<u>89101</u>		
Name <u>Larry Yadao</u> Home	<u>9 Tanager Dr</u>	<u>NV</u>	<u>89104</u>		<u>6</u>
Employer <u>N/A</u> Busin	<u>N/A</u>				
Name <u>Aida Celosa</u> Home	<u>9 Sandy Brown Ave North</u>	<u>Las Vegas NV</u>	<u>89131</u>		<u>6</u>
Employer <u>N/A</u> Busin	<u>N/A</u>				
Name <u>Carlisle Gropes</u> Home	<u>10 Solomon Leap St</u>	<u>Las Vegas NV</u>	<u>89153</u>		<u>10</u>
Employer <u>Sunrise Hospital</u> Business	<u>3180 S Maryland Parkway</u>	<u>Las Vegas NV</u>	<u>89109</u>		
Name <u>Adelle Fortunato</u> Home	<u>Belhurst Ave</u>	<u>Las Vegas NV</u>	<u>89137</u>		<u>2 10</u>
Employer <u>Valley Hospital</u> Business	<u>620 Shadow Ln</u>	<u>Las Vegas NV</u>	<u>89106</u>		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. 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
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
 If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county or state business, venture or industry license 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 businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial R. G.
 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:

N/A

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 ☒

N/A

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 ☒

N/A

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 ☒

N/A

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 ☒

N/A

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 ☒

N/A



Date of photograph 10/31/2018

Applicant's initial P.G.

STATE OF NEVADA

ss.

COUNTY OF CLARK

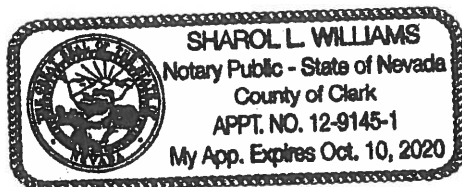
I, Ron Gabiola, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause 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 or 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 CLARK
Subscribed and Sworn to before me this 31 day of

OCT 1, 2018
[Signature]
Notary Public

[Signature]
Original Signature of Applicant



(seal)

Applicant's initial R. G.
Page 9

ADDITIONAL INFORMATION

PIP

Handwriting practice lines consisting of 30 horizontal dotted lines.

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

Date 11-1-18

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 COMMUNITY RETAIL PHARMACY
SWIFT PHARMACEUTICAL INC
 Nature of Pharmacy or Wholesaler
 Name and Address of Business for Which Designated Representative Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name HURTADA-SADOWSKI First Name AURELIA Middle Name TURINGAN
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A
 Present Residence Address-Street or RFD TROTTERS RIDGE DR City LAS VEGAS State/Zip NV 89122
 Present Business Address 2411 S. EASTERN City LAS VEGAS State/Zip NV 89104
 Present Position with the Pharmacy or Wholesaler MANAGING PHARMACIST Phone: Residence 702 886 2265
 Date of Birth NOVEMBER 03, 1964 Place of Birth (City, County, State) 680-051207 Sex FEMALE
 Age BROWN Social Security Number BROWN FAIR 165 lbs 5' 1 INCH
 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 alien, registration No. _____

If naturalized, certificate No. _____ Date FEB 07, 2003

Place LAS VEGAS, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial SM Page 1

MARITAL INFORMATION-Continued

A. Current Marriage SADOWSKI
 Spouse's full name (Maiden) STEPHEN STANLEY Date 3/1 City, County and State CLEVELAND, OHIO
 S.S. No. _____
 Date of Birth 1- Place of Birth CLEVELAND, OHIO
 Resident address TROTTERS RIDGE DR LV, NV 89122
 Street City State Zip
 Telephone: Residence ? Business _____
 Spouse's employer O'REILLY Occupation SALESPERSON
 Address of employer 9221 S. EASTERN LAS VEGAS NV 89183
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>FRESQUINHO DE GUIA</u>	<u>FEB, 21, 2013</u>		<u>DIVORCE DECREE</u>	<u>D296506</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

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
<u>NONE</u>			

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.

Applicant's initial JS
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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
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Father DECEASEDMother ROSITA HURTADA, MANILA PHILIPPINESFather-in-Law DECEASEDMother-in-Law DECEASED

D. Brothers and Sisters:

N/A SEE ATTACHMENTS

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
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ARLENE HURTADA-MANABUELOD - REG. NURSE

Spouse JOEL MANABUELOD - OCC. THERAPIST

ARIEL HURTADA - MED. TECHNOLOGIST

Spouse ANA MATHIE HURTADA - REG. NURSE

ALVIN HURTADA - COMPUTER TECHNOLOGIST

Spouse EVANGELINE HURTADA - REG. NURSE

CYNTHIA HURTADA - CARE-GIVER

Spouse N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	<u>PASAY CITY ELEMENTARY SCHOOL</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>PASAY CITY WEST HIGH SCHOOL</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	<u>THE PHILIPPINE WOMEN'S UNIVERSITY</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>
University	<u>COLLEGE OF PHARMACY</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BACHELOR OF SCIENCE MAJOR IN PHARMACYCollege or university where obtained THE PHILIPPINE WOMEN'S UNIVERSITYApplicant's initial 8

5 MILITARY INFORMATION:

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 or 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 _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

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 ☒ 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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
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NA

- 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
----------------	----------------	--

NA

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
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4023 WEYBRIDGE DR LV NV 89121

4015 WEYBRIDGE DR LV NV 89121

4011 WEYBRIDGE DR LV NV 89121

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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.

FEB 6, 1998 - DESERT SPRINGS HOSPITAL
CURRENT 2075 E. FLAMINGO RD LAS VEGAS NV 89119

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
CLINICAL	PHARMACIST	JIM TRAN
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
NOTHING	FOLLOWS	
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

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.

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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	City	State	Zip	Telephone
Name <u>MARIA ALTAMIRANO</u>	Home				
Employer <u>HEALTH SOUTH</u>	Business				
Name <u>NOEL CASTILLO</u>	Home				
Employer <u>V&S</u>	Business				
Name <u>MICHAEL JOHANSON</u>	Home				
Employer	Business				
Name <u>ANNIE PEREZ</u>	Home				
Employer	Business				
Name <u>BELEN VERZOSA</u>	Home				41
Employer	Business				

10. 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
Accountant	Pilot	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 or state business, venture or industry license 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 businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. 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:

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14. 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 ☒
15. 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 ☒
16. 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 ☒
17. 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 wholesaler)? Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical 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 ☒ 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 ☐



A. H. Schenck, R.Ph.

Date of photograph NOVEMBER 01, 2018Applicant's initial AS

STATE OF Nevada

SS.

COUNTY OF CLARK

I AURELIA HURTADA-SADOWSKI 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 cause 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 or 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.

Aurelia Hurtada-Sadowski
Original Signature of Applicant

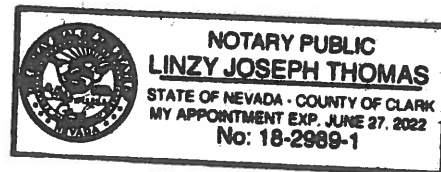
Subscribed and Sworn to before me this 15th day of

November 2018

[Signature]
Notary Public

my commission expired June 27, 2022

(seal)



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ADDITIONAL INFORMATION

BROTHERS AND SISTERS INFO.

ALEXIE HURTADA MAXIAGUELO AND JOEL MANAGUELO
4535 N. MARMORA AVE, CHICAGO ILL 60630
702 506-1969,

ARIEL AXIO ANAMARE HURTADA
2108 BELFORD DR. APT 202, Aiken, S. CAROLINA 29801
702-460-7476

ALVIN HURTADA, CYNTHIA HURTADA,
MANILA, PHILIPPINES

Applicant's initial



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