**5A** 

#### **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 □ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b □ Sole Owner – Pages 1,2,8,10,11a&b										
<b>GENERAL INFORMATION to</b>	be completed by all	type	es of ownership							
Pharmacy Name: Fidelis Hea	lth Group LLC d/b/a F	idelis	is Specialty Pharmacy							
Physical Address: 5275 Arville	e St Ste 156									
		<b>/</b>	Zip Code: 89118							
Telephone: (702) 815-0800	Fax: <u>(702</u>	2) 815	5-0801							
Toll Free Number: (866) 643-	3547 E-ma	ail:	wlemus@fidelis-rx.com							
Website: www.fidelis-rx.com										
Managing Pharmacist: Zacha	ry William Bergan		License Number: 15889							
TYPE OF PHAR	MACY AND	SE	ERVICES PROVIDED							
Yes/No		Ye								
⊠ □ Retail			es/INO							
□ ☑ Hospital (#	beds)		☑ Off-site Cognitive Services							
□ ☑ Hospital (# □ ☑ Internet	! beds)		☑ Off-site Cognitive Services ☑ Parenteral							
	beds)		<ul><li>☑ Off-site Cognitive Services</li><li>☑ Parenteral</li><li>☑ Parenteral (outpatient)</li></ul>							
□ ⊠ Internet □ ⊠ Nuclear	beds) y Surgery Center		<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> </ul>							
□ ⊠ Internet □ ⊠ Nuclear	y Surgery Center		<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> <li>☑ Mail Service</li> </ul>							
□ 図 Internet □ 図 Nuclear □ 図 Ambulator □ 図 Communit	y Surgery Center		<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> <li>☑ Mail Service</li> <li>☑ Long Term Care</li> </ul>							
□ 図 Internet □ 図 Nuclear □ 図 Ambulator □ 図 Communit	y Surgery Center y		<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> <li>☑ Mail Service</li> <li>☑ Long Term Care</li> <li>☑ Sterile Compounding</li> </ul>							
□ 図 Internet □ 図 Nuclear □ 図 Ambulator □ 図 Communit	y Surgery Center y		<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> <li>☑ Mail Service</li> <li>☑ Long Term Care</li> <li>☑ Sterile Compounding</li> <li>☑ Non Sterile Compounding</li> </ul>							
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulator □ ☑ Communit □ ☑ Other:	y Surgery Center y checked		<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> <li>☑ Mail Service</li> <li>☑ Long Term Care</li> <li>☑ Sterile Compounding</li> <li>☑ Non Sterile Compounding</li> <li>☑ Mail Service Sterile Compounding</li> </ul>							

### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the last five	(5) years:				
1)	any interest	poration, any owner(s), sha , ever been charged, or cor or (including by way of a gu	victed of a felony or	gross	Yes □ No I	X
2)	Has the corpany interest registration?	poration, any owner(s), sha , ever been denied a licens ?	reholder(s) or partne e, permit or certificat	r(s) with e of	Yes □ No I	X
3)	interest, eve	poration, any owner(s), sha er been the subject of an ad proceeding relating to the pl	ministrative action, b	oard citation.	Yes □ No [	X
4)	interest, eve	ooration, any owner(s), sha er been found guilty, pled gu to any offense federal or sta ?	ilty or entered a plea	of nolo	Yes □ No [	X
5)	interest, eve	poration, any owner(s), sha er surrendered a license, pe r otherwise (other than upo	rmit or certificate of r	egistration	Yes □ No [	X
Copies	answer to quo s of any docu ition may be	estion 1 through 5 is "yes", uments that identify the circ required.	a signed statement c umstance or contain	of explanation m an order, agree	nust be attache ment, or othe	∋d. r
correc	t. I understa	t the answers given in this a nd that any infraction of the horized pharmacy may be g	laws of the State of	Nevada regulat	ing the	nd
under correct employ	penalty of pe t. I hereby a yees, to cond	stions, answers and statem erjury, that the information fouthorize the Nevada State Educt any investigation(s) of cation and reputation, as it	urnished on this appl Board of Pharmacy, i the business, profess	ication are true, ts agents, serva sional, social an	accurate and ants and d moral	ify,
Origina	I Signature	of Person Authorized to Sul	omit Application, no c	copies or stamp	S	
	er A. Lemus		10	19/18		
Print N	ame of Auth	orized Person	Date			
Board I	Use Only	Date Processed:	Amour	1. 500 M	າ	

#### 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 large	est partners and p	ercentage of owner	rship:		
Name: WAL Capita	I LLC (Wagner A.	Lemus)		%: 50	= = = = = = =
Name: Emerald Ma	iyan Investments I	LC (Jose A. Rosas	s)	%: <u>50</u>	
Name: N/A				%:	
Name: N/A				%:	
Partnership Name:	Fidelis Health Gro	oup LLC			
Mailing Address: 52	275 Arville St Ste	156		V <sub>E</sub> 2 2	
City, State Zip Code	e: Las Vegas, NV	89118			
Telephone Number:	(702) 815-0800	Fax Nun	nber: <u>(702)</u> 81	5-0801	
Contact Person: <u>W</u>	/agner A. Lemus, I	President			
List any physician sl	nareholders and p	ercentage of owner	rship.		
Name: N/A				%:	
Name: N/A				%:	
Name: N/A				%:	
Hours of Operation	n for the pharmac	<u>:y:</u>			
Monday thru Friday	9:00 am 6:0	<u>00</u> pm	Saturday	Closed am	Closed pm
Sunday	<u>Closed</u> am <u>Close</u>	<u>ed</u> pm	24 Hours	No	
A Nevada business license please provi	•	•	e pharmacy has	s a Nevada bu	siness

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

ι, 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  Date
Print Name of Authorized Person Date

#### **Managing Pharmacist**

Pharmacist Name:	Zachary William Bergan		License	#: <u>15889</u>	
Pharmacy Name: _	Fidelis Specialty Pharmacy	15	g- 4127 1	9, 1924) - x 2	

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

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

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

	'es	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or		
physical condition that would impair your ability to perform the essential functions of your license?		X
, and the second		
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	KZ1	
r. been charged, arrested or convicted of a felony of misdeffield in any state?	$\boxtimes$	
2. been the subject of a board citation or an administrative action whether completed or pending		
in any state?	X	
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any		
state?	X	П
State:	ы	ш
If you marked VEC to any of the much and avertions above allows that the first terms of		
If you marked YES to any of the numbered questions above, please include the following informati	on	
NV 04/03/2008 07-083-I	RPH-	N
Board Administrative Action: State: NV Date: 12/21/2004 Case #: 04-063-1	RPH-	N
		•
And/or Criminal Action: State: NV Date: 08/05/2007 Case #: 07CR462	2	
County Lyon Court: Dayton Township Justice		Ť
Courty 2,500		-

## 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  $\frac{10/09/2018}{Date}$ 

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, **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.

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.

Ballians K. Cegarske

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	*****************************	acy, Change of o	wnership		
Fidelis Specialt N	y Pharmacy, 5275 Arvil ame and Address of Establis Fidelis Speci	hment for Which Licens	se Is Requested	18	
1. PERSONAL INFORMATION	l:				
Last Name	First Nar	ne	Middle Nar		
Lemus  Alias(es, Nicknames, Maiden Name, Othe	ar Name Changes Legal or C	Wagner		Anthony	
	or ivallie Orlanges, Legal of C	merwise)			
N/A		0"			
Present Residence Address-Street or RF	11/2015 to	City		State/Zip	
Vargas Way Present Business Address	Dates Present	Redondo Beach City		CA 90278 State/Zip	
	11/2013 to	•		•	
5275 Arville St Ste 156 Occupation	Dates Present	Las Vegas	Phone: Residence	NV 89118	
President, Fidelis Health Grou	ıp. LLC		Business	(702) 815-0800	
Date of Birth	Place of Birth (City,	County, State)			
	Guatemala Cit	ty Guatemala			
Age	Social Security Number	iy, Gaatemala		Sex	
45				Mala	
45 Color of Eyes Color of Ha	air Complexion	Weight	Build	Male Height	
Blue Black	Fair	265 lbs.	Stocky		
Scars, tattoos or distinguishing m	arks and/or characteris	tics N/A			
Are you a citizen of the United St	ates? Yes ເ⊠ No □	If alien, registratio	n No <u>N/A</u>		
If naturalized, certificate Nc	3 / INS Reg	Date08	3/26/1999 *C	ertificate Copy Atta	ached*
Place Los Angeles, CA		(If natura	lized, documen	t must be verified.)	
2. MARITAL INFORMATION:					
Single □ Married ☒ Sep	arated 🗆 Divorced	d □ Widowed	☐ Engage Applicant's i	N.J.	Page

#### MARITAL INFORMATION-Continued

٨.	Current Marria	ige July 19	), 1998		libu, Los Ang		
	Spouse's full na	Dai ame (Maiden) Gina	le Paola Lemus (Pere	z) Cit	City, County and State  S.S. No		
	Date of Birth		Place of	Birth Lima, Peru	1		
	Resident addre	ss Vargas W Street	/ay	Redondo Beach <sup>City</sup>	CA 90 State Zi	278	
	Telephone: R	esidence		Business (310) 2	91-3449		
	Spouse's empl	oyer <u>Casa Linda F</u>	Properties	Occupation Real	Estate Sale	sperson	
	Address of emp	oloyer <u>18119 Prair</u> Street	ie Ave Ste 116	Torrance City	CA 9 State Zi		
B. F	revious Marriag	es: If ever legally se	eparated, divorced, or	annulled, indicate	below:		
lame	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County	and State	
N/A	-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-						
		, and the second		***			
			telephone numbers			Talauhaa	
N/A	Name	Street	City	State	Zip	Telephone	
MIM							
_	AMILY INFORMA						
Α.		ldren, including step	-children and adopted	l children and give	the following	information:	
	Name	Birth Date	Birth Place	Re	sidence Address	<u> </u>	
	Justin C. Lemus	3	Torrance, CA	Vargas Way,	Redondo Bo	each, CA 90278	
В.	Child Support	Information: mark the appropria	te response:				
	⊠ lan	n not subject to a co	urt order for the suppo	ort of child.			
	plaı	n approved by the di	order for the support of strict attorney or other suant to the order; or				
	the	order or a plan appr	order for the support or oved by the district at mount owed pursuant	torney or other pub to the order.			
				Appli	canto illitial	Page	

LAMIL	District attorney or public		onsible for enforci	ng the child support ord	der:	
	Name					
	Address					************
	Contact person					
C.	Parents: List names, residence ad	ldresses, date	es of birth and mos	st recent occupations o	f parents, step-p	parents,
parents	s- <u>in-law or legal guardian.</u>	If retired or d	arassad liet last s	address and occupation	1	
	Name (Maiden)	Birth Date	Address	address and occupation	Оссир	ation
Father						
	Jorge Lemus,		Frampton Ave S	Spc 9, Harbor City, C	A 90710 Pri	nter / Retired
Mother						
Thelr	ma Lemus (Ramos),		rampton A	ve Spc 9, Harbor Cit	ty, CA 90710	Hair Stylist /
Fattletin						
	Walter David Perez,		3 Artesia Bl	vd, Torrance, CA 90	504 Car Rer	ıtals / Deceas
Mother-in		4.0			2504	1 1 D - C
Mar	ia Elena Perez (Luna),	18	; Artesia E	Blvd, Torrance, CA 90	J504 Homer	naker / Retire
D.	Brothers and Sisters: List names, residence ad their respective spouses. Name (Maiden)			st recent occupations o	f brothers and s	and the second
	Madeline Lara,	ì	W Ave 34, Los	Angeles, CA 90065	Intake coord	inator
Spouse	Douglas Lara,	7	W Ave 34 Los A	Angeles, CA 90065	Graphic desi	gner
	Dolly Lemus,	)	W Ave 34 Los	Angeles, CA 90065	Interpreter	
Spouse	N/A					
	Jonathan Lemus,		Scott Ave, L	os Angeles 90026	Patient care	coordinator
Spouse	Judith Lemus,		) Scott Ave, L	os Angeles 90026	Credit analy	st
	N/A		##************************************			
Spouse						
4. E	DUCATION:					
-	Name of School		Location	Dates Attended	Gradi	uate
Gramma School	Kenter Canyon El	lementary, L	os Angeles, CA	1979 - 1988	Yes	XI No 🗆
High	Pacific Palisades,	Los Angele	s, CA	1988 - 1991		☑ No □
School College	Santa Monica Col	llege, Santa	Monica, CA	1991 - 1992		] No 🖾
Universi	ty El Camino Colleg			1992 - 1994		
Other						No X
• •	of degree obtained, if any					
Colleg	e or university where obtai	ned N/A			W.	L.
				Applicar	nt's initial	Page

#### **5 MILITARY INFORMATION:**

Α.	Have you ever served in any armed forces	? Yes □ No ☒
	Branch	Date of entry-active service
	Date of separation	Type of discharge
	Rating at separation	Serial number
		arrested for an offense which resulted in summary action, a trial or $\square$ No $\square$ If yes, furnish details on page 10. (List all incidents or domestic.)
В.	Have you registered for the draft?	es 🗵 No 🗆
	County Los Angeles State CA	Date registered 1991
6. Ai		D ARBITRATIONS: (Include those arrests in which you were
A.	violation for any reason whatsoever, regard	arged, indicted or summoned to answer for any criminal offense or dless of the disposition of the event? (Except minor traffic citations.) provided below. List all cases without exception.
ate of	Arrest Age Charge Lo	cation-City and State Deposition/Date Arresting Agency
N/A		
C. D. E.	page 10. Have you ever been questioned or depose or committee? Yes □ No ☒ Have you ever been subpoenaed to appea commission? Yes □ No ☒ Have you ever been subpoenaed to testify Yes □ No ☒	n unindicted co-party? Yes  No  If yes. furnish details on d by a city, state, federal or law enforcement agency, commission r or testify before a federal, state or county grand jury, board or for any civil, criminal or administrative proceeding or hearing?
F.	If yes, when?	d expunged or sealed by a court order? Yes ☐ No 図 city, county and state
G.	If yes when?	ed prosecution for any criminal offense? Yes □ No ☒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  S s (B through H) is yes, furnish details on page 10.
Vame	Relationship	Charge Location Date
N/A		
		Applicant's initialPage
		3

### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a lav	s an individual, vsuit as either a 図 (Other than	plaintiff or defendant	ship, or owner, director or offic or an arbitration as either a cla	er of a corporatio aimant or respond	on. ever been a dent?
If yes, give	details below. L	ist all cases without e	xception, including bankrupto	ies:	
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposi	tion/Date
N/A					
associated <sup>1</sup>	with it as an owr	o, business venture, s ner, officer, director or plete the following:	ole proprietorship or closely h partner) been a party to a lav	neld corporation (v	while you were or bankruptcy?
Name of Entity		Type of Entity		ximate Date(s) of it/Arbitration/Bankrup	tcv
N/A					
7. RESIDENCES:					
List all residences y	ou have had for	the last 25 years			
Month and Year		the last 25 years.			
(From-To)		et and Number	City	State or County	
11/2015 - Present		√ Vargas Way, Re	dondo Beach, CA, Los Ang	jeles County	
02/2012 - 10/201	5 462	29 W 164th St, Lawr	ndale, CA, Los Angeles Co	unty	
06/2009 - 01/201	2 444	15 W 164th St, Lawr	ndale, CA, Los Angeles Co	unty	
11/2008 - 05/200	9 400	06 Artesia Blvd, Tori	rance, CA, Los Angeles Co	unty	
03/2004 - 10/200	8 424	4 W 179th St, Torra	ance, CA, Los Angeles Cou	ınty	
09/1998 - 02/2004	4 212	22 Bataan Rd Unit C	, Redondo Beach, CA, Los	Angeles Count	ty
03/1986 - 08/199	8 292	29 W 11th St, Los A	ngeles, CA, Los Angeles C	ounty	
3 1 1 NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		***************************************			
1 27 12					
					<b>.</b>
			Applican	nt's initial	WU
					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
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 Nationa	al Conrnerstone, 24747 Redlands Blvd, Loma Linda, CA 92354	Executive position with Fidelis Health Gr
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 Biome	ed 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 Accre	edo 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 Child	ren'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 initia	W
	Page 6

#### 9. CHARACTER REFERENCES:

5275 Arville St Ste 156, Las Vegas, NV 89118

employer or employed Name of Where Employed	Street	City	State	Zip	Telephon	9 '	Years Kn	own_
Name Jason Brenenstahl	Home J	1/2 Warfi	eld Ave,	Redondo B	each, CA 90278			Years
Employer Majestec Security					ach, CA 90278	855- 625-37	788	
Name Erik Moreno	Home	Marcelina	a Ave Un	it G, Torran	ce CA 90501		, 6	Years
Employer Sasco	Business 2	750 Moore	Ave, Fu	Illerton, CA	92833	714-870-02	17	
Name Sam Aviles	Home	Grant Av	e Apt 3,	Redondo B	each, CA 90278		6	Years
Employer Honeywell	Business 1	2 Clinton	/ille Rd, I	North Ford,	CT 06472	800-289-34	73	
<sub>Name</sub> Marco Serpas	Home 1	E Palm A	ve Apt 1,	Burbank, C	CA 91501		3(	) Years
Employer ResCare	Business 2	1010 Van	owen St,	Canoga Pa	ark, CA 91303	818-596-44	48	
Name Richard Granados	Home	Inglewo	od Ave A	Apt A, Lawn	dale, CA 90260		6	Years
Employer CA Orthpaedic Spe	c. Business 36	0 San Mig	juel Dr S	te 701, New	port Beach, CA 9	2660 949-759-36	00	
person's deposite  If yes, complete  Box Number or Type of Deposit	the followin		1	City and S	tate	Authorized Users		
					***************************************			
					_			
Doctor (	Lawyer Contractor Pilot	Race Real e	horse/ra estate br promot	ice dog ow oker or sa	ner	any state, includir Securities deale Barber/Cosmeto Trainer or mana	r logist	Insuranc Gaming Educato
		•						
12. Have you ever a interest in a licen If yes, state type involved, the nan venture or indust NV Board of Pharmacy	nsed business , when and w nes and addr ry.	s or indus here and ess of all	stry OUT give na partner	TSIDE the ames and less and the a	State of Nevada ocations of the bagency respons	? Yes ☒ No ☐ pusinesses in whi ble for licensing	ch you said bu	were siness,
Fidelis Health Group I	LC d/b/a Fi	delis Sp	ecialty	Pharmacy	/. 1002 S Bald	win Ave, Arcadi	a, CA	91007
CA Board of Pharmacy F								
Members:						***************************************		
WAL Capital LLC (Wa Emerald Mayan Inves	-	(Jose A		s)	Ap	pplicant's initial		<b>N</b> Pa

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes $\ \square$ No $\ \boxtimes$
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No 図
If yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No ☑
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ⊠
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  Yes □ No ☒
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes □ No ☒
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  Yes □ No ☑
•••••	
	Date of photograph 09/12/2018
	Applicant's initial Page

	150
STATE OF CALIFORNIA	
	SS.
COUNTY OF LOS ANGELES	
I, Wagner A. Lemus foregoing application and know the contents thereof; that	, being duly sworn, depose and say I have read the
contain a full and true account of the information requeste	
·	ed may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting th	is application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the	e application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtain	ned any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information	tion in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents o	f Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regula	tions of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide the	hereby,
I hereby expressly waive, release and forever dis	charge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of a	action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the li	icensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	
	MANUA JAMUL 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

#### ADDITIONAL INFORMATION

·····	

Applicant's initial Page 10

### 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	4 4
	S.S.
County of Los Angeles	
•	4 Det
Subscribed and sworn to (or affirmed) before me on	this day of,
	a .
20 17, by Wagner A Len	ngs and
Santa as we	ere or to
	, proved to me on the basis of
948 2 M 43970 (C)	
satisfactory evidence to be the person 🔊 who appea	ared before me.
& France ///	STEVEN CHOU Notary Public - California
	Los Angeles County Commission # 2241355
	My Comm. Expires May 6, 2022
For constructives with matter could be the Companies on No. 450.	Seat
OPTIONAL INFORM	ATION ————
OPTIONAL INFORM	ATION ————————————————————————————————————
OPTIONAL INFORMATION IN THE PROPERTY OF THE PR	ATION ————————————————————————————————————
OPTIONAL INFORM. #Illhoups the information in the section is not required in tany it as this juried to an unsucharized required a send may prove assetut to per  Description of Attached Document	ATION  to prevent francules, re-noval and realist hims that is sense relying on the enached document.
OPTIONAL INFORM	ATION  To present fraudules, re-rowal and realize the Fill of Factor and realize the Fill of Factor and Factor
OPTIONAL INFORM. #Ilhoups the information in the section is not required in take it or this juriet to an unsuccessived required and may prove assetute per Description of Attached Document	ATION  To prevent fraucules, re-rowal and realize hins to inspect on the entertheir document.  Method of Affiant Identification  Proved to me on the basis of satisfactory evidence:
OPTIONAL INFORM. #Illhoups the information in the section is not required in tany it as this juried to an unsucharized required a send may prove assetut to per  Description of Attached Document	ATION  To present fraudules, re-nowal and readicule and record and readicule and record
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OPTIONAL INFORM, Although the information in this section is not required to take it or this juried to an unsucharized required send may prove useful to per  Description of Attached Document  The certificate is attached to a document titled/for the purpose of	ATION  To prevent frationalistic removal and reads in a finite constraint on the entertheir document.  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:
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OPTIONAL INFORM, although the information is the section is not required to the item, if on the juried to an unsuch prize discontinuous end may prove useful to per Description of Attached Document The certificate is attached to a document titled/for the purpose of	ATION  To prevent frationalistic removal and reads in a finite constraint on the entertheir document.  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:

#### 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			acy, Change of own	ership		
Fide	Name and	macy, 5275 Arvil Address of Establis	hment for Which License I	s Requested		
		applicable, Name Ur	alty Pharmacy nder Which It Is Now Oper	ated		• • •
1. PERSONAL INFO	RMATION:					
Last Name		First Nar		Middle Name		
Rosas Alias(es, Nicknames, Maide	n Name. Other Name	Changes, Legal or C	Jose Otherwise)	/	Antonio	_
		oriangee, megar er e				
N/A Present Residence Address	-Street or RFD		City	State	e/Zip	-
S Isabella Ave	0.1100(01)(1)	02/2011 to	Monterey Park		91754	
Present Business Address		Dates Present	City		e/Zip	_ =
5275 Arville St Ste 156		11/2013 to Dates Present	Las Vegas	NV	89118	
Occupation	and the second s			Phone: Residence		
Vice President, Fide	lis Health Group	o, LLC		Business(7	702) 815-0800	
Date of Birth		Place of Birth (City,	County, State)			
	£	Mexico	o City, Mexico			
Age	Social Se	curity Number			Sex	-
43	~ =				Male	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	_
Black	Black	Medium	175 lbs.	Medium	5'10"	
Scars, tattoos or distin	guishing marks ar	nd/or characteris	tics_N/A		•••••	
Are you a citizen of the	united States?	Yes⊠ No □	If alien, registration I	No N/A		
lf naturalized, certifica	te Nc 1.	/ INS Reg	) Date 01/30	0/2004 *Cer	tificate Copy Attac	:hed*
Place Los Angeles,	CA		(If naturaliz	ed, document m	ust be verified.)	
2. MARITAL INFOR	MATION:					
Single  Married	☒ Separated	☐ Divorced	d   Widowed	Engaged		
				Applicant's initi	al >	
					F	Page 1

#### MARITAL INFORMATION-Continued

٧.	Current Marriage			Los Angele	es, Los Angeles	County, CA
	Spouse's full name (I	Dai Maiden) Ivette	te e Rosas (Gomez)	Cit S	y, County and State .S. No	
	Date of Birth		Place o	f Birth El Mont	e, CA	
	Resident address	Street	a Ave	Monterey Park (	CA 91754 State Zip	
	Telephone: Resider	ice		Business (626) 5	585-7256	
	Spouse's employer	Pasadena C	ity College	Occupation Cou	nselor	
	Address of employer	1570 E Colo Street	orado Blvd	Pasadena <sup>City</sup>	CA 91106 State Zip	3
B. P	revious Marriages: If	ever legally so	eparated, divorced, or	annulled, indicate	below:	
		of Order Decree	Date of Place of Marriage	Nature of Action	City County and	d State
N/A						
					and the second s	<del>figurities is a s</del>
	List of names, curren	t address and Street	telephone numbers City	of previous spouse State		ephone
N/A						
				****		
3. F	AMILY INFORMATION Children and Deper List all children. Name	dents:	o-children and adopte	d children and give	the following info	rmation:
	Alexis Rosas		Los Angeles, CA			 Park, CA 91754
	Maya Rosas		Los Angeles, CA		ve, Monterey F	
	Anthony Rosas	ry	Los Angeles, CA	S Isabella /	Ave, Monterey F	 Park, CA 91754
В.		the appropria		ort of child		
		•	ourt order for the supp			
	plan appr	oved by the di	order for the support of istrict attorney or othe rsuant to the order; or	r public agency enf		
	the order	or a plan appr	order for the support or roved by the district a mount owed pursuant	ttorney or other pub	dren and NOT in oblic agency enforce	compliance with cing the order for
	тне герау	ment of the ar	nount owed pursuant		cant's initial	Page

FAMIL	.Y INFORMATION-Continued District attorney or public agency resp	onsible for enforcin	g the child support or	der:		
	Name					
	Address					
	Contact person					
C.	Parents: List names, residence addresses, date					
parent		leceased, list last ac		1	Occupation	:
Father						-
	Jose Angel Rosas					
Mother	Jose Aliger Nosas	Unknown, Mex	co City, Mexico.	VVhol	esale supply / R	etired
	Evelia Romo Bustamante 3	N Ditman A	ve, Los Angeles, CA	90063	Housekeeper	
Father-in	n-Law	N Diaman A	ve, rea / trigerea, e/t	30000,	Housekeeper	
	Sergio Gomez	3 S Isabella	Ave, Monterey Park,	CA 9175,	CSR for ADT/	Deceased
Mother-ii	n-Law					
	Hermelinda Sanchez	) S Isabella	Ave, Monterey Park,	CA 91754,	, Housekeeper /	/ Retired
D.	Brothers and Sisters: List names, residence addresses, date their respective spouses.  Name (Maiden)  Birth D	- The served the state of last to the state of a state of the state of	recent occupations o		and sisters and o	of
	N/A					
Spouse	TV/A					
_						
Spouse						
Spouse						
		***				
Spouse						
4. ED	DUCATION:					
Cramma	Name of School		ates Attended	(	Graduate	
Grammai School	Belvedere Elementary, Los Ar	ngeles, CA	1981 - 1990	У	es X No	
High School	Roosevelt High School, Los A	ngeles, CA	1990 - 1993	Y	′es⊠ No □	
College University	California State Los Angeles,	os Angeles, CA	1997 - 2002		'es Ⅺ No □	
Other				Y	′es□ No□	
Type of	degree obtained, if any Bachelo	r of Arts				
College	or university where obtained Californi	a State Los Angeles	3			

Applicant's initial\_\_\_ Page 3

#### 5 MILITARY INFORMATION:

<u></u>									
N/A			***************************************						
Name	Relationship	Charge	Location	Date					
	If you answer to any of the above questions (B	through H) is yes, furnish deta		J.					
H.	If yes when?  Has any member of your family or of your spou	use's family ever been convicte	ed of a felony?	Yes 🗌 No 🗵					
G.	Have you ever received a pardon or deferred p	prosecution for any criminal off	ense?Yes 🗌						
F.	Have you ever had a civil or criminal record ex If yes, when?	punged or sealed by a court or	rder? Yes 🗆	No 🗵					
E.	Have you ever been subpoenaed to testify for Yes □ No ☒	any civil, criminal or administra	ative proceedir	ng or hearing?					
D.	Have you ever been subpoenaed to appear or commission? Yes  No  No	testify before a federal, state of	or county gran	d jury, board or					
C.	Have you ever been questioned or deposed by or committee? Yes ☐ No ☒	a city, state, federal or law en	nforcement age	ency, commission					
В.	Has a criminal indictment, information or comp arrested or in which you were named as an un page 10.	indicted co-party? Yes ☐ No	) 🗓 If yes. fur	nish details on					
N/A				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Date of	Arrest Age Charge Locatio	n-City and State Depos	sition/Date A	rresting Agency					
A.	Have you ever been arrested, detained, charge violation for any reason whatsoever, regardless Yes □ No ☒ If yes, give details in space pro-	s of the disposition of the even vided below. List all cases with	t? (Except min hout exception	nor traffic citations.) n.					
	RRESTS, DETENTIONS, LITIGATIONS AND A not convicted.)								
	County State								
B.	Have you registered for the draft? Yes								
	While in the military service were you ever arrespecial or general court martial? Yes I regardless of where they occurred-foreign or descriptions.	□ No □ If yes, furnish detail: omestic.)	ılted in summa s on page 10.	ary action, a trial or (List all incidents					
	Rating at separation	Serial number							
	Date of separation	Type of discharge							
	Branch	Date of entry-active service							
Α.	Have you ever served in any armed forces? Yes □ No ☒								

#### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a lawsu Yes □ No ເ⊠	I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever beer 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:						
	ails below. Li	st all cases without exc	ception, including ba	ankruptcies:			
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and	State	Disposition/Date		
N/A		<del></del>					
associated with	it as an own	er, officer, director or p	e proprietorship or artner) been a party	closely held co	orporation (while you we		
Yes □ No 図	If yes, compl	ete the following:					
Name of Entity	· · · · · · · · · · · · · · · · · · ·	Type of Entity		Approximate I Lawsuit/Arbitr	Date(s) of ation/Bankruptcy		
JNIA				Mary Landson			
7. RESIDENCES:  List all residences you  Wonth and Year (From-To)		he last 25 years:	City	Chal	te or County		
02/2011 - Present	Office	S Isabella Ave, Moi			s Angeles County		
02/2005 - 01/2011	913	Loma Verde St, Mor	iterey Park,	CA, Lo	s Angeles County		
01/2001- 01/2005	210	9 S Isabella Ave, Mo	nterey Park,	CA, Lo	s Angeles County		
09/1997 - 12/2000	617	W Riggin St, Monter	ey Park,	CA, Lo	s Angeles County		
09/1989- 09/1997	926	N Ditman Ave, Los A	Angeles,	CA, Los	s Angeles County		
	W-0.		9				
			F	Applicant's init	ial <b>کھر</b> Page		

#### 8. EMPLOYMENT:

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

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 Dutles	Name of Supervisor
community Relat	ions 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 Accour	nt 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 Page 6

#### 9. CHARACTER REFERENCES:

	List five charact employer or em		who have ki	now you	ı five years o	r more. Do	not includ	de relative	es, pre	esent
Name o	f Where Employed	Street	City	State	Zip	Telephon	е	Y	ears Kr	nown
Name	Isabel Brenes	Home	Bear	Creek /	Ave, Chino H	ills, CA 917	09,		2	3 Years
Employe	<sub>er</sub> Chino High Sch	nool <sub>Business</sub>	5472 Park F	⊃l, Chind	o, CA 91710,		909-	627-735	1	
Name	Juan Ramon Gor	nez <sub>Home</sub>	Hart	sville St	t, La Puente,	CA 91746,			1 2	9 Years
Employe	er Scheffer Constru	ction Business	727 N Verr	non Ave	, Azusa, CA	91702,	626	-333-631	7	
Name F	Fernando Nemes	io Home	WRigg	gin St. N	Monterey Par	k, CA 91754	1, .		2 1	5 Years
Employe	er LAUSD	Business	333 S Bea	udry Av	e, Los Angel	es, CA 9001	17, 213	3-241-100	00	
Name	Anna Macias	Home	2 W V	Vren Dr,	, Canyon Cot	unty, CA 913	387, €		<u> </u>	19 Years
Employe	er Garfield High Scl	nool Business	5101 E 6th	ı St, Eas	st Los Angele	es, CA 9002	2, 323	-981-550	00	
Name	Ana Lacayo	Home	_ N Dos	s Roble	s Pl. Alhamb	ra, CA 9180	1			19 Years
Employe	<sub>er</sub> Kaiser Permane	ente Business	393 E Wal	lnut St, I	Pasadena, C	A 91 <u>188,</u>	626	S-405-500		
10.	Do you have an person's deposing the second of the second	itory? Yes 🗍	No 🛛	er such	depository, a	access to an	y deposit	ory or do	you t	ise any oth
Box Nun	nber or Type of Depos	sitory	Location	2000	City and State		Authorized	Users		
11.	Have you ever the following: Liquor Doctor Accountant Yes □ No ☒ If yes, state type	Lawyer Contractor Pilot	Race ho Real est Sports p	rse/race tate brok	e dog owner ker or salesm		Securitie Barber/C	including es dealer Cosmetolo or manage	ogist	ot limited t Insurance Gaming Educator
	Have you ever a interest in a lice If yes, state type involved, the na venture or indusoard of Pharmacy	nsed busines: e, when and w mes and addr stry.	s or industry here and gi ess of all pa	y OUTS ive nama artners a	IDE the State les and locati and the agen	e of Nevada ons of the b cy responsi	? Yes 🛭 usinesse ble for lic	No □ s in which ensing sa	n you aid bus	were siness,
	is Health Group ard of Pharmacy							Arcadia.	CA.	11007
Emer RDL	<u>bers:</u> Capital LLC (W rald Mayan Inve Capital Group L Arville St Ste 1:	stments LLC LC (Russell	(Jose A. F D. Lubrani	i) ´		Ар	plicant's i	nitial	۵۷	<b>2</b> Pag

	13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒
	14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒
lf y	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  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 consangularity associated with or employed in the pharmaceutical or drug related industry? Yes □ No ☒
	*****	
		36
	*****	
		Date of photograph 10/01/2018
		Applicant's initial Page

STATE OF CALIFORNIA	
8 8	SS.
COUNTY OF LOS ANGELES	
ı, 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 requeste	d; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requeste	d may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting thi	s 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 obtain	ed any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other informati	on in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of	Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulat	ions of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide the	ereby,
I hereby expressly waive, release and forever disc	charge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of a	ction whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the lie	censing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	
	Original Signature of Applicant
	1-1
Subscribed and Sworn to before me this	day of 10/4/12
Notary Public	
•	(seal)
- See Attached Notar	(seal)
- see intructed Notors	<i>1</i> —

Applicant's initial Page 9

#### ADDITIONAL INFORMATION

3
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
***************************************
***************************************

Applicant's initial 2002 Page 10

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
Subscribed and sworn to (or affirmed) before me on this day of,
20 18, by JOSE A ROSAS
proved to me on the basis of satisfactory evidence to be the person(s) who appeared
before me.
****

AUSTIN G. DONG
Notary Public - California
Los Angeles County
Commission # 2145444
My Comm. Expires Apr 3, 2020

(Seal)

Signature

10 /4 (13

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

g 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	Designa	ted Representative	for Retail Pharmac	у		
Fig	delis Health Group	Nature of Pharmac , 5275 Arville St S	cy or Wholesaler TE 156 Las Vegas,	NV 89118		
		of Business for Which Fidelis Special	Designated Representati tv Pharmacy	ive Is Requested		
		pplicable, Name Under \	Which It Is Now Operated	d	••••	
1. PERSONAL INFO	RMATION:					
_ast Name		First Name		Middle Name	·	_
Bergan	None Other None C	Zachary		William		_
Alias(es, Nicknames, Maider	i Name, Other Name C	nanges, Legal or Other	wise)			
N/A						_
Present Residence Address-	Street or RFD	City		State	e/Zip	
3 Mountain Son	g Ct	Dates 06/01/2015-Curr	ent Henderson		39074	
Present Business Address		City			e/Zip	
5275 Arville St STE	156	Dates (02/02/2015- Cu	rrent) Las Vega		89118	
Present Position with the Ph	armacy or Wholesaler			Phone: Residence		
					'02-815-0800	
Pharmacy Manager				Business	02-013-0000	
Date of Birth		Place of Birth (City, Cou	nty, State)			
		Middletown, Middle	sex, CT			
Age	Social Sec	urity Number			Sex	
40					M	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	
Blue	Blonde	Fair	235	Large	6'1"	
Scars, tattoos or disting			Scar on left shoulder	•••••		
Are you a citizen of the	United States?	Yes⊠ No□ Ifa	lien, registration No	N/A		
If naturalized, certificat	e No N/A		Date	N/A		
Place	N/A		(If naturalized	l, document m	nust be verified.)	
2. MARITAL INFORI						
Single   Married	☑ Separated	☐ Divorced □	☐ Widowed ☐	Engaged		
			Д	applicant's init		
					Ī	Page 1

NΛ	ΔRITΔI	INFORM	LACITAN	Continued

A.	Current Marria	<b>је</b> 9				Middletown, Middlesex, CT			
	Spouse's full na	me (Maiden)	Date Alexis Marie Gill	more	City S.	y, County and .S. No	d State		
	Date of Birth	š	P	lace of Birth	Flagsta	ff, AZ	-	m	
	Resident addres		ntain Song Ct						
	resident dadies	Street		City		State	Zip		
	Telephone: Re	sidence		Business	N/.	Α			
	Spouse's emplo	yer Self	employed	Occupati	ion P	hotograph	er		
	Address of empl	oyer Street	Mountain Song (	Ct Hende	erson	NV 8	9074 Zip		
B. P	revious Marriage	s: If ever lega	lly separated, divorc	ced, or annulled	, indicate l	below:			
Name	of Spouse	Date of Order or Decree			Vature of Action	City Cou	nty and State		
Andrea	a Smith	8/15/2007	May 2005	5 D	ivorce	Min	den, Douglas	, Nevada	
N/A									
N/A		-							
	, list of many s			la ana af manaisa.					
	LIST OF names, C	urrent address Street	and telephone num		is spouses State	Zip	Telephone		
And	Irea Smith	Sansol Ct	Spark	ks N	V	89436			
N/A									
N/A									
3. FA A.	AMILY INFORMA Children and D List all child Name	<mark>ependents</mark> : dren, including	step-children and a	dopted children		the followi sidence Add		n:	
	Reese Bergan		Farmington	, CT	3 Mounta	ain Song C	t Henderson,	NV 89074	
	Emma Gillmore	= == -	Farmington				Ct Hendersor		
	N/A				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- 10	
В.	⊠ lam □ lam	nark the appro not subject to subject to a co	opriate response: a court order for the ourt order for the sup	oport of one or r	more child				
	of the	e amount owed	ne district attorney of pursuant to the ord	der; or		_			
	the c	rder or a plan	ourt order for the sup approved by the dis ne amount owed pur	trict attorney or	other pub ler.		enforcing the		
								Page 2	

	FORMATION-Contin	ued c agency responsible fo	or enforcing the child s	unnort order		
	NI/A					
	. 51/5					
	ents:					
List parents-	names, residence a	ddresses, dates of birth	and most recent occu	upations of pare	ents, ste	p-parents,
	aw or legal guardian.	If retired or deceased,	list last address and o	occupation.		
Nam	e (Maiden)	Birth Date	Address		Oc	ccupation
Father						
William Be	rgan		Spithead Rd Waterfor	rd, Ct 06385	Land	Surveyor
Mother						
Gail Bergan	(Falt)		Spithead Rd Waterfo	ord, Ct 06385	Tea	cher
Father-in-Law						
Tom Gillmo	re	9	Shady Lane Suamino,	WI 54313 Fir	e Protec	tion Engineer
Mother-in-Law Nicky Gillme	ore (Juarez)		Tall Tree Ct Maysvill	e, NC 28555	Но	memaker/Retired
List thei	thers and Sisters: names, residence ac r respective spouses e (Maiden)	ddresses, dates of birth	and most recent occu	upations of brot		d sisters and of
Matt Bergar		J., (1) J. (1)		Kotzebue, AK		
	Bergan (Schaeffer)					
Toni Raye i	bergan (Schaener)		4 Shore Ave	Kotzebue, AK	99752	Alaska Air
John Berga	an		Randolph Rd	Middletown C	T 06457	Insurance
Spouse Maria Berg	gan (Esquivez)		Randolph Rd N	Middletown CT	06457	Insurance
Nathaniel I	Bergan	3	.√ 45th St Apt 10a. N	IY,NY 10036		Engineer
Spouse Sarah Berg	gan (Brandas de Me	lo)	W 45th St Apt 10a. N	IY,NY 10036		Student
N/A						
Spouse						
N/A						
4. EDUCA	ATION:					
	Name of School	Location	n Dates Attended	1	G	raduate
School B	urr Elementary	Higganum,	CT 1982-1990		Ye	s 🛛 No 🗌
High Hac	ldam Killingworth H.S	S. Higganum,	CT 1990-1995		Ye	s 🛛 No 🗆
College University Ith	aca College	Ithaca, NY	1995-1996		Ye	s□ No 🏻
	iversity of Connecticu	ut Storrs, CT	1996-2002			s 🛛 No 🗆
	ree obtained, if any	Pharm D.				
	•	ined University of Co	onnecticut			

#### **5 MILITARY INFORMATION:**

A.	Have you ever serve	ed in any armed fo	orces? Yes 🗆	No 🖾	
	Branch N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of entry-ac	ctive service N/A	
	Date of separation.	N/A	Type of dischar	ge <u>N/A</u>	
	Rating at separation	nN/A	Serial n	umber N/A	
	While in the military	service were you ourt martial?	ever arrested for an offens Yes □ No □ If yes, f	e which resulted in s	ummary action, a trial o
B.	Have you registered	d for the draft?	Yes ☒ No □		
	County Middles	exState	СТ	Date registered	April 1995
6. AF	not convicted.) Have you ever beer violation for any rea	n arrested, detaine son whatsoever, r	s AND ARBITRATIONS: ( ed, charged, indicted or sum egardless of the disposition pace provided below. List	nmoned to answer fo n of the event? (Exce	r any criminal offense o pt minor traffic citations
Date of A	Arrest Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
08/05/2	2007 29	DUI	Dayton, NV	12/19/2009	NHP
N/A					
N/A					
В.	arrested or in which page 10.	you were named	or complaint ever been ret as an unindicted co-party?	Yes □ No ☒ If ye	es. furnish details on
C.	or committee? Yes	⊠ No	posed by a city, state, fede		
D.	Have you ever beer commission? Yes [		ppear or testify before a fe	deral, state or county	grand jury, board or
E.	Have you ever beer Yes □ No ☒	n subpoenaed to te	estify for any civil, criminal	or administrative pro	ceeding or hearing?
F.	Have you ever had		record expunged or sealedcity, county and		s □ No 🏻
G.	Have you ever rece	ived a pardon or c	leferred prosecution for any	/ criminal offense? Y	es □ No Ⅸ
H.	Has any member of If you answer to any	f your family or of y y of the above que	city, county and courty and cour spouse's family ever be stions (B through H) is yes	peen convicted of a fe , furnish details on pa	elony? Yes □ No ᡌ age 10.
			<del></del>	1.	ocation Date
Name		Relationsh	ip Charge	L.	ocation Date
Name		Relationsh	ip Charge		ocation Date
Name N/A		Relationsh	ip Charge	L.C	ocation Date
		Relationsh	ip Charge	L.	Joanon Date
N/A		Relationsh	ip Charge	L	Joanon Date

Applicant's initial Page 4

#### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A			· ////	
N/A				
J. Has any ger associated v	neral partnership vith it as an own	, business venture, sol er, officer, director or p	e proprietorship or closely held artner) been a party to a lawsui	corporation (while you we t, arbitration or bankruptcy

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:

Approximate Date(s) of

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	<del></del>
March 2013- June 2015	1773 Nuevo Rd	Henderson	NV	
June 2012- March 2013	3125 W Warm Springs Ro	d #1125 Henderson	NV	
May 2010- June 2012	44 Chittenden Rd	Killingworth	СТ	
October 2007 - April 2010	39 Hickory Lane	Higganum	СТ	
January 2003 - October 200	07 932 Powers Ave	Minden	NV	
May 2002 - January 2003	1151 White Oak Loop	Minden	NV	
May 2001-May 2002	39 Hickory Lane	Higganum	СТ	
Sept 1999 - May 2001	380 Daleville Rd	Willington	CT	
Sept 1998 - Sept 1999	15 Carriage House Dr	Storrs	СТ	
Sept 1996- June 1998	North Eagleville Rd	Storrs	СТ	
Sept 1995- June 1996	953 Danby Rd	Ithaca	NY	
1977- Aug 1995	39 Hickory Lane Hi	igganum, CT	Applicant's initial 2	<b>‡</b> Page

#### 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.

11.		NI I GE I III
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 A	Il 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,	linic)
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	Trainermaning reactions of Employer.	Training of Employee Training
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.

#### 9. CHARACTER REFERENCES:

Name o	<u>employer or emplo</u> f Where Employed	Street	City State Zip	Telephon	e Years K	20110
	Tim Ferris		3 Redbud Ln Bostic, NV 28018	T eleption		
Name	Defeat Marine	Home			21 years	
Employe	31	Business	3 Redbud Ln Bostic, NV 28018  5 Rt 81 Killingworth, CT 06419			
Name	Liam Poirier	Home		960 247 0600	28 Years	3
Employe	New England Residential Services	Business 2	82 Main St Extension Middletown, CT 06457	860-347-9633		
Name	Dan August	Home E	Beebe Rd East Haddam, Ct 06423		1 17 Years	
Employe	er ServPro	Business 2	39 Williams St Unit #6 New London, CT 06320	860-443-222	2	
Name	Chris Peters	Home	l Sari Dr. Las Vegas, NV 89110		6 Years	
Employe	Professional Rx Pharmacy	Business	2560 E Sunset Rd #120 Las Vegas, NV 89120	702-478-669	)	
Name	Doug Cannman	Home	Windjammer Ct Henderson, NV 89074		5 Years	
Employe	Anazao Health	Business	7465 W Sunset Rd LV, NV 89113	800-995-4	363	
10.	the following:	d a privilego	ed, occupational or profession		ny state, including but r Securities dealer	not limited to
		ontractor lot	Real estate broker or sales Sports promoter	sman	Barber/Cosmetologist Trainer or manager	Gaming Educator
			Nevada R.Ph #1	889 (2002-2	.008, 2011-Current)	
Oreg	on R.Ph # 16447	12/2017- C	urrent, Arizona R.Ph. # S023	3189 04//2018	3- Current	
Con	necticut R.Ph. #10	949 02/20	12 - 01/2014 (Inactive)	*****************		
				***************		
11.	interest in a license If yes, state type, v	ed business when and w es and addr	ity, county of state business, value of industry OUTSIDE the State of and give names and locus of all partners and the against	ate of Nevada ations of the b	? Yes □ No Ⅸ usinesses in which you	were
	N/A					***************************************
				•••••		
12.		eared befo	re any licensing agency or sir		in or outside the State o	of Nevada fo
13.	Have you ever bee	en denied a	personal license, permit, cert	ficate or regis	tration for a privileged.	occupationa

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	2-3
-	Page 7

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related	finding of	f
	suitability?  NV BOP Case No 07-083-RPH-N April 2008	Yes X	No □
	Have you or any person with whom you have been a participant in any group been the s administrative action or proceeding relating to the pharmaceutical industry?  NV BOP Case No 07-083-RPH-N April 2008	Yes 🛚	No
	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?  NV BOP Case No. 07-083-RPH-N April/2008	escription Yes 🖾	drugs and/or No □
	144 DOI: Case No. 07-005-11-14 Aphilizodo		
17.	Have you or any person with whom you have been a participant in any group ever surre permit or certificate of registration relating to the pharmaceutical industry voluntarily or o upon voluntary close of a wholesaler  NV BOP Case No. 07-083-RPH-N April/2008	therwise (	(other than No □
18.	Do you have any relatives within the fourth degree of consanguinity associated with or e	mnloved	in the
10.	pharmaceutical or drug related industry?	Yes 🗆	
•••••			
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 🛭	l No □
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes ⊠	No □
	NA		
		ş	
	Date of photograph	12/18	?
	Applicant's initial	-	Page 8

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 case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this 9 <sup>41</sup> day of
OCTOBER 2018 By ZACHARY WILLIAM BERGAN
Mu ~
Notary Public
(seal)

KELLY GEHRING Notary Public - State of Nevada County of Clark APPT, NO. 07-4292-1 My App. Expires Aug 7, 2019

Applicant's initial\_\_\_\_\_

#### 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
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			***************************************

Applicant's initial 25

Page 10

**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 □ Sole Owner – Pages 1,2,8,10,11a&b □ Sole Owner – Pages 1,2,8,10,11a&b								
GENERAL INFO	RMATION to be compl	s 1,2,4,10	Ji laau	☐ Sole Owner – Pages 1,2,8,10,11a&b				
OLIVE IIII O	MMATION to be comp	leteu by	dii types	5 Of Ownership				
Pharmacy Name	: Modern Rx		11					
Physical Address	6330 S Eastern Ave S	uite 1A						
City: Las Vegas		State:	NV	Zip Code: 89119				
Telephone: 80	0-959-3457	Fax: _	800-376.	5441				
Toll Free Numbe	r:	E	E-mail: <u>in</u>	fo@modernrxpharmacy.com				
Website: Not A	pplicable							
Managing Pharm	nacist: Thuro Navyer	Managing Pharmacist: _ โหนหอ มลุนชุดง License Number: 14869						
TYPE OF PHARMACY AND SERVICES PROVIDED								
<u>TYI</u>	PE OF PHARMACY	AND	SEI	RVICES PROVIDED				
	PE OF PHARMACY	AND	<u>SEI</u> Yes					
		AND						
Yes	s/No		Yes	s/No				
Yes	s/No		Yes	s/No  ☑ Off-site Cognitive Services				
Yes ⊠	s/No □ Retail ☑ Hospital (# beds		Yes	i/No  ☑ Off-site Cognitive Services ☑ Parenteral				
Yes ☑ □	s/No ☐ Retail ☑ Hospital (# beds	_)	Yes	is/No  ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient)				
Yes	s/No  ☐ Retail ☐ Hospital (# beds ☐ Internet ☐ Nuclear	_)	Yes	is/No  ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge				
Yes	s/No  ☐ Retail ☐ Hospital (# beds ☐ Internet ☐ Nuclear ☐ Ambulatory Surgery (	_)	Yes	is/No  ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service				
Yes	s/No  ☐ Retail ☐ Hospital (# beds ☐ Internet ☐ Nuclear ☐ Ambulatory Surgery (☐ Community	_)	Yes	is/No  ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care				
Yes	s/No  ☐ Retail ☐ Hospital (# beds ☐ Internet ☐ Nuclear ☐ Ambulatory Surgery (☐ Community	_)	Yes	is/No  ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding				
Yes  Yes  All to	S/No  ☐ Retail ☐ Hospital (# beds ☐ Internet ☐ Nuclear ☐ Ambulatory Surgery (☐ Community ☐ Other:Specialty	_) Center	Yes	is/No  ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ☐ Non Sterile Compounding				

## APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the last five (5) years:	
1)	Has the corporation, any owner(s), shareholder(s) or 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 ⊠
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation s of any documents that identify the circumstance or contain an order, agaition may be required.	n must be attached. reement, or other
correc	by certify that the answers given in this application and attached documer t. I understand that any infraction of the laws of the State of Nevada regulion of an authorized pharmacy may be grounds for the revocation of this	lating the
under correct emplo backgr	read all questions, answers and statements and know the contents there penalty of perjury, that the information furnished on this application are treat. I hereby authorize the Nevada State Board of Pharmacy, its agents, segrees, to conduct any investigation(s) of the business, professional, social round, qualification and reputation, as it may deem necessary, proper or of the business.	ue, accurate and ervants and and moral desirable.
Origin	al Signature of Person Authorized to Submit Application, no copies or star	mps
Aimee	00/00/2010	
Print N	lame of Authorized Person Date	i
Board	Use Only Date Processed: Amount: <u>600</u> .	00_

#### APPLICATION FOR NEVADA PHARMACY LICENSE

## OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation	: Nevada				
Parent Company if ar	ıy:				
Mailing Address:63					
City: Las Vegas	Sta	ate: NV	Zip:89119	)	
Telephone: 800-959			376-5441		
Contact Person:	Aimee Brown				
For any <del>corporation</del> n	on publicly traded, disc	lose the followi	ing:		-
1) List top 4 perso	ons to whom the shares	s were issued b	y the e <del>orporal</del>	tion?	
a) Aimee Brown	-100% owner	6330 S Eastern A	ve Suite 1A, Las Veg	as, NV 89119	
N	ame	Business Add	ress		
b)					
N	ame	Business Add	lress		
c)					
	ame	Business Add	lress		
d)					
/	ame	Business Addı	ress		
2) Provide the nu	mber of shares issued	by the corporat	tion N/A		
•					
3) What was the p	orice paid per share? _	N/A			
List any physician sha	reholders and percenta	age of ownersh	nip.		
Name: N/A				%:	
Name:				<b>%</b> :	
Hours of Operation t			g.		
Monday thru Friday _	9:00 am <u>5:30</u> pm		Saturday	_N/Aam	N/A pm
Sunday _	N/A am N/A pm		24 Hours	N/A	
A Nevada business lid icense please provide	cense is not required, he the number:	owever if the p	harmacy has	a Nevada bus	iness

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

I,Aimee Brown	
Responsible Person of	
hereby acknowledge and understand that in ad	dition to the corporation's, any owner(s),
	ay be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operate	
I further acknowledge and understand th	at 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 corpor	
I further acknowledge and understand th	at the corporation's, any owner(s), shareholder(s)
	nacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations	pertaining to the practice of pharmacy.
X min Burn	
Original Signature of Person Authorized to Sub	mit Application, no copies or stamps
Aimee Brown	9/12/2018
Print Name of Authorized Person	Date

## **Managing Pharmacist**

Pharmacist Name: IRWHO NGWYEN	License #: 14889	
Pharmacy Name: Modern Rx	<u> </u>	
As a managing pharmacist of the above referenced pharmacy, I a		
report for duty as the managing pharmacist, I shall cause an inventory of		
pharmacy according to the method prescribed by the provision of 21 CFF	R Part 1304; and cause a co	by of
the inventory to be on file at the pharmacy.		
I understand that as the managing pharmacist I am responsible for and its personnel with all state and federal laws and regulations relating and the practice of pharmacy. I understand my license can be revoked of disciplinary action if such laws or regulations are knowingly violated in the managing pharmacist.  I understand that if I cease to be managing pharmacist of the above with the new managing pharmacist, take an inventory of all controlled sufficiency.	to the operation of the pharm or that I can be the subject of e pharmacy in which I am ove named pharmacy I will jo	acy
Been diagnosed or treated for any mental illness, including alcohol or su	Yes	No
physical condition that would impair your ability to perform the essential f	functions of your license?	Ĭ
1. been charged, arrested or convicted of a felony or misdemeanor in ar	ny state?	X
2. been the subject of a board citation or an administrative action whether in any state?	er completed or pending	Ŏ
3. had your license subjected to any discipline for violation of pharmacy state?	or drug laws in any	
If you marked YES to any of the numbered questions above, please inclu	ude the following information	
Board Administrative Action: State: Date:	Case #:	_
And/or Criminal Action: State: Date: County County	Case #: rt:	

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

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

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

M.	10/1/18	
Signature	Date	



# 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.

Ballara K. Cegarste

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 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	Pharmacy	Licence				***********		***
	Modern Rx Pharma	Nati	re of Lic ERN A	ense AVE., LAS V	/EGA	S, NEVAD	A 89119	
	Name a	and Address of Establis	hment fo	or Which Licens	e Is Red	quested		
		If applicable, Name U	nder Wh	ich It Is Now Op	erated			••••
1. PERSONAL	INFORMATION:							
Last Name Brown		First Na	me Ain	nee		Middle Name	Elizabeth	
	Maiden Name, Other Nar	me Changes, Legal or	Otherwis	e)			=	
) Mansbury	√ St.	Frer	nont			Calif	ornia, 94538	
	ddress-Street or RFD		City			Sta	ate/Zip	
6330 S EASTERN A	VE.,	Dates 10/1/2018	LAS	VEGAS,		N	EVADA, 89119	
Present Business Add	dress		City			Sta	ate/Zip	
Owner/ Operations		Dates TBD						
Occupation						Phone: Residence		
9	Live	onia, Michigan				Business	TBD	
Date of Birth	LIV	Place of Birth (City	/ County	/ State)				
		riado di Birtii (Ott)	r, Odding	,, 61010)			F (-	
49							Female	=
Age	Socia	Security Number					Sex	
Hazel	Blonde	caucasian		140		Average	5' 7"	
Color of Eyes	Color of Hair	Complexion		Weight		Build	Height	
Scarş, tattoos or	distinguishing marks	s and/or characteri	stics	Small mol	e on o	chin right s	side	
Are you a citizen	of the United States	? Yes 🛭 No 🗆	If alie	en, registratio	n No			
If naturalized, ce	rtificate No	•••••		Date			******	
Place				(If natura	ılized,	document	must be verified.)	
2. MARITAL IN	FORMATION:							
Single  Ma	arried   Separat	ted   Divorce	ed 🔀	Widowed		Engaged		
					Ap	plicant's in	itial W	D
								Page 1

#### MARITAL INFORMATION-Continued

۹.	Current Marr	iageN/^			ty, County and S	Stata	
	Spouse's full	Dat name (Maiden)	N/A	S	S.S. No.		
	Date of Birth		Place	of Birth			••••
	Resident add	ress					
	, 100,00,111	ressStreet		City	State	Zip	
	Telephone:	Residence		Business			
	Spouse's em	ployer		Occupation			
	Address of er	mployer Street		City	State	Zip	
B. Pre	evious Marria	ges: If ever legally se	eparated, divorced,	or annulled, indicate	below:		
Name o	f Spouse	Date of Order or Decree	Date of Place of Marriage			ty and State	
Paul Br		1/26/2018	9/19/1992	Divorce	Alameda	County, Fren	nont, Ca
		s, current address and	telephone numbers	of previous spouse State	es: Zip	Telephone	
Paul Bı	Name	Street Beethoven Comr		mont Ca.	94538	Telephone	***************************************
3. FA	MILY INFORI Children and List all c	MATION: d Dependents: children, including step	-children and adopt	ed children and give	the following	g information:	
ν.	Name		Birth Place		lesidence Addre		4500
Haley	Brown	}	San Mateo	wan	Spury St. Fi	remont, Ca. 9	4536
В.	Plea	ort Information: se mark the appropria am not subject to a co	- 1	oport of child.			
	□ I	am subject to a court of an approved by the di f the amount owed pur	order for the suppor strict attorney or oth	t of one or more chil ner public agency en	dren and am forcing the o	in compliance order for the re	with a paymen
	th	am subject to a court on a court on a plan approper or a plan approper of the ar	oved by the district	attorney or other pu nt to the order.	dren and NC blic agency e licant's initial	enforcing the o	ce with order for Page

Nam Addr Cont C. Pare List r arents- in-lar Name ather Jerry Ba lother Sandra Ba ather-In-Law None Intherin-Law None D. Brot List their	thers and Sisters: names, residence and sird  thers and sisters: names, residence and sirters:	ddresses, date  If retired or de  Birth Date  ,0  18  addresses, date  s.  Birth D	Yonder D  es of birth a  Yonder D  es of birth a  ate A  Alameda	enforcing the child support and most recent occupation at last address and occupa address  Drive Lake Havasu, AZ  rive Lake Havasu, AZ  and most recent occupation Address  De Las Pulgas, Belmont, CA  gulgas, Belmont, CA 94002	ns of parents, ation.  86406  86406  ns of brothers	Retired  Retired  s and sisters and o  Occupation  T Manager
Addr Cont Cont Cont Cont Cont Cont Cont Cont	ress tact person ents: names, residence and or legal guardian. e (Maiden) aird thers and Sisters: names, residence and respective spouses e (Maiden)  ( rd sher	ddresses, date  If retired or de Birth Date  .0  18  ddresses, date s. Birth D	Yonder D  Part of birth are soft bir	nd most recent occupation st last address and occupand address.  Drive Lake Havasu, AZ strive Lake Havasu, AZ strive Lake Havasu, AZ and most recent occupation.	ns of parents, ation.  86406  86406  ns of brothers	Retired  Retired  s and sisters and o  Occupation  T Manager
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Spouse Raik Droesho Spouse						
Raik Droesh	er	German			Retired	
Spouse	er		ıy		Sales	
			-			
Spouse						
Spouse						
4. EDUCA	ATION:					
	Name of School		Location	Dates Attended		Graduate
School Red	d Rocks Elementary	Morrison		1980-1984		Yes 🛛 No 🗌
ligh Bea	r Creek High Scho	ool Colorado	)	1984-1985	(A. 10) 1 A. P. P. A. P.	Yes 🛛 No 🗆
College	llege of San Mateo	San Mateo, C	CA	1987-2014		Yes 🖾 No 🗌
Other						Yes 🗆 No 🗀
	ree obtained, if any	High School .	AA Degree in	Accounting		
					***********	
Jollege or u	university where obta	ainea College	or Gair Midle	<del></del>		
						NA
				A	licant's initial	Pa

#### 5 MILITARY INFORMATION:

A.	Have you ever served in any armed forces? Yes □ No ☒
	BranchDate of entry-active service
	Date of separationType of discharge
	Rating at separationSerial number
	While in the military service were you ever arrested for an offense which resulted in summary action, a trial special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incident regardless of where they occurred-foreign or domestic.)
В.	Have you registered for the draft? Yes □ No □
	CountyStateDate registered
6. A	RRESTS, 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 violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citation 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 arrested or in which you were named as an unindicted co-party? Yes ☐ No ※ If yes, furnish details on
C.	page 10. 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
	~leh
	Applicant's initial
	Pa

#### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

	details below. Li				
intiff/Defendant or imant/Respondent	Date Filed	Court and Case Number	City. County an	id State	Disposition/Date
associated	with it as an own	, business venture, er, officer, director o ete the following:	sole proprietorship or r partner) been a part	closely held c ty to a lawsuit,	corporation (while you warbitration or bankrupt
Name of Entit	y	Type of Entity		Approximate Lawsuit/Arbi	Date(s) of tration/Bankruptcy
				· · · · · · · · · · · · · · · · · · ·	
RESIDENCES					
	: ou have had for t	he last 25 years:			
all residences y	ou have had for t	he last 25 years:	City	St	ate or County
all residences y th and Year rom-To)	ou have had for t		City Fremont		ate or County fornia
th and Year rom-To)	ou have had for t	at and Number	Fremont		
all residences y th and Year rom-To) 04 to Present	ou have had for t	at and Number Mansbury St	Fremont		
all residences y th and Year rom-To)  4 to Present	ou have had for t	at and Number Mansbury St	Fremont		
all residences y th and Year rom-To)  4 to Present	ou have had for t	at and Number Mansbury St	Fremont		
all residences y th and Year rom-To) 04 to Present	ou have had for t	at and Number Mansbury St	Fremont		
th and Year rom-To)	ou have had for t	at and Number Mansbury St	Fremont		
RESIDENCES t all residences y th and Year From-To) 94 to Present 92-1994	ou have had for t	at and Number Mansbury St	Fremont		

#### 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present

	employer or employ	vees.						
	f Where Employed	Street Brecon Co	City ourt Redwo	State Zip od City CA 940	<u>Tele</u> 62	phone	Years Kr	nown
Name L	Dyan Vassallo	Home					30	
Employe		Business	270 Brear	nnan Street, Sar	rancisco, CA	415-848-8400		
Name (	Christina Valdez	Home	1 Pennsylv	ania Ave., #15 I	Fremont, CA 94	536	9	
Employe	<sub>er</sub> Praxair	Business 4	11446 Chris	ty Street, Fremo	ont, CA 94538	510-438-6734		
Name	Leah Gregg	Home	8 Calico Ct	t, Morgan Hill, C	A 95037		22	
Employe	<sub>er</sub> Student	Business						
Name L	Linda Folan	Home	Clifton Av	enue, San Carlo	os, CA 94070		26	· · · · · · · · · · · · · · · · · · ·
Employe	<sub>er</sub> Retired	Business	· · · · · · · · · · · · · · · · · · ·					
Name	Judy Weber	Home	Mansbur	y Street, Fremo	nt, CA 94538		24	
Employe	Stay at home mom	Business						
10.	Do you have any s person's depositor if yes, complete the	y? Yes ☐ ne followi	No ⊠ ng:					use any other
Box Nur	mber or Type of Depositor	у	Location	City a	nd State	Authorized Users		
11.	the following: Liquor La	wyer entractor ot	Race h Real es Sports	norse/race dog state broker or promoter	owner	e in any state, indu Securities dea Barber/Cosmo Trainer or ma	aler etologist	not limited to Insurance Gaming Educator
	ii yes, state type, w	viiere ariu	years neru	Real Estate in	the state of Ca	ifornia 2006-2010		
12.	Have you ever app interest in a license If yes, state type, w involved, the name venture or industry	ed busines then and w s and addi	s or indust where and	ry OUTSIDE tl give names an	ne State of New discrete	/ada? Yes □ No the businesses in v	⊠ vhich you	were
••••••						Applicant's initial	$\bigcirc$	6
								Page

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☒ □  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 noto contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  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 manufacture).  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Date of photograph	13.	Have you ever appeared before any licensing agency or si any reason whatsoever? Yes □ No ☒	milar authority in or outside the State of Nevada for
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?  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?  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 nole contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  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  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  10. So Il So I	14.	or professional activity? Yes □ No ⊠	
participant in any group which has been denied a business or industry license or related finding of Yes		to the above, state where, when and for what reason:	
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 noto contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  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  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the yes □ No ☑  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the yes □ No ☑  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the yes □ No ☑  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the yes □ No ☑  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the yes □ No ☑  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the yes □ No ☑  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the yes □ No ☑  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the yes □ No ☑	15.	participant in any group which has been denied a business suitability?	s or industry license or related finding of Yes □ No ☒
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pharmaceutical or drug related industry?  Yes \( \text{No } \text{\text{\$\omega}}  Date of photograph \( \text{\$\omega\$} \frac{3}{18} \)  Applicant's initial \( \text{\$\omega\$} \)	18.	permit or certificate of registration relating to the pharmacupon voluntary close of a manufacturer	eutical industry voluntarily or otherwise (other than Yes ☐ No 図
Date of photograph 10/3/18  Applicant's initial	19.	pharmaceutical or drug related industry?	Yes □ No 図
Date of photograph 10/3/18  Applicant's initial			
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Applicant's initial			Date of photograph 10/3/18
			1/)

STATE OF CALCACION SS.

COUNTY OF CALCACION SS.

COUNTY OF CALCACION SS.

COUNTY OF CALCACION SS.

L. ALCACION STRUCT STR

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.

Original Signature of Applicant

Subscribed and Sworn to before me this.....

312 day of

2010

Notary Public

(seal)

TVANA NICHKAWDE

COMM. #2175533

COTARY PUBLIC - CALIFORNIA

ALAMEDA COUNTY

Aly Comm. Exp. Dec. 15, 2020

Applicant's initial\_

Page 9

#### ADDITIONAL INFORMATION

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Applicant's initial Page 10

## 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 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 Modern Rx  6330 S East Hairure of Pharmacy or Wholesaler Les uggs	Application for	~	odern Rx				
If applicable, Name Under Which it is Now Operated	633	30 S Ea	Stern Cuit	or Wholesaler	veges.	NV 8911	9
1. PERSONAL INFORMATION:    Complexion   Com		Name and Addre	ss of Business for Which De	esignated Representat	tive Is Requested		
Alias (es. Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  Mel Pose Abbey pl Las Veys Now 89/41  Present Residence Address-Street or RFID ON State/Zip  NA Dates  Present Business Address  Present Position with the Pharmacy or Wholesaler  I Dawang, VIETNAM Business  Date of Bildin Place of Birth Oity, County, State)  45  Age Social Security Number  Brown Black Medium tw 147 lbs Medium 5 8ex  Cotor of Eyes Cotor of Hair Complexion Weight Build Height  Are you a citizen of the United States? Yes No If alien, registration No.  If naturalized, certificate No.  Place Separated Divorced Widowed Engaged Applicants initial.  Applicants initial.  TH.		lf	applicable, Name Under W	hich It Is Now Operate	ed		
Alias (es. Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  Mel Pose Abbey pl Las Veys Now 89/41  Present Residence Address-Street or RFID ON State/Zip  NA Dates  Present Business Address  Present Position with the Pharmacy or Wholesaler  I Dawang, VIETNAM Business  Date of Bildin Place of Birth Oity, County, State)  45  Age Social Security Number  Brown Black Medium tw 147 lbs Medium 5 8ex  Cotor of Eyes Cotor of Hair Complexion Weight Build Height  Are you a citizen of the United States? Yes No If alien, registration No.  If naturalized, certificate No.  Place Separated Divorced Widowed Engaged Applicants initial.  Applicants initial.  TH.	1. PERSONAL INF	ORMATION:					
Alias(es. Nicknames. Maiden Name, Other Name Changes, Legal or Otherwise)  Melpose Abbey plas Vegs  Present Residence Address-Street or RFID  Dates  Present Business Address  City  State/Zip  NA  Dates  Present Position with the Pharmacy or Wholesaler  Phone: Residence  Phone: Residence Residence  Phone: Residence Phone: Residence Residence Phone: Residence P	NGUYEN		THUHO				
Melipose Abbey pl Las Veys State/Zip  Present Residence Address-Street or RFID ON State/Zip  NA Dates  Present Business Address City State/Zip  NA Dates  Present Position with the Pharmacy or Wholesaler Residence Res	Last Name		First Name		Middle Name		
Present Residence Address-Street or RFIG Dates  Present Business Address  Dates  Present Business Address  Dates  Present Position with the Pharmacy or Wholesaler  Place of Birth Oity, County, State)  Date of Birth Oity, County, State)  Dates  Place of Birth Oity, County, State)  Date of Birth Oity, County, State)  Age Social Security Number  Brown Black Medium Try 147 lbs Medium 5 8 8  Color of Eyes Color of Hair Complexion Weight Build Height  Scars, tattoos or distinguishing marks and/or characteristics  Are you a citizen of the United States? Yes No If alien, registration No  If naturalized, certificate No.  Date 9/14/2001  Place Surges NV (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single Married Separated Divorced Widowed Engaged Applicant s initial			1			2- 1	
Present Business Address  Present Business Address  Dates  Present Position with the Pharmacy or Wholesaler  Present Position with the Pharmacy or Wholesaler  Present Position with the Pharmacy or Wholesaler  Phone: Residence  Residence  Phone: Residence  Residence  Phone: Residenc	Melro	se Abbey P	1 Las Velge	-5	NV	89/41	
Present Business Address  Dates  Present Position with the Pharmacy or Wholesaler  Phone: Residence  Place of Birth Otty, County, State)  45  Age  Social Security Number  Brown  Black  Melium Tw 147 lbs  Melium 5 8  Color of Eyes  Color of Hair  Complexion  Weight  Build Height  Are you a citizen of the United States? Yes Mo fracteristics  Place  Are you a citizen of the United States? Yes Mo fracteristics  Marriad Information:  Single Married Separated Divorced Widowed Engaged  Applicants initial  Applicants initial	Present Residence Addres	ss-Street or RFI	CHY		State	/Zip	
Present Position with the Pharmacy or Wholesaler  Present Position with the Pharmacy or Wholesaler  Phone: Residence					State	/7in	
Present Position with the Pharmacy or Wholesaler    Phone: Residence		•	•		States	Ζίμ	
Dawang, VIETMAM Business  Place of Birth Oty, County, State)  M  Age Social Security Number  Brown Black Medium Tw 147 Lbs medium 5 8  Color of Eyes Color of Hair Complexion Weight Build Height  Scars, tattoos or distinguishing marks and/or characteristics Now  Are you a citizen of the United States? Yes No   If alien, registration Now  If naturalized, certificate Now Date 9/14/2001  Place Las Veys, Now (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married Separated   Divorced   Widowed   Engaged    Applicant s initial TH		Pharmacy or Wholesale	Dates				912
Daving, VIET With Business  Place of Birth Oity, County, State)  Why Social Security Number  Brown  Black  Medium Try 147 Ls Medium 5'8  Color of Eyes  Color of Hair  Complexion  Weight  Build  Height  Scars, tattoos or distinguishing marks and/or characteristics  Note of Eyes  Color of Hair  Complexion  Weight  Build  Height  Are you a citizen of the United States? Yes No   If alien, registration No    If naturalized, certificate No   Date 9/14/200   Place   As Veys   No   (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married Separated   Divorced   Widowed   Engaged    Applicant s initial					Residence		
Age Social Security Number  Brown Black Medium Tw 147 lbs Medium 5 8  Color of Eyes Color of Hair Complexion Weight Build Height  Scars, tattoos or distinguishing marks and/or characteristics.  Are you a citizen of the United States? Yes No   If alien, registration No    If naturalized, certificate No   Date 9/14/20   Place   As Veyrs   NV   (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married Separated   Divorced   Widowed   Engaged    Applicant s initial TH			Danang, V	HETWAM	Business		
Brown  Black  Medium Tw  147   55 Medium  Scars, tattoos or distinguishing marks and/or characteristics  Nocars, tattoos or distinguishing marks and/or characteristics  Are you a citizen of the United States? Yes No   If alien, registration No  If naturalized, certificate No   Date 9/14/201  Place   Sveys   Nv   (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married   Separated   Divorced   Widowed   Engaged    Applicant s initial   TH	Date of Bilth		Place of Birth Oty, Count	y, State)		м. Л	
Brown  Black  Medium Tw  147   55 Medium  Scars, tattoos or distinguishing marks and/or characteristics  Nocars, tattoos or distinguishing marks and/or characteristics  Are you a citizen of the United States? Yes No   If alien, registration No  If naturalized, certificate No   Date 9/14/201  Place   Sveys   Nv   (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married   Separated   Divorced   Widowed   Engaged    Applicant s initial   TH	45					/-(	
Scars, tattoos or distinguishing marks and/or characteristics  Are you a citizen of the United States? Yes No   If alien, registration No    If naturalized, certificate No   Date   9/14/200    Place   OS Veyrs   NV   (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married   Separated   Divorced   Widowed   Engaged   Applicant s initial   TH	Age	Social Se	ecurity Number		40. (3	Sex // S	
Scars, tattoos or distinguishing marks and/or characteristics  Are you a citizen of the United States? Yes No   If alien, registration No    If naturalized, certificate No   Date   9/14/200    Place   OS Veyrs   NV   (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married   Separated   Divorced   Widowed   Engaged   Applicant s initial   TH	Brown	Black	Medium Try	14+155	Med. un	- 58	
Are you a citizen of the United States? Yes No   If alien, registration No    If naturalized, certificate No   Date 9/14/200   Place   Las Veyrs   NV   (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married   Separated   Divorced   Widowed   Engaged   Applicant s initial   TH	Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	
Are you a citizen of the United States? Yes No   If alien, registration No    If naturalized, certificate No   Date 9/14/200   Place   Las Veyrs   NV   (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married   Separated   Divorced   Widowed   Engaged   Applicant s initial   TH							
If naturalized, certificate No Date 9/14/200    Place	Scars, tattoos or dist	inguishing marks a	nd/or characteristics	None			
If naturalized, certificate No Date 9/14/200    Place	Are vou a citizen of t	he United States?	Yes ☑ No □ If alie	en, registration No	)		
Place (If naturalized, document must be verified.)  2. MARITAL INFORMATION:  Single   Married   Separated   Divorced   Widowed   Engaged   Applicant s initial   TH				9/1	11/2001		
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2. MARITAL INFORMATION:  Single □ Married ☑ Separated □ Divorced □ Widowed □ Engaged □  Applicant s initial TH	Place Las	Vegrs, N	<b>/</b>	(If naturalized	l, document mu	ust be verified.)	
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				Δ.	Applicant s initia	al	Page 1

MARIT	AL INF	ORMATION-	-Continued					
Α.	Curre	ent Marriage	5/2	008	Les vegas	s, Clark	, NV	
	Spous	se s full name	Date (Maiden)	008 THUY	NGUYEN	City, County S.S. No	and State	9
	Date	of Birth		Place	e of Birth	ai Gon	- VIETI	VAM
	Resid	ent address_	Mel	Place Pase Abbey	pl Les Veg	State	89141 Zip	
	Telep	hone: Resid	lence	,	Business	N/A		
	Spous	se s employei	r walka	een	Occupation	pherma	u'S+	
	Addre	ss of employ	er <b>6650</b> E L	ien are mead	I/Vel Las ve	State	89156 Zip	
B. P				parated, divorced,				
Name	of Spou		ate of Order or Decree	Date of Place of Marriage		ure of Ci	ty ounty and State	
			)	Lasvens,		Vorld	las vegis	
		Name SUYEN NFORMATIO	, i nel	pose Abbuspl	1			324-S07S
Α.	Child	ren and Dep	endents: n, including step-	children and adop	ted children and			1:
	X-ENIG	Name NGO160		Birth Place	n/V	Residence A		Pl.Lu,NV
5-	fee	NGUYEN	V	. Les veg	is, NU	ma	clrose Abb	ypl Lu, N
В.	Child	☐ I am no ☐ I am sui plan apport the a ☐ I am sui the order	ork the appropriate of subject to a court of proved by the distinguishment owed pursuit of a court of a court of a court of a court of a plan appropriate to a court of a plan appropriate or a plan appropriate to a court of a plan appropriate or a plan appropriate or a plan appropriate or a plan appropriate or a court of a plan appropriate or a court of a court of a plan appropriate or a court of a court	rder for the support strict attorney or ot suant to the order; rder for the support oved by the district	et of one or more ther public agen- or et of one or more attorney or othe	cy enforcing th e children and	e order for the r	repayment ince with
		tne repa	ayment of the am	ount owed pursua	nt to the order.	Applicant s in	itial 🗥	Page 2

FAMIL		TION-Continued		le for enforcing the	a child support o	order:		
		ney or public ag		ie for enforcing the	a crinia support c	order.		
	Address		n/ /\(\rac{1}{\rac{1}{2}}\)		********			•••••
		son			***************************************			•••••
C.	Parents:			•••••				
navante		residence addre	esses, dates of	birth and most rec	ent occupations	of parents, s	step-parents	,
parents		al guardian. If r	etired or decea	sed, list last addre	ss and occupati	ion.		
	Name (Maiden)		Birth Date	Address			Occupation	
Father		· · · · · · · · · · · · · · · · · · ·	/ /	Decas	(	Ph	arma ci	. <u>U</u>
GIAO	NGUYE	V	1 1 1 -	PCClasec				,
Mother			1. 1.	ă ,	· 1- 11	11. 1	06	petired
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Father-in			. 1 1					
	Ucao		7 / 1 -	Deces	veg			
Mother-in	n-Law		l ·		1			
THUN Spouse Kent TRC Spouse Cotor  LUON Spouse VI NGA Spouse Katch	t Duo ic No	ncan ncan fuyen nyen nen	Birth Date	Do Dog patch patch	Dr, Hunti	Hertin, CA Fulletin, Ca Westmins Westmens trington I ington Bec Las your	M phor KH, CA F KHA, CA Ch, CA Wh, CA	phormacist  phormacist  phormacist  phormacist  phormacist  phormacist  compared of the control
4. ED	DUCATION:							
<u> </u>		e of School	Loc	cation Date:	s Attended		Graduate	
Gramma School	r					-	Yes 🗌 No	
High School	phone (	chan Thin	h Daw	any, Viet Na	- 8/1988-	5/1991	Yes No	
College Universit	y The Un	iversity of	New Mex	cico	. 5/a, -	5/90	Yes No [	]
Other		/ (	A150	auraul, Nr	1 7/14	117	Yes 🗆 No	
Type o	f degree obta	ined, if any	phar	nacist				•
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College	e or university	where obtained	113000	7			Nl	~ repi'co
					/ Annlie:	ant s initial	TH	
					, 1001101			Page 3

#### 5 MILITARY INFORMATION:

Α.	Have you ever served in any arm	ed forces?	Yes □ No		
	Branch		Date of entry-active	e service	
	Date of separation		Type of discharge		
	Rating at separation		Serial num	ber	
	While in the military service were special or general court martial? regardless of where they occurred	you ever arreste Yes □	ed for an offense w No □ If yes, furn	hich resulted in sum	nmary action, a trial o
В	Have you registered for the draft?	Yes □	No 🗹		
	CountyS	State	Da	te registered	
6. Al	RRESTS, DETENTIONS, LITIGATI not convicted.) Have you ever been arrested, det violation for any reason whatsoev Yes  No I lf yes, give details	ained, charged, er, regardless o	indicted or summo	oned to answer for a the event? (Except	ny criminal offense or minor traffic citations.
Date of A	Arrest Age Charge	Location-C	city and State	Deposition/Date	Arresting Agency
B. C. D. E. F. G.	Has a criminal indictment, informal arrested or in which you were nan page 10. Have you ever been questioned or committee? Yes   Have you ever been subpoenand commission? Yes   No   Have you ever been subpoenand Yes   No   Have you ever been subpoenand Yes   No   Have you ever had a civil or criminal If yes, when?  Have you ever received a pardon If yes when?  Has any member of your family or If you answer to any of the above	r deposed by a to appear or tes to testify for any nal record expur or deferred pros	city, state, federal stify before a federal civil, criminal or a nged or sealed by a city, county and state secution for any cricity, county and states a family ever been	or law enforcement and, state or county gradministrative procees a court order? Yes te minal offense? Yes te convicted of a felor	furnish details on agency, commission rand jury, board or eding or hearing?  No No No No No No No No
Vame	Relati	onship	Charge	Locati	ion Date
				Applicant s initial_	Page

#### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

	Defendant or	_	Court and Case			
laiman	t/Respondent	Date Filed	Number	City, County and State		Disposition/Date
J.	associated wi	th it as an own	, business venture, sol er, officer, director or p ete the following:	e proprietorship or closely artner) been a party to a l	held corpor awsuit, arbiti	ation (while you v
Paulin am 4 de par per mais de la paulin am 4 de	Name of Entity	T	Type of Entity	Appi Law	roximate Date(s suit/Arbitration/	s) of Bankruptcy
				27 - 1		
7. RE	ESIDENCES:					
		ı have had for t	he last 25 years:			
onin ai (From	nd Year -To)	Stree	et and Number	City	State or 0	
2011	- presen	142	Melrose Abbe	ypl Las vegas,	NV	8914)
200	7-6/2	010 70	103 Sleeping	lily or les vy	grs, av	89178
					***	
		i i i i i i i i i i i i i i i i i i i		****		

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

#### 8. EMPLOYMENT:

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

ウ/ Lin X - メリピンピペー	CVC Pharmaey- Las Veges, NV	over 10,000 hours
5/2008 - Present Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
pharmaurst	All Dufics of a phormacist	Tody Lewis
litle	Description of Duties	Name of Supervisor
5/2006-5/2008	Walcreln, Las vieges, NV	about 3000 hour
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
armanst in charge	All of Dufies of a pharmanist & PIC	Matt Forster
Title	Description of Duties	Name of Supervisor
2/2008-12/2009	Amex pharmacy, Las Vegs, NV	about 800 hour
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
) Wher	Allbutes of Owner of phormacy	Owner
Title	Description of Duties	Name of Supervisor
3/2004-5/2006	CVS phermacy. Las Veges, NV	about 3000 how
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
armaust In Charg	Typing, production, Inventory	Chad Luebski
Title	Description of Duties	Name of Supervisor
6/2002-3/2004	wolfour, chia, CA	about 2000 hou
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
hermanist	All Duties of a Full time phonis	t Collins bogg
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year Title	Name/Mailing Address of Employer/Business  Description of Duties	Number of Employed Hours  Name of Supervisor
Title	Description of Duties	Name of Supervisor
Title  Month and Year	Description of Duties  Name/Mailing Address of Employer/Business	Name of Supervisor  Number of Employed Hours
Title  Month and Year  Title	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties	Name of Supervisor  Number of Employed Hours  Name of Supervisor
Title  Month and Year  Title  Month and Year	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties  Name/Mailing Address of Employer/Business	Name of Supervisor  Number of Employed Hours  Name of Supervisor  Number of Employed Hours

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

Applicant s initial T

Page 6

#### 9. CHARACTER REFERENCES:

	List five charact employer or em		ho have know y	ou five years of	r more. Do	o not include relati	ves, pres	sent
Name of	Where Employed	Street	City State	Zip	Telepho	one	Years Kno	own
Name 5	am Labib	Home 3 /	vordland pr.	Colora, CA 9	2880		10	years
Employe	kaiser	Business	Kaiser	permana	te,	California		
Name H	oa Luu	Home	Inverto	cky ot Las	ugas, NV	89141 ,	,3	6 years
Employe	Tiger soft	Business	Tiger Sof	+ comput	for 7	702-808-00	33	
Name <b>T</b>	Pinh Wen	Home	5 Musca	of way the	SVGG, N	V 89141		10 40.
Employe	tinengloyne	Business	unemploy	ment				
Name <b>T</b>	ony chu	Home	E camel	ia pr. Alhan	boa, la	91801 5		1 10 year
Employe	Walken	Business	Working	for wall	she	in Califor	ria	
Name T	Rung NEUYE	₩ Home	Hende	sm, nV		00) -01/2	, 1	1 years
	cvs pharm		unk for CVS	at 1825.	Ewasn	spring LV, NV	89119	
10.	Have you ever h	,		or professiona	l license in	any state, includi	ng but no	ot limited to
	the following: Liquor	Lawyer	Race horse/r	ace dog owner		Securities deale	er	Insurance
	Doctor	Contractor	Real estate b	roker or salesn		Barber/Cosmeto	ologist	Gaming
	Accountant Yes □ No ☑	Pilot	Sports promo	oter		Trainer or mana	iger	Educator
	If yes, state type	e, where and y	ears held					
			•••••					
	**							
	11	!:!	tu acumtu of ata	ta huainaga ya	enturo or in	dustry license or h	old a fin	ancial
11.	interest in a lice	ensed business	or industry OU	TSIDE the Stat	e of Nevac	la?Yes 🗌 No 🗓		
	If yes, state type	e, when and w	here and give n	ames and locat	tions of the	businesses in wh	ich you v	were
	venture or indus		ess or all partne	ers and the ager	icy respon	sible for licensing	said bus	
		-						
							5.5	
			p				04-4-	f Name of a s
12.	Have you ever a any reason wha	appeared befo itsoever? Yes	re any licensing	agency or simi	ilar authori	ty in or outside the	State of	r Nevada for
13.	Have you ever	been denied a	personal liçens	e, permit, certifi	icate or reg	gistration for a priv	ileged, o	ccupational
	or professional	activity? Yes [	□ No □					
If yes to	o the above, state	e where, when	and for what re	eason:				
					-4-3			
								A
					A	Applicant s initial	QY	/
								Page 7

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ No	
15.	Have you or any person with whom you have been a participant in any group been the standard action or proceeding relating to the pharmaceutical industry?	ubject of an Yes □ No	
16.	Have you or any person with whom you have been a participant in any group ever been to guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescontrolled substances?		s and/or
17.	Have you or any person with whom you have been a participant in any group ever surrer permit or certificate of registration relating to the pharmaceutical industry voluntarily or ot upon voluntary close of a wholesaler	ndered a licen herwise (othe Yes □ No	r than
18.	Do you have any relatives within the fourth degree of consanguinity associated with or er pharmaceutical or drug related industry?	Yes □ No	
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or		
10.	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 PHOTOGRA	PH	
	TAKEN WITHIN LAS	Т	
	30 DAYS HERE		
*********			
	Date of photograph i	18	
	Applicant s initial		Page 8

STATE OF Nevada COUNTY OF Clark	
, 0	SS.
COUNTY OF Clark	
1, THUHO NGUYEN	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that	
contain a full and true account of the information requested	ed; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requeste	ed may be deemed sufficient case for denial or revocation of
	application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the applicat	
permit if the holder or applicant Has obtained any certific	
- · · · · · · · · · · · · · · · · · · ·	support thereof, which is false of fraudulent, and further, that atutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the	
thereunder and agree, if licensed, to abide thereby,	
I hereby expressly waive, release and forever dis	charge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of a	ction whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the li	censing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholes	aler in the State of Nevada.
	10
	Original Signature of Applicant
	❤Original Signature of Applicant
Subscribed and Sworn to before me this Znd	day of
November 2018 DiPPOL	
Notary Public	
	(seal)
	(653.7)
	DARIAN R. ROBINSON
	MOTARY PUBLIC STATE OF NEVADA
	My Commission Expires: 01-03-2022 Certificate No: 18-2727-1

Applicant s initial Page 9

#### ADDITIONAL INFORMATION

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non ä	
	/
60	

Applicant s initial Page 10

**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.

Thou Pharmany or Thursday Change (Preside and	mant linear and mark and it made in a change of DII							
New Pharmacy or □Ownership Change (Provide cur Check box below for type of ownership and complete all								
Corporation or Partnership.	required forms. If ELC use Non Fublic							
□ Publicly Traded Corporation – Pages 1,2,3,10,11a&b □ Partnership - Pages 1,2,6,10,11a&b								
Non Publicly Traded Corporation − Pages 1,2,4,10,1								
<b>GENERAL INFORMATION to be completed by al</b>	I 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	3-861-0249							
Toll Free Number: 844-334-1010 E-m	nail:performpharmacy@yahoo.com							
Website: Not Applicable								
Managing Pharmacist: Trinh Luu	License Number: 16351							
TYPE OF PHARMACY AND	SERVICES PROVIDED							
Yes/No	Yes/No							
□ Retail	☐  ☐ Off-site Cognitive Services							
□ ဩ Hospital (# beds)	□ ⊠ Parenteral							
□ ☑ Internet	□ ⊠ Parenteral (outpatient)							
□ ⊠ Nuclear	□ 図 Outpatient/Discharge							
□ □ Ambulatory Surgery Center	□ ⊠ Mail Service							
☑ □ Community	□ ⊠ Long Term Care							
☐ Other: Specialty	☐ ☑ Sterile Compounding							
	☑ □ Non Sterile Compounding							
All boxes must be checked	☐							
For the application to be complete	☐ 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 parany interest, ever been charged, or convicted of a felony misdemeanor (including by way of a guilty plea or no convicted of the convicted	or gross	Yes [	□No	) 🗔	
2)	Has the corporation, any owner(s), shareholder(s) or parany interest, ever been denied a license, permit or certific registration?	rtner(s) with icate of	Yes [	□ No	) 🔀	
3)	Has the corporation, any owner(s), shareholder(s) or par interest, ever been the subject of an administrative action site fine or proceeding relating to the pharmaceutical independent	n, board citation,	Yes [	□ No	) X	
4)	Has the corporation, any owner(s), shareholder(s) or parinterest, ever been found guilty, pled guilty or entered a contendere to any offense federal or state, related to consubstances?	plea of nolo	Yes [	7 No		
5)	Has the corporation, any owner(s), shareholder(s) or painterest, ever surrendered a license, permit or certificate voluntarily or otherwise (other than upon voluntary close	of registration	Yes [			
Copie	answer to question 1 through 5 is "yes", a signed statements of any documents that identify the circumstance or confisition may be required.	ent of explanation m tain an order, agree	nust be ement,	atta or ot	ched ner	
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.						
Origin	al Signature of Person Authorized to Submit Application,	no copies or stamp	S			
	ey Robinson	10/26/2018				
Print N	Name of Authorized Person Da	ate				

Date Processed:

Board Use Only

Amount: <u>500.00</u>

### APPLICATION FOR NEVADA PHARMACY LICENSE

### **OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Nevada	
Parent Company if any:	
Mailing Address: 2565 Chandler Ave Suite	
City: Las Vegas	_ State:NV Zip:89120
Telephone: 844-334-1010	Fax: 833-861-0249
Contact Person: Courtney Robinson.	
For any corporation non publicly traded,	disclose the following:
1) List top 4 persons to whom the sh	ares were issued by the corporation?
a) Courtney Robinson	2565 Chandler Ave Suite 2, Las Vegas, NV 89120
Name	Business Address
b)	
Name	Business Address
C)	During
Name	Business Address
d) Name	Business Address
2) Provide the number of shares iss	ued by the corporation. N/A
3) What was the price paid per shar	e?N/A
List any physician shareholders and per	centage of ownership.
Name: N/A	%:
Name:	%:
Hours of Operation for the pharmacy:	
Monday thru Friday 9:00 am 5:30	_pm Saturday <u>N/A</u> am <u>N/A</u> pm
Sunday N/A am N/A	pm 24 Hours N/A
A Nevada business license is not require license please provide the number:	ed, however if the pharmacy has a Nevada business

# 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 re-	sponsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by sa	aid corporation.
I further acknowledge and understand that the o	orporation'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.	ř.
I further acknowledge and understand that the or partner(s) cannot require or permit the pharmacist(s of any local, state or federal laws or regulations pertain	) in said pharmacy to violate any provision
Original Signature of Person Authorized to Submit App	lication, no copies or stamps
Courtney Robinson	10/26/2018
Print Name of Authorized Person	Date

### **Managing Pharmacist**

Pharmacist Name: _	Trinh Luu	1	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?		Ŏ
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		X
<ol><li>been the subject of a board citation or an administrative action whether completed or pending in any state?</li></ol>		Ŋ
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		×
If you marked YES to any of the numbered questions above, please include the following informat	ion	
Board Administrative Action: State: Date: Case #:		- 🔀
And/or Criminal Action: State: Date: Case #:		_

## 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.

	2 11-1-18	
Signature	Date	_

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **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.

Barbara K. Cegavske Secretary of State

Salvara K. Cegarste

Electronic Certificate Certificate Number: C20181102-1888

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

™ Date	11-1	1-18	
0 = 0			

### **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 of	r Wholesaler			**************************************
	Name and Address of	Business for Which Des	ignated Repr	esentativ	e Is Requested	Х
•••••	If appli	cable, Name Under Whi	ch It Is Now (	Operated		••••••
1. PERSONAL INFO	RMATION:					
Last Name Lun		First Name			Middle Name	
Alias(es, Nicknames, Maider	Name, Other Name Cha	nges Legal or Otherwise	<u>,)</u>		1090	
NA	rrame, euror rame ena	ngoo, Logar or Guilor Mide	·/			
Present Residence Address-	Street or RFD	City			State/Zi	
2 Spr	ing Ranch PKW	es 2009-Present	Las	Viez .	is NV	89118
Present Business Address		City			State/Zi	p
Day of Day 11 11 Di	Dat	es				
Present Position with the Ph	armacy or wholesaler				Phone: Residence	
					Business	
Date of Birth	Pla	ce of Birth (City, County,	State)			
		Saigon	VIET	nan	~	
Age	Social Securi	ty Number				Sex
49						male
Color of Eyes	Color of Hair C	omplexion	Weight		Build	Height
Brown	Black	Medium	170	165	Medium	5'9"
Scars, tattoos or disting	guishing marks and/o	or characteristics	BirTh	m	K on R	ight Cheek
Are you a citizen of the	United States? Ye	s No □ If alie	n registrat	ion No	III.	
- 8						
If naturalized, certificat	e No · // ·	1	Date		-/-18	
Place Bakersfi	eld Coalif	ornia	(If natu	ralized,	document mus	t be verified.)
2. MARITAL INFOR	MATION:					
Single   Married	Separated D	☐ Divorced ☐	Widowe	d 🗆	Engaged	
				٨٠	oplicant's initial	R
	*			~	phoants initial	Page

A.	Curren	ıt Marria	age	3-4-6	18	Cu	y Vegas	, Clark, NV
	Spouse	e's full n	ame (M	aiden)[+f.o	Linh Thuy	Thi City, S.S.	County and State . No	-
				•	Place of Bir			
	Reside	nt addre	ess <u> </u>	Street	ing Ranch Pku	y lus Veg	as NV 8	59116
	Teleph	one: R	esidend	e	Bus	siness		
*	Spouse	e's empl	oyer	Sweet	Nails oc	cupation Ma	nicuris	T
	Addres	s of em	oloyer	(0530 Street	Southern High	lands Las L	Cey43 NV State Zip	1 89118
B. Pı	revious	Marriag	es: If e	ever legally sep	parated, divorced, or an	nulled, indicate be	elow:	1 134.7
Name	of Spous	se		of Order Decree	Date of Place of Marriage	Nature of Action	City County ar	nd State
011	ria	Nguy	en	2006	2004	Pivor	ced Lo	is Vegas, Clark,
							***************************************	
	List of	names, Name	current	address and t	elephone numbers of p City	revious spouses: State		elephone
~	17	Name		Girçei	Oity	Giale	<u> </u>	siephone
_	AMILY IN							
A.		en and st all ch			children and adopted ch	ildren and give th	e following inf	formation:
		Name		Birth Date	Birth Place		dence Address	
	Ynna	Luy	<u> </u>		Las Vega	s, NV (	3/1	ing Ranch Pku Oring Ranch Pk
	ana	Lui	1		Las Veg	as, NV	54	oring Ranch fk
В.	Child	Support Please		nation: the appropriate	e response:	3		
		☑ I ar	n not s	ubject to a cou	art order for the support	of child.		
		pla	n appro	ved by the dis	rder for the support of o strict attorney or other pu suant to the order; or			
		the	order	or a plan appro	rder for the support of o oved by the district attor ount owed pursuant to t	ney or other publi he order.	c agency enfo	orcing the order for
						Applica	ant's initial	Page 2

	District attorney or public agency responsible for enforcing the child support order:	
	Name	
	Address	
	Contact person	
C.	Parents:	D
ooronte	List names, residence addresses, dates of birth and most recent occupations of parent	ts, step-parents,
parents	in-law or legal guardian. If retired or deceased, list last address and occupation.	
	Name (Maiden) Birth Date Address	Occupation
ather	N. Main ST	61 55 6
	Hai Luu Chambersburg, PA	Flectical En
Mother	. N. Main SI	
	any huy chambers bary PA	Taylor
ather-in		
Mother-ii	ong Van Ho (Deceased) vietnam	farmer
	Kim. Nguyen (Deceased) Vietnam	
1 4	Vietnam Vietnam	farmer
	List names, residence addresses, dates of birth and most recent occupations of brothe	
Spouse	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
Spouse	their respective spouses.	Occupation
	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
pouse	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
Spouse	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
Spouse	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
Spouse	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
Spouse	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
Spouse Spouse	their respective spouses.  Name (Maiden)  Birth Date  Address	Occupation
Spouse Spouse	their respective spouses.  Name (Maiden)  Birth Date  Address  Michelle Traingy  - 495 Arcaro Pr  Richard Traingy  Millon 6A 30004  DUCATION:	Occupation  House Wife  ED y Lexisn
Spouse Spouse A. EI	Name (Maiden)  Birth Date  Address  Michelle Trainor  Richard Trainor  Milton GA 30004  DUCATION:  Name of School  Name of School  Name of School  Name of School  Dates Attended	Occupation  House Wife  ED y Lexisn  Graduate
Spouse Spouse 4. EI Gramma School High	their respective spouses.  Name (Maiden)  Birth Date  Address  Michelle Trainor  - 495 Arcaro Dr  Richard Trainor  Milton 6A 30004  OUCATION:  Name of School  Location  Dates Attended  Wilson  Pattle Creek 1977-1984	Occupation  House Wife  FO y Lexisn  Graduate  Yes No
Spouse Spouse Spouse 4. EI Gramma School High School	their respective spouses.  Name (Maiden)  Birth Date  Address  Michelle Trainor  - 495 Arcaro Dr  Richard Trainor  Milton 6A 30004  OUCATION:  Name of School  Location  Dates Attended  Wilson  Pattle Creek 1977-1984	Occupation  House Wife  EO y Lexisn  Graduate  Yes No   Yes No   Yes No
Spouse Spouse Spouse 4. EI Gramma School High School College	their respective spouses.  Name (Maiden)  Birth Date  Address  Michaelle Trainor  Richard Trainor  Milton GA 30004  Milton GA 30004  DUCATION:  Name of School  Location  Dates Attended  Wilson  Battle Creek  1977-1984  Burrough  Ridgecrest  1264-1987  University of New Mexica  Albagnorage  1999-2003	Occupation  House Wife  FO y Lexisn  Graduate  Yes No
Spouse Spouse Spouse 4. Et Gramma School High School College Universi	their respective spouses.  Name (Maiden)  Birth Date  Address  Michelle Trainor  - 495 Arcaro Dr  Richard Trainor  Milton 6A 30004  OUCATION:  Name of School  Location  Dates Attended  Wilson  Pattle Creek 1977-1984	Occupation  House Wife  EO y Lexisn  Graduate  Yes No   Yes No   Yes No
Spouse Spouse Spouse 4. EI Gramma School High School College Universi	their respective spouses.  Name (Maiden)  Birth Date  Address  Michelle Trainor  - 495 Arcaro Dr  Richard Trainor  Milton 6A 30004  OUCATION:  Name of School  Location  Dates Attended  Wilson  Pattle Creek 1977-1984	Graduate  Yes No  No  Yes  No  No  No  Yes  No  No  No  No  No  No  No  No  No  No

Applicant's initial Page 3

214

1.

City, County and State	
City, County and State	
	Disposition/Date
proprietorship or closely held curtner) been a party to a lawsuit,	orporation (while you were arbitration or bankruptcy?
Approximate Lawsuit/Arbit	Date(s) of ration/Bankruptcy
	*
City Sta	ate or County
	•
alls ST has Venas	N V
T # 105B Cas Verys	NV
Cong veni	
1	
	3
	1 202
	Alls ST Las Vegas  T & 105B Cas Vegas  Ave Cong Beach

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.

QHR Pharmacy

in N. Nellis Blvd #7 Las Viegas  Jame/Mailing Address of Employer/Business  Manage Pharmacy Operans  Description of Duties	Number of Employed Hours
0.1	
ger Manage (hatmacy pera?)	ons Moli
Description of Duties	Name of Supervisor
lame/Mailing Address of Employer/Business Huntridge RX	Number of Employed Hours
E. Charles Ton Blud, las Viegas	6,240 Name of Supervisor
Description of Duties	Name of Supervisor
Fill, Process, Verity, Transfung	Shaina
lame/Mailing Address of Employer/Business	Number of Employed Hours
vs Pharmacy Dessert Ina Rd	20,800
Description of Duties	Name of Supervisor
Fill, Process, Verity, counsel	Ke
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
	Rame/Mailing Address of Employer/Business Huntridge Ry B. Charles Ton Blvd, Las Viegas Description of Duties  Fill, Process, Verify, Transfury Description of Duties  Fill, Process, Verify, Counsel Description of Duties  Fill, Process, Verify, Counsel Description of Duties  Description of Duties

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

List five character reference who have know you five years or more.	Do not include relatives, present
employer or employees.	
When First and Comment of the Commen	

Name of Where Employed Street City State Zip Telephone Years Known
Name Hoa Lau Home Y Invertocky CT 3 1xe
Employer Self Business
Name Jimmy NguyenHome metrose Abbey, LV 12 15 4x5
Employer CV3 Business Las Vegas NV
Name Christina Ariet Home Poker face, LV 10 grs
Employer Primerica Business
Name Samantha Dong Home Sapara Ave, LV
Employer West Valley RX Business
Name Keria Nguyen Home Muscari way, LV
Employer Seif Business
<ul> <li>Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:         <ul> <li>Liquor</li> <li>Lawyer</li> <li>Race horse/race dog owner</li> <li>Doctor</li> <li>Contractor</li> <li>Real estate broker or salesman</li> <li>Accountant</li> <li>Pilot</li> <li>Sports promoter</li> <li>Pilot</li> <li>Sports promoter</li> <li>Trainer or manager</li> <li>Educator</li> <li>If yes, state type, where and years held</li> </ul> </li> </ul>
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.
12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada f any reason whatsoever? Yes □ No ☑
13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupation or professional activity? Yes □ No ☑
If yes to the above, state where, when and for what reason:
5

Applicant's initial.....

14.	Have you ever been refused a business or industry license or related find participant in any group which has been denied a business or industry lice suitability?	ense or related f	inding of Yes □ No ☑	<b>/</b>
15.	Have you or any person with whom you have been a participant in any gradministrative action or proceeding relating to the pharmaceutical industr	roup been the su y?	bject of an Yes □ No ☑	····
16.	Have you or any person with whom you have been a participant in any graph guilty or entered a plea of nolo contendere to any offense, federal or state controlled substances?	e, related to pres	cription drugs Yes  No	and/or
17.		roup ever surren voluntarily or oth	dered a license	than
18.	Do you have any relatives within the fourth degree of consanguinity assopharmaceutical or drug related industry?		Yes □ No 🖟	<u>√</u>
19.	Will you be actively involved in and aware of the daily operation of the phwholesaler?	narmacy or	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 noperating hours?	ormal	Yes 🗹 No 🛚	
0				
••••••	Date of photog	raph	-/8	
	A	pplicant's initial		Page

COUNTY OF CLARK

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 case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

State of Nevada

Original Signature of Applicant

Clark, County
Subscribed and Sworn to before me this 2nd day of November 2018

Alexander Gonzalez

ALEXANDER GONZALEZ is (24) Public. State of Nevada Appointment No. 16-4377-1 My Appt. Expires Oct 12, 2020

Applicant's initial

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9	
······	
***************************************	
	***************************************

Applicant's initial

Page 10

**5D** 

### **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

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 Townership Change (Provide currer	nt license number if making changes: PH							
Check <u>box</u> below for type of ownership and complete all re Corporation or Partnership.	quired forms. **If LLC use Non Public							
Gorporation of Partnership.  Pablicly Traded Corporation – Pages 1,2,3,10,11a&b  Partnership - Pages 1,2,6,10,11a&b								
Non Publicly Traded Corporation - Pages 1,2,4,10,11a8	&b							
GENERAL INFORMATION to be completed by all ty								
Pharmacy Name: Swift Pharmaceuti	ical Inc							
Physical Address: 2411 South Eacter								
City: Las Vegas State:	NV Zip Code: 89104							
City: Las Vegas State:  Telephone: Pending Fax:	pending							
Toll Free Number: N/A E-mail Website: Pending Managing Pharmacist: A ovelia Hortada - Sad	: fending							
Website: Pending								
Managing Pharmacist: Aurelia Hurtada - Sad	auski License Number: 15345 V							
TYPE OF PHARMACY AND	SERVICES PROVIDED							
Yes/Mo	Yes/No							
A Betail	Off-site Cognitive Services							
Hospital (# beds)	D Parenteral							
in Internet	Parenteral (outpatient)							
III III Nerclear	In Outpatient/Discharge							
Ambulatory Surgery Center	Mail Service							
Community	[II] [5] Long Term Care							
M Other: N/A	Sterile Compounding							
THE OUIGI. 1711	Son Sterile Compounding							
All boxes must be checked	Mail Service Sterile Compounding							
For the application to be complete	Other Services: VIA							

#### 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 II No II

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 II No II

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 To No To

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 I No II

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

PON GABOLA
Print Name of Authorized Person

Date

Board Use Only
Date Processed:

Amount:

Page 2

### APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBL	ICY TRADED CORPO	RATION	
State of Incorporation:	Nevada		
Parent Company if any: Mailing Address:	ill S7th	St.	
City: Las Voga	State:	[V ∨ Zip:	89104
Telephone:	71165 Fax:	1. 1/1	
Contact Person: Roy	n Gabiola		27
For any corporation non publicl	y traded, disclose the	following:	
List top 4 persons to whi	om the shares were is	sued by the corporat	ion?
a) Ron Gabioh	- ,	57+1 St Las	Vegas IVV 89104
Name	Busine	ss Address	
b) <i>N/A</i> Name			
Name	Busine	ess Address	
c) <b>V</b> //			
Name	Busine	ess Address	
d) Vill Name	Pusin	ess Address	
<ol><li>Provide the number of s</li></ol>			
3) What was the price paid	per share?	/	
List any physician shareholder			* • • • • • • • • • • • • • • • • • • •
Name:	N/A		_ %: <i>N 11</i> +
Name:	NIA		_%: <i>N / l</i>
Hours of Operation for the p	harmacy:		
Monday thru Friday 9 am	<u>5</u> pm	Saturday	<u> </u>
Sunday <u>MA</u> am	V/A pm	24 Hours	<u>N/14</u>
A Navada husiness license is	not required however	if the pharmacy has	a Nevada business

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: Nv 20161757527

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

1. Pon Gabiola	
I, Responsible Person of Swift Pharmaceut	icalluc
hereby acknowledge and understand that in addition to the	
shareholder(s) or partner(s) responsibilities, may be respons	sible for any violations of pharmacy la
that may occur in a pharmacy owned or operated by said co	rporation.
I further acknowledge and understand that the corpor	ration's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Neva	da State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.	
I further acknowledge and understand that the corpor	ration's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in sa	aid pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to	the practice of pharmacy.
M. Fredom	
Original Signature of Person Authorized to Submit Application	on, no copies or stamps
PON GABIOLA	10/31/2018
Print Name of Authorized Person	Date

### **Managing Pharmacist**

Pharmacist Name:	aurelia Hurtadia - Sadbuski	License #: 15345
Pharmacy 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 lice	ense?	
been charged, arrested or convicted of a felony or misdemeanor in any state?	fe EF	2
been the subject of a board citation or an administrative action whether completed or per in any state?	nding	H
had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		
If you marked YES to any of the numbered questions above, please include the following in	formation	
Board Administrative Action: State: NIA Date: NIA Case #:	NIA	-
And/or Criminal Action: State: N/A Date: N/A Case #: County	בווא	-

Page 11a

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

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

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

and Hoted Valandi

NOVEMBER 01, 2018
Date

Pag11b

### PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date |0/31/2018

### **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 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		Kotail Co	mmunit	, Phari	nacij		
••••••	Swift Ph	Na Maccutic d Address of Establ	ture of License <b>9/ In C</b> is in ment for W	2411 shich License	ngcy S Eartern 4 s Requested	os Vegos W	89104
	I	applicable, Name	Under Which I	ls Now Oper	ated	*******************	
1. PERSONAL INF	ORMATION:	Po	^		5 <sub>V</sub>		
Last Name /V /A		First N	ame		Middle Name		
Alias(es, Nicknames, Maid	en Name, Other Name	Changes, Legal or	Otherwise)				-
				995	NV	8904	
Present Residence Addres	s-Street or RFD	st 2018	City	20.61	State/	Zip 8 91 C 21	
Present Business Address	24/1/	Dates Zoll	City	500	State/		
Registered Nurse	•	Dates 2014	Olly	a- <b>b</b>	States	ΖIÞ	
Occupation Occupation		Dates ZU19	1- Prese	,,,	Phone: Residence		
		Dhilinaines	3			) [A	
Date of Birth		Place of Birth (Ci	ty, County, Sta	ate)			
28 years old							
Age		ecurity Number		,	_	Sex	
Brown	Black	Fair	10	15165	Mesomorph	5'0	
Color of Eyes	Color of Hair	Complexion	,	Weight	Build'	Height	
Scars, tattoos or disti	inguishing marks	and/or characte	ristics/	/one			
Are you a citizen of the							
If naturalized, certific	ate No	MIA	<b>\</b>	Date	NIV		
Place		N 14	• • • • • • • • • • • • • • • • • • • •	(If naturali	zed, document m	ust be verified.)	
2. MARITAL INFO							
Single £ Married	d 🙎 Separate	d £ Divord	ced £ \	Vidowed	£ Engaged :	£	
					Applicant's initi	al P.G.	
					• •		Page 1

MARITALI	INF	ORM	10ITA	√-Con	tinued
----------	-----	-----	-------	-------	--------

Α.	Current Marri	age <i>O</i>	1/10/2018			ph. I. pp	11067	
	Spouse's full n	ame (Maiden)	1/10/2018 Trixic De Lov	a Govosp	City S.S	County and S S. No	tate //	
	Date of Birth		Ρĺ	ace of Birth	Phi	Inggil	2 9	
	Resident addre	ess	Vista Verde	North	Laybigo	(alco	ancity,	Philippine.
			J					
			N/A					
	Address of em	ployer Street	NIA	Git	 y	State Z	<u></u>	
B. Pr	revious Marriag	es: If ever lega	lly separated, divorc	ed, or annull	ed, indicate b	elow:		
Name	of Spouse	Date of Order or Decree	Date of Pl of Marria		Nature of Action	City Count	and State	
	Corpus	1011712016			Divovae			county NV
			and telephone num				Telephone	
<i>- i</i>	I'VE COY PUZ	Street	agrine Dr North	·	State NV	710 K908 4	7C2 633	5602
3. FA A.	AMILY INFORM Children and List all ch Name	Dependents: hildren, including Birth D	step-children and a ate Birth Place	dopted childr	ren and give Re	the following	<u>; information</u> ss	1
				10-70-3		,	S CONTRACTOR OF STREET	en accessive (
В.	Pleas		opriate response:	e support of o	child.			2
	£ la	m subject to a can approved by	ourt order for the su the district attorney o d pursuant to the or	pport of one or other publi	or more child	iren and am orcing the c	in complian order for the i	ce with a repayment
	th	e order or a plan	court order for the su approved by the dis he amount owed pu	strict attorney	or other pub	olic agency	T in compliant of the property	order for
					PF.			Page 2

FAMIL	Y INFORMATION-Continued		
		onsible for enforcing the child support order:	
	Name V/A		
	Address V//		***************************************
	Contact person PIA		
C.	Parents:		t to the second
parents		es of birth and most recent occupations of par-	ents, step-parents,
pa. 0. 11.	in-law or legal quardian. If retired or d	eceased. list last address and occupation.	
	Name (Maiden) Birth Date	Address	Occupation
Father		5+ Vista Vordo North	ρ
Poc	lolfo Pirecla Gabiola	Kaybigg Cakeran City	Business Managior
Mother		Koybigg (akcran (ity	7
Re	na Pataworon Sy	Kaybiga CalcoconCiti	
Father-in	-Law	1 3	
9	herto Gorospe	UZ	Covegnor
Mother-i	n-Law		<del></del>
Me	elinda Govospe	. UK	Caragiver
	,		
D.	Brothers and Sisters:	es of birth and most recent occupations of bro	there and sisters and of
	their respective spouses.	es di birtii and most recent occupations di bio	
	Name (Maiden) Birth D	ate 355	Occupation
Ra	ndelph Gabida	2 Kn bigg Cakeran (it y	Callcenter Agent
Shouse	havnyth Enriquez	Ke 1-199 (alorgan (1-h)	Nurse
		3 Vista Veide Mer 15	Housewite
Hus	sel Ann Gabicla	2 Varybigg (alocian (Hy	
Spouse	stopherkho	1601 blag (Olarati)	1 Stock Trader
Spouse			
Spouse			
4. El	DUCATION:		
	Name of School	Location Dates Attended	Graduate
Gramma School	CTrordian Angelschol	Depart, Philipping 1997 - 2003	Yes & No £
High	Guardian Amel School	Depare, Philipping 2003-2007  Asia Quezoncity, 2007-2011	Yes £ No £
School College	To de Markova de la	Mrs Quezencity, 2007, 2011	
Univers	ity I will a conversifiet	Philippiras 207-2011	Yes No £
Other			Yes £ No £
Type	of degree obtained, if any 13 S	NC Bachelor of Science,	n /vursing)
•			
Colleg	e or university where obtained	rinity University of A	1, 7
		•	2 4
		Applicant's i	nitial /2.67,
			Page 3

Α.	Have you ever se			N/1/4
			Date of entry-active service	
			Type of discharge	
	Rating at separat	tionNIA	Serial number	N   /1
	special or genera regardless of who	al court martial? ere they occurred-foreign	./	
В.	Have you registe	ered for the draft?	Yes £ No £	
	County	NIA State	N/A Date register	ed NIA
6. AI A.	not convicted.) Have you ever be violation for any	een arrested, detained, o	ND ARBITRATIONS: (Include those charged, indicted or summoned to an ardless of the disposition of the event's provided below. List all cases with	swer for any criminal offense? (Except minor traffic citation
ate of	Arrest A	Age Charge L	Location-City and State Deposit	ion/Date Arresting Agency
	, , , ,			
В.	Has a criminal in	dictment, information or	complaint ever been returned agains	t you, but for which you were
В. С.	arrested or in wh page 10. Have you ever be	ich you were named as a een questioned or depos	complaint ever been returned agains an unindicted co-party? Yes £ No sed by a city, state, federal or law enf	If yes, furnish details on
	arrested or in wh page 10. Have you ever be or committee? Y Have you ever be	een questioned or deposed to the first terms of the	an unindicted co-party? Yes £ No	If yes, furnish details on orcement agency, commission
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C. D. E. F. G.	arrested or in wh page 10. Have you ever brown committee? Yhave you ever brown yes £ No £ Have you ever have you ever have you ever have you ever relifyes, when? Have you ever relifyes when? Has any member if you answer to	een questioned or deposives £ No £ een subpoenaed to appe s £ No £ een subpoenaed to testifiad a civil or criminal reconceived a pardon or defer of your family or of you any of the above questic	an unindicted co-party? Yes £ No sed by a city, state, federal or law enfear or testify before a federal, state or fy for any civil, criminal or administratord expunged or sealed by a court or city, county and state city, county and city, city, county and city, city, county and city, city, county and city,	If yes, furnish details on orcement agency, commission recounty grand jury, board or dive proceeding or hearing?  If yes, furnish details on orcement agency, commission recounty grand jury, board or der? Yes £ No £ N
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### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Plaintiff/Defendant or		Court and Case		
Claimant/Respondent	Date Filed	Number	City, County and State	Disposition/Date
NIA				
I Has any good	aral partnership	hucinosa vantura, colo pr	poriotorabio or classiv bal	ld corporation (while you w
associated wi	ith it as an owne	er, officer, director or partne	er) been a party to a laws	ld corporation (while you w out, arbitration or bankrupto
Yes £ No £	If yes, compl	ete the following:		
Name of Entity		Type of Entity		nate Date(s) of Arbitration/Bankruptcy
NIA				
		<u> </u>		
			-10.75	
7. RESIDENCES:				
		i i		
List all residences yo	u have had for t	the last 25 years:		
List all residences yo	Stree	and Number	City	State or County
List all residences yo  Month and Year  (From-To)	Stree	and Number	City th Koybiga (ala	State or County
List all residences yo  Month and Year (From-To)  D1/1990-03/2014	Stree	at and Number 3 Vista Vevde Nevel	th Koybiga (ala	econcity, Philippi
List all residences yo  Month and Year (From-To)  01/1910-03/2014  73/2014-10/2016	Stree # 3.	at and Number  3 Vista Verdo Mero  on Tanagrino Dr	th Koybiga (ala North Las Vegas	econcity, Philippi
List all residences yo  Month and Year (From-To)  0 1 / 19 90 - 03 / 2014  73 / 2014 - 10 / 2016  0 / 2016 - 10 / 2016	Stree # 3. 2 90	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	NV / Clark Co.
List all residences yo  Month and Year (From-To)  0 1 / 19 90 - 03 / 2014  73 / 2014 - 10 / 2016  0 / 2016 - 10 / 2016	Stree # 3. 2 90	at and Number  3 Vista Verdo Mero  on Tanagrino Dr	th Koybiga (ala North Las Vegas	NV/Clark Co.
List all residences yo  Month and Year (From-To)  01/1990-03/2014  03/2014-10/2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	NV / Clark Co.
List all residences yo  Month and Year (From-To)  01/1990 - 03/2014  73/2014 - 10/2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	NV / Clark Co.
List all residences yo  Month and Year (From-To)  01/1990-03/2014  03/2014-10/2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	NV / Clark Co.
List all residences yo  Month and Year (From-To)  01/1990-03/2014  03/2014-10/2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	NV / Clark Co.
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List all residences yo  Month and Year (From-To)  0 1 / 19 90 - 03 / 2014  73 / 2014 - 10 / 2016  0 / 2016 - 10 / 2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	NV / Clark Co.
List all residences yo  Month and Year (From-To)  0 1 / 19 90 - 03 / 2014  73 / 2014 - 10 / 2016  0 / 2016 - 10 / 2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	NV / Clark Co.
List all residences yo  Month and Year (From-To)  0 1 / 19 90 - 03 / 2014  73 / 2014 - 10 / 2016  0 / 2016 - 10 / 2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	NV / Clark Co.
List all residences yo  Month and Year (From-To)  21/1990-03/2014  73/2014 - 10/2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	tu Koybiga (ala North las Vegas Ve Las Vegas	oconcity, Philipp NV / Clark Co NV / Clark Co
List all residences yo  Month and Year (From-To)  0 1 / 19 90 - 03 / 2014  73 / 2014 - 10 / 2016  0 / 2016 - 10 / 2016	Stree 14 3. 2 90 2 5 00	et and Number 3 Vista Vevde Mere 09 Tanagrino Dr 01 Vacaville Av	th Koybiga (ala North Las Vegas Ie Las Vegas Las Vegas	NV / Clark Co.

### 8. EMPLOYMENT:

MI

	ur current employment, list your work history, all busin		
and/or all periods	of unemployment since 18 years of age. Also, list all of	corporations, partnerships or any other	
06/20	s with which you have been associated as an officer, d	rector, stockholder or related capacity.	
Month and Year	Name/Malling Address of Employer/Business	Explore of heropportunit	رگی،
P.N.	Martin ( Care ( Nucha)		
Title	Medical Care CNwsing) Description of Duties	Cora Pataucran Name of Supervisor	
09/2015	United Homehealth	Explore other job	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
PN		Reason for Leaving  Ar lene Melevelues	
Title	Description of Duties	Name of Supervisor	
10/2015	Medical (que (Nusing)  Description of Duties  Premier Heneheath	NIA	
10/2013	A A A A A A A A A A A A A A A A A A A	10 777	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
1210	Medical (aver Nusing)	aliane Alino	
Title	Description of Duties	Name of Supervisor	
L1/4			
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
N//4			
Title	Description of Duties	Name of Supervisor	
NIL			
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
IVIA	10		
Title	Description of Duties	Name of Supervisor	
(v 1 /t			
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
N14	Hantermailing Addices of Employer business	resourior Leaving	
Title	Description of Duties	Name of Supervisor	
MIA	and the state of t	Trans of Suparius	
1 (1)			
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
MA			
Title	Description of Duties	Name of Supervisor	
V/A			
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
VIA	Toma realing rearises of Employerpositios	regarder Leaving	
Title	Description of Duties	Name of Supervisor	

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

Applicant's initial	12.67.
	Page 6

### 9. CHARACTER REFERENCES:

	plover or em	nlovees	•	Jilve years or m				
	re Employed	s t	City State	Zip	Telephone	Y	ears Kno	wn
ame #	belletayao	40 Home 4 Ta	inagrine DV North	वाद मुनुष			6	
mployer N	laph Care	Busin	330 cas ina C	150,101				
ame Lari	ry Yada o	Home	1 languire Dr	Northbay legg	, =		6	
mployer V	11/4	Busines	* 14					
ame a	ida Celos	;a <sub>Home</sub> ia	Santy Brown	Ave lierth	•		6	
mplover (V	1/4	Busine:	/7					
	rlisle Ge		To Solmon Le	rap St. Las Virges	/		10	
mployer Su			31865 Maryl	and Parleua.	y Las Vegi	as NV 8akg		
	elle Fortu		Bellowst Ave	Las Veggy W 1911	57	2	10	
			620 Shadowln, 1			4 Andrews of the Control of the Cont		
per	rson's deposi	y safe depos tory? Yes £ e the followi		n depository, acc	cess to any	depository or de	o you u	se any othe
	or Type of Depos		Location	City and State	Δ	uthorized Users		
w warmer (		DROLY.	50020011	Oity and State		unorgeo oseis		
	14117							
the Liq Do Ao Ye	e following: quor octor ecountant es £ No £	Lawyer Contractor Filot e, where and	Sports promot	ce dog owner oker or salesma er	S n E T	Securities deale Barber/Cosmeto rainer or mana	r ologist ger	Insurance Gaming Educator
		applied for a	city, county of stat	e business, vent	ure or indu	stry license or h		************
If y	yes, state typ	e, when and	ss or industry OUT where and give na dress of all partner	mes and locatio s and the agenc	ns of the bu y responsib	isinesses in whi	said bu	siness,
ve		<u>P</u> 174						***********

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 t	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 £			
	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 2			
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    V			
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  Number 1			
	Date of photograph 10/31/2c( §  Applicant's initial 2.6.			
	Page 8			

STATE OF NEVADA	
21	SS.
COUNTY OF CLARIC	<del>.</del>
L Ron Gabiola	ss, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that	t the statements contained herein are true and correct and
contain a full and true account of the information request	ted; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information reques	ted may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting t	his application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the	e application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obta	ined any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other informa-	ation in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents	of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regul	ations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide	thereby,
I hereby expressly waive, release and forever d	ischarge 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.	
	<b>AG</b>
	riginal Signature of Applicant
STATE OF NEVADA	

COUNTY OF CLAN(
Subscribed and Sworn to before me this 3/ day of

Notary Public

(seal)

Applicant's initial  $\begin{picture}(2.5,0.5) \put(0.5,0.5){\line(0.5,0.5){100}} \put(0.5,0.5){\line(0$ 

Notary Public - State of Nevada County of Clark APPT. NO. 12-9145-1

### ADDITIONAL INFORMATION

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### 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 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 tr						
CoMMUMI Application for	TY RETA	AIL PHI	RMACY	/		
SWIP7	PHAR	Mature of Phare	macy or Wholesaler	INC		
	Name and Addre	ss of Business for Whi	ch Designated Repres	entative Is Requ	uested	
*************************		applicable, Name Und	er Which It Is Now Op	erated	****************	
1. PERSONAL IN	FORMATION:					
Last Name HVRTA	DA- SADOW	SICI First Name	AURELIA	Middle I	Vame TUR	INGAN
Alias(es, Nicknames, Ma	iden Name, Other Name	Changes, Legal or Ot	herwise)			
Present Residence Addre	ess-Street or RFD DTTERS RI	06	LAS VO	EGAS	State/Zip  A/V	89/22
2411 S.E	A.CTERN	Dates LA	S VEGA		State/Zip  MV  S	39104
Present Position with the	Pharmacy or Wholesale	r		Phone: Resider	nce	
MANAG	ING TEAH	ARMAC	121	Busines	ss 7028	862265
	ING TOM					
NOVEMB Age	ER 03,19	64 68	70-05/2	07	FE	MALE
Age	Social S	curity Number		44 -	Sex	
BROWM	BROWN Color of Hair	FAIR	165	les .		FIMCH)
Color of Eyes	Color of Hair	Complexion	Weight	Build	Heig	<b>a</b> ht
Scars, tattoos or dis	stinguishing marks a	nd/or characterist	ics NON	'E		
Are you a citizen of	the United States?	Yes I No □	If alien, registration			
If naturalized, certifi	cate No.		Date/	PEB (	07,20	03
Place LAS	VEGAS,	MY	(If natura	alized, docum	ent must be v	/erified.)
2. MARITAL INFO	4					
Single  Marrie	ed Separated	I □ Divorced	☐ Widowed	□ Enga	aged 🗆	
				Applican	t's initial	8V Page 1

١.	Current Marriage SADOUSET
	Spouse's full name (Maiden) STEPHEN STANLEY S.S. No
	Date of Birth /- 3/ ridce of Birth CCE VE CAND, OHIO
	Resident address.  TWTTERS RINGE DR LV, MV 89/22  Street City State Zip
	Telephone: Residence 5
	Spouse's employer O'RE/LLY Occupation SALES PERSON
	Address of employer 9721 S. EASTERN LAS WEGAS MV 89183
B. Pr	vious Marriages: If ever legally separated, divorced, or annulled, indicate below:
lame	Date of Order Date of Place Nature of City Spouse or Decree of Marriage Action County and State
	ESPINIMPO DEGUIA, DIVORCE DECREE
100500	FEB, 21, 2013 D296506
	List of names, current address and telephone numbers of previous spouses:  Name Street City State Zip Telephone
A.	AILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address
В.	Child Support Information:  Please mark the appropriate response:  The property of 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
	l am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.  Applicant's initial  Page 2

FAMILY INFORMATION-Continued  District attorney or public agency responsible for enforcing the child s	sinport order.
Name X A	
Address	
Contact person	
C. Parents: List names, residence addresses, dates of birth and most recent occ	upations of parents, step-parents,
parents- <u>in-law or legal guardian. If retired or deceased, list last address and</u> Name (Maiden) Birth Date Address	occupation. Occupation
Father DECEASED	
Mother POSITA HURTADA, MANICA PA	ILIPPINES
Father-in-Law  DECEASED	
Mother-in-Law  DECEASED	
D. Brothers and Sisters: JUA SEC ATTACK List names, residence addresses, dates of birth and most recent occ their respective spouses.	
Name (Maiden) Birth Date Address	Occupation Occupation
ARLENE HURTADA-MANASUELOD Spouse JOEL MANAGUELOD	- REG. NURSE
JUEL MAKIA OUGUN	
ARIEZ HURTADA -	- MOD. TECHNOLOGIST
Spouse ANA MA ME HURTADA-	BEG. NURSE
ALVIN HURTADA -	COMPUTER TECHNIOCOGIST
ALVIN HURTADA -  Spouse EVANGELINE HUTCTA DA	REG. MURSE
CYNTHIA INPIADA	CARE-GIVER
Spouse N/A	
4. EDUCATION:	
Name of School Location Dates Attend	
School PASAY C179 ELEPATARY SUITUE	
School PASA Y 919 WEGT MON GATOBE	Yes 🖺 No 🗆
College University THE PHILIPPINE WOMENS UNIVERSE OF PHARMACY	Yes □ No □  Yes □ No □
Type of degree obtained, if any BACHELOR OF SCIE	NCE MAJOR IN PHARMACY
College or university where obtained TIHE PHILIP PINIE	WOMENS UNIVERSITY
	Applicant's initial Page 3

### 5 MILITARY INFORMATION:

Α.	Have you ever served in any armed forces? Yes ☐ No D
	BranchDate of entry-active service
	Date of separationType of discharge
	Rating at separationSerial 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 \Boxed No \Boxed If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)
В.	Have you registered for the draft? Yes □ No □
	CountyStateDate registered
6. <b>A</b> F	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) 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 figure (Include those arrests in which you were
Date of A	Arrest Age Charge Location-City and State Deposition/Date Arresting Agency
В.	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 \(\sigma\) No \(\overline{\text{O}}\) if yes, furnish details on
C.	page 10.  Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes   No   No   No   No   No   No   No   N
D.	Have you ever been subpoenand 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 expunded or sealed by a court order? Yes □ No □
G.	If yes, when?city, county and state
Н.	If yes when?city, county and state
Name	Relationship Charge Location Date
	· — — — — — — — — — — — — — — — — — — —
	Applicant's initial
	Page

### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a l Yes □ f	a, as an individual, lawsuit as either a No (Other than re details below. L	plaintiff or defe divorces)	endant or a	n arbitratio	on as either a	claimant or resp	ation, ever been condent?
aintiff/Defendant or aimant/Respondent	Date Filed	Court and C . Number		City, Co	ounty and State	Dis	position/Date
NA				•			
associate	general partnershi ed with it as an ow No I If yes, com	ner, officer, dire	ector or pa	proprietor rtner) beer	ship or closel	y held corporation lawsuit, arbitrati	on (while you w on or bankrupto
Name of Er	ntity	Type of Ent	ily			proximate Date(s) of wsuit/Arbitration/Ban	
MA							
		¥0	······································	-1 11 11 1 1			
7. RESIDENCE	S:						
	s you have had fo	r the last 25 ye	ars:				
onth and Year	3/-2015 Str	eet and Number		City		State or Cou	inty
4023	WEYBR		DE	LY	NV	8-9/2	
4015	WEYBA		OR	LV	MV	89/2	/
4011	WEGB		Dn	LV	MV	89/2	./
	7	, , , ,					
							Ω

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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.

PEB 6,1998-DESERT SPRIMGS HOSPITAL

Wonth and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
CLIMICAL	PHARMA CIST	JIM TRAN
itle	Description of Dutles	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business  POLLOWS	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
l'ille	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

Applicant's initial

### 9. CHARACTER REFERENCES:

е	mployer or em	ployees.						not include relatives, p	
	here Employed	Street	City	State	Zip	•	Talonha		
	RIA ALTAP	1/ PANO				•, -			
	EDCTH SOU	100000000000000000000000000000000000000							
	el Castill	LO Home							
mplover	V&S	Business							
ame MIC	CHPEL JOH	Home				<			
mployer		Business							
ame AA	INE PER	Home				, -			
mployer		Business				- Andrews			
ame CE	LEN VER	2 2045/A						-	1/
mployer		Business				,,,,,,,			
ti	ne following:	held a privilege	d, occupa	itional d	or profes	sional li	cense in	any state, including bu	t not limited t
A	liquor Poctor Accountant ∕es □ No 🗗	Lawyer Contractor Pllot		state br		owner salesma	1	Securities dealer Barber/Cosmetologis Trainer or manager	Insurance t Gaming Educator
		e, where and ye	ears held						
ir If ir	nterest in a lice f yes, state type	ensed business e, when and wh ames and addre	or indust ere and	ry OUT give na	SIDE th	e State of	of Nevadons of the	dustry license or held a la? Yes □ No □ local held in businesses in which you sible for licensing said	ou were
**********		*****	*********						
		appeared befor atsoever? Yes			agency (	or simila	authori	ty in or outside the Stat	e of Nevada
		been denied a activity? Yes [			, permit	certifica	te or reç	gistration for a privilege	d, occupation
		e where, when							
***********					***********	**********	•••••••	Applicant's initial	~

	participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ No 🖼	
15.	Have you or any person with whom you have been a participant in any group been the standministrative action or proceeding relating to the pharmaceutical industry?	ubject of an Yes	
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?		
17.	Have you or any person with whom you have been a participant in any group ever surrer permit or certificate of registration relating to the pharmaceutical industry voluntarily or of upon voluntary close of a wholesaler	therwise (other than Yes □ No ☑	
18.	Do you have any relatives within the fourth degree of consanguinity associated with or e pharmaceutical or drug related industry?	employed in the Yes   No	
********			
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes ☑ No □	
20.	Will you be employed fulltime with the pharmacy or wholesaler?	Yes ☑ No □	
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes ☑ No □	
	Date of photograph	AHSCHWALRIAN VEMBER 01, 20	υ/8
	Applicant's initial	Page 8	

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

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

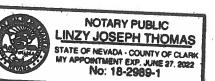
Original Signature of Applicant

Subscribed and Sworn to before me this \_\_\_\_\_ day of

Notary Public

My commission expires June 27, 2022

(seal)



Applicant's initial

BROTHERS GIND GISTERS INFO.	
ARLEXIE HUPTADA MAXIAGUELOO AND JOEZHAN 4535 N. MARMORA MVE, CHICD 60 ILL 60 FOZ 50G-1969,	1060E10 G 30
AMEL AND ANAMAME HURTADA 2108 BELPORD PR. APT 202, ALICEN, S. CAR 702-460-7426	20CIND 2980/
ALVINI HURTADA, CYNTHIA HURTADA, MANILA, PHILIPPINES	

Applicant's initial

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