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## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.

Publicly Traded Corporation – Pages 1,2,3,10,11a&b       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b       Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: AARON PHARMACY INC

Physical Address: 2465 REYNOLD'S AVENUE (SUITE 204)

City: NORTH LAS VEGAS State: \_\_\_\_\_ Zip Code: 89030 Telephone: \_\_\_\_\_

775 372 8344 Fax: 702 410 7842 Toll Free Number: \_\_\_\_\_

N/A E-mail: FELIXEGBASE@YAHOO.COM

Website: N/A

Managing Pharmacist: FELIX A. EGBASE, RPh License Number: 17240

**TYPE OF PHARMACY AND SERVICES PROVIDED**

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

All boxes must be checked  
For the application to be complete

### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

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

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

FELIX ABU EGBASE

Print Name of Authorized Person

06/05/2019

Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 200.00

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: NEVADA

Parent Company if any: N/A

Mailing Address: 2465 REYNOLD'S AVENUE (SUITE 204)

City: NORTH LAS VEGAS State: NV Zip: 89030

Telephone: 775 372 8344 Fax: 702 410 7842

Contact Person: FELIX EGBASE

For any corporation non publicly traded, disclose the following:

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

- a) FELIX EGBASE (100%) 2465 Reynolds Ave #204  
 Name Business Address NORTH LAS VEGAS NV 89030
- b) \_\_\_\_\_  
 Name Business Address
- c) \_\_\_\_\_  
 Name Business Address
- d) \_\_\_\_\_  
 Name Business Address

2) Provide the number of shares issued by the corporation. 150

3) What was the price paid per share? \$50

List any physician shareholders and percentage of ownership. NONE

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 10 am 4 pm      Saturday Closed am \_\_\_\_\_ pm

Sunday Closed am \_\_\_\_\_ pm      24 Hours NA

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191292519

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

I, FELIX ABU EGBASE

Responsible Person of AARON PHARMACY INC.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy 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

FELIX ABU EGBASE

Print Name of Authorized Person

06/05/2019

Date

**Managing Pharmacist**

Pharmacist Name: FELIX ABU EGBASE,

License #: 17240

Pharmacy Name: AARON PHARMACY INC.

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

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

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

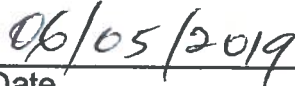
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of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

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

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

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

  
 \_\_\_\_\_  
 Signature

  
 \_\_\_\_\_  
 Date



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/05/2019

## GENERAL INSTRUCTIONS

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

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

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

Application for PHARMACY  
 Nature of License  
AARON PHARMACY INC  
 Name and Address of Establishment for Which License Is Requested  
N/A  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

EGBA SE Last Name      FELIX First Name      ABU Middle Name  
N/A

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

VULCAN STREET      LAS VEGAS      NV 89122  
 Present Residence Address-Street or RFD      City      State/Zip

2465 Reynolds Ave #204      NORTH LAS VEGAS      NV 89030  
 Present Business Address      City      State/Zip

PHARMACIST      (09/2007 - date)  
 Occupation      Dates

Phone:  
 Residence \_\_\_\_\_  
 Business 775 372 8344

LAGOS, NIGERIA  
 Date of Birth \_\_\_\_\_      Place of Birth (City, County, State)

39      \_\_\_\_\_      Male  
 Age      Social Security Number      Sex

Brown      Black      Dark      185 lbs      Athletic      5'7"  
 Color of Eyes      Color of Hair      Complexion      Weight      Build      Height

Scars, tattoos or distinguishing marks and/or characteristics Slight mark on forehead

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

If naturalized, certificate No. \_\_\_\_\_ Date March 2nd 2012

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

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial F.E

**A. Current Marriage** Date City, County and State

*N/A* Spouse's full name (Maiden) S.S. No.

Date of Birth Place of Birth

Resident address Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
EBEHIREME IBAZECO	6/7/16	ABUJA, NIGERIA	DIVORCE	Las Vegas, NV
FELICIA COLLINS	6/15/09	CALIFORNIA	DIVORCE	Las Vegas, NV

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

Name	Street	City	State	Zip	Telephone
Ebehireme Ibazeco	2 Emily Road	Bethesda	MD	20814	
Felicia Collins	Heatherdale Dr	Los Angeles	CA	90043	

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
ESE OSE EGBASE		FREEPORT, BAHAMAS	
Address:		Vulcan Street, Las Vegas, NV 89122	

**B. Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial *FE*

FAMILY INFORMATION-Continued

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

N/A

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father SYLVESTER EGBASE (DECEASED)		EGBASE ST, IROMI, NIGERIA	FARMER (DECEASED)
Mother VICTORIA EMIOWELE		OPAL COVE LAS VEGAS, NV 89128	NURSE (RETIRED) UNEMPLOYED
Father-in-Law N/A			
Mother-in-Law N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
GERALD EGBASE	3	BIGLER ST WOODLAND HILLS CA 91364	LAWYER
Spouse N/A			
ANTHONY EGBASE		Queen Florence Ln Woodland Hills CA 91364	LAWYER
Spouse N/A			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School } IGBEBEN COLLEGE,	IGVERBEN (NIGERIA)	09/1989-05/1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School } (NIGERIA)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University } UNIVERSITY OF BENIN	BENIN CITY (NIGERIA)	10/1995 to 12/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... PHARMACY (B. Pharm)

College or university where obtained..... UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Applicant's initial FE

5 MILITARY INFORMATION:

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

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

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

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<i>Not Applicable</i>					

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

Name	Relationship	Charge	Location	Date
<i>Not Applicable</i>				

Applicant's initial FE Page 4

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

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
<i>NOT APPLICABLE</i>				

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
<i>NOT APPLICABLE</i>		

**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
DEC. 2007 - Present	VULCAN ST	LAS VEGAS	NV (CLARK) 89122
JAN 2007 - DEC 2007	3111 BEL-AIR DR # 403	LAS VEGAS	NV (CLARK) 89109
FEB 2005 - JAN 2007	801 S. HOPE ST # 503	LDS ANGELES	CA (Los Angeles) 90012
JAN 1994 - FEB 2005	38 OGBENI STREET	BENIN CITY	EDO STATE, NIGERIA

Applicant's initial FE 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
present Jan 2018 - date	KINDRED HOSPITALS 2250 E. Flamingo Rd, Las Vegas NV 89119	STILL EMPLOYED
	Description of Duties	Name of Supervisor
	Pharmacist (Per Diem) Order Entry and Verification, Medication dispensing and distribution to patient care areas	CAROL ENG, RPh
June 2016 - April 2018	WESTERN ARIZONA REG. MED. CTR. 2735 Silver Creek Rd, Bullhead City AZ 86442	Relocated back to Vegas
	Description of Duties	Name of Supervisor
	Pharmacist Order Entry and Verification, Medication dispensing & distribution to patient areas	Pamela Utah, RPh.
Jan 2008 - date	ACCESS Healthcare Staffing & Recruitment 5025 S. Eastern Ave, Las Vegas NV 89119	Still Affiliated
	Description of Duties	Name of Supervisor
	Pharmacist Contract Pharmacist sent on different locations for contract work.	ESOSA Igbinovia
June 2009 - Sept 2014	HAWAII REGIONAL MEDICAL CENTER 101 Civic Center Lane, Ika HAWAII AZ 86403	Relocated back to Vegas
	Description of Duties	Name of Supervisor
	Pharmacist Order Entry and Verification, Prescription Filling & Distribution to patient care areas	Michael Rosen, MD
April 2004 - Nov 2009	ABC Pharmacy & Medical Supplies 3040 E. Bonanza #110, Las Vegas NV 89101	Went to Clinical Practice
	Description of Duties	Name of Supervisor
	Pharmacy Manager Oversight of Operations, in accordance with state laws & federal laws	John Arrozie, RPh
Sept 2007 - Aug 2009	Walgreens Pharmacy 101 E. Lake Mead Dr. Henderson NV 89015	Started Independent Pharmacy
	Description of Duties	Name of Supervisor
	Pharmacist Prescription dispensing, patient counselling and Narcotic inventory oversight	Francis Wickham
Jan 2007 - Sept 2007	Walgreens Pharmacy 3400 N Boulder Highway, Las Vegas NV 89121	Completed Intern hours
	Description of Duties	Name of Supervisor
	Intern Pharmacist Pharmacist & Pharmacist - assigned duties	Heidi Wickham, RPh
Jan 1995 - Dec 2000	UNIVERSITY OF BENIN 234 Ugbowo Lagos Rd, Benin, Nigeria	Graduated
	Description of Duties	Name of Supervisor
	Pharmacy Student Studies in preparation for Pharmacy Degree	Prof. Augustin Othamafe

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

Applicant's initial..... F.E.....

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... Continued on Page 10



9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name KANAYD EZEANBLUE, MD	Home	3 W. Castle View Ave	Las Vegas	NV 89129		25 years
UNIVERSITY MEDICAL CTR	Business	1800 W. Charleston Blvd	Las Vegas	NV 89102	702 383 2000	
Name PAUL NDSA-DUASU, RPh	Home	3 HANDOVER CIRCLE	Stockbridge	GA 30281		25 years
PIEDMONT HOSPITAL	Business	1133 EAGLES LANDING PKW	Stockbridge	GA 30281	678 604 1000	
Name IKE UWADBI, MD	Home	MULSFORD CT	Tyrone	GA 30290		25 years
WELLSTAR HOSPITAL	Business	601 SOUTH 8TH STREET	GRIFFIN	GA 30224	770 467 6314	
Name MODUPE IRORDBEJE, RPh	Home	KILLERAN CT	Las Vegas	NV 89141		10 years
PROVIDENCE PHARMACY	Business	1729 E. Charleston Blvd	Las Vegas	NV 89104	702 778 3072	
Name EGHOMWAN IBINOVIA, RPh	Home	MOSSEBACK ST	Las Vegas	NV 89123		15 years
ACR SPECIALTY PHARMACY	Business	3200 SOARING GULLS DR #101	Las Vegas	NV 89129	702 800 6448	

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<del>NOT APPLICABLE</del>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes  No

If yes, state type, where and years held

PHARMACIST (STATE OF CALIFORNIA) FROM 2010 - DATE (9 YEARS)  
 PHARMACIST (STATE OF GEORGIA) FROM 2011 - 2018 (7 YEARS)  
 PHARMACIST (STATE OF ARIZONA) FROM JUNE 2009 - DATE (10 YEARS)

12. 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.

~~NOT APPLICABLE~~

Applicant's initial F.E

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

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

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No



Date of photograph 06/05/2019

Applicant's initial EE



STATE OF Nevada

ss.

COUNTY OF Clark

I, Felix Egbare, 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 or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

*[Handwritten Signature]*

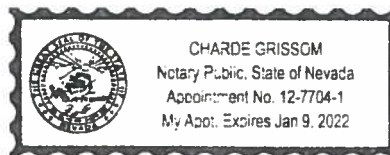
Original Signature of Applicant

Subscribed and Sworn to before me this 5th day of

June, 2019

*[Handwritten Signature]*

Notary Public



(seal)

Applicant's initial F.E.

ADDITIONAL INFORMATION

BUSINESSES OWNED (continued from Page 6)

(1) From April 2010 to Present Day  
 ABA Medical Inc  
 2539 Early Light Dr  
 Las Vegas NV 8912  
 Still owns the business

Activities Performed: Day-to-day operation and Oversight of Allied Pharmacy practice consultation and services

Job Title: President/CEO

(2) From Oct 2015 to April 2019  
 ZZebra Inc  
 2539 Early Light Dr NE  
 Las Vegas NV 89142  
~~Had Business~~  
 Closed business to concentrate more on

Activities Performed: Real Estate Investment

pharmacy.

Job Title: Director

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

Date 06/05/2019

## GENERAL INSTRUCTIONS

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

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

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

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

### 1. PERSONAL INFORMATION:

EGBASE Last Name FELIX First Name ABU Middle Name

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

VULCAN STREET Present Residence Address-Street or RFD LAS VEGAS City NV 89122 State/Zip  
2465 REYNOLDS AVE #204 Present Business Address NORTH LAS VEGAS City NV 89030 State/Zip

PHARMACY MANAGER/OWNER Present Position with the Pharmacy or Wholesaler

Phone: 775 372 8344  
Residence  
Business

LAGOS, NIGERIA Date of Birth 11/11 Place of Birth (City, County, State)

39 Age Male Sex

Brown Color of Eyes Black Color of Hair Dark Complexion 185 lbs Weight Athletic Build 5'7" Height

Scars, tattoos or distinguishing marks and/or characteristics Slight mark on forehead

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

If naturalized, certificate No. 1 Date March 2nd 2012

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

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial F.E.

MARITAL INFORMATION-Continued

*Not Applicable*

A. **Current Marriage** .....

Spouse's full name (Maiden) ..... Date ..... City, County and State .....  
 S.S. No. ....

Date of Birth ..... Place of Birth .....

Resident address .....  
 Street ..... City ..... State ..... Zip .....

Telephone: Residence ..... Business .....

Spouse's employer ..... Occupation .....

Address of employer .....  
 Street ..... City ..... State ..... Zip .....

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
IBAZEBO, EBEHIREME	06/07/2016	ABUJA, NIGERIA	DIVORCE	LAS VEGAS CLARK, NV
COLLINS, FELICIA	06/15/2009	NORTH HOLLYWOOD, CA	DIVORCE	LAS VEGAS, CLARK, NV

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

Name	Street	City	State	Zip	Telephone
IBAZEBO, EBEHIREME	2 EMILY ROAD	BETTENDORF	IA	52722	
COLLINS, FELICIA	HEATHER ALEDR	LOS ANGELES	CA	90043	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
ESE-OSE EGBASE		FREETPORT, BAHAMAS	VULCAN ST. LAS VEGAS NV 89122

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial F.E.

**FAMILY INFORMATION-Continued**

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

N/A Name.....  
 Address.....  
 Contact person.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father SYLVESTER EGBASE, (DECEASED)	1	EGBASE ST, UPOMI, NIGERIA	FARMER (DECEASED)
Mother VICTORIA EGBASE	2	OPAL COLE DR LAS VEGAS, NV 89128	NURSE (RETIRED)
Father-in-Law N/A			
Mother-in-Law N/A			

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
ANTHONY EGBASE, Spouse N/A	1	2 QUEEN FLORENCE LN WOODLAND HILLS, CA 91364	LAWYER
GERALD EGBASE, Spouse N/A		BIGLER STREET WOODLAND HILLS, CA 91364	LAWYER
Spouse			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School } IGUEBEN COLLEGE	IGUEBEN, NIGERIA	09/1989 - 05/1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School } UNIVERSITY OF BENIN			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	BENIN CITY, NIGERIA	10/1995 - 12/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... PHARMACY (B. Pharm).

College or university where obtained..... UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Applicant's initial..... F.E.

5 MILITARY INFORMATION:

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

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

*N/A* Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

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

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<i>Not applicable</i>					

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

Name	Relationship	Charge	Location	Date
<i>Not applicable</i>				

Applicant's initial FE

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

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
<i>Not Applicable</i>				

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
<i>Not Applicable</i>		

**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
DEC 2007 - PRESENT	1 VULCAN ST	LAS VEGAS	NV (CLARK)
JAN 2007 - DEC 2007	3111 BEL AIR DR #403	LAS VEGAS	NV (CLARK)
FEB 2005 - JAN 2007	801 S. HOPE ST #503	LOS ANGELES	CA (LOS ANGELES)
JAN 1994 - FEB 2005	38 OGBEWI ST	BENIN CITY	NIGERIA

Applicant's initial F.E



**8. EMPLOYMENT:**

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

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Jan 2018-present	Kindred Hospitals 2250 E. Flamingo Rd Las Vegas NV 89119	2000 hours
Pharmacist	Order Entry, drug dispensing and distribution to patient care areas	Caroline Eng, RPh
June 2016-April 2018	Western Arizona Regional Med. Ctr 2735 Silver Creek Road, Bullhead City AZ 86442	4200 hours
Pharmacist	Order Entry and Verification, drug dispensing and distribution to patient areas	Pamela Obah, RPh
June 2009-Sept 2014	Hawaii Regional Medical Ctr 101 Liliuokalani Lane, Lake Hawaii HI 96740	6240 hours
Pharmacist	Order Entry and Verification, drug dispensing and distribution to patient care areas	Michael Rosen
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial F. E. Page 6



9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
① Name <u>MODUPE</u> <u>TRORRETE</u> Home	<u>Killeran Court</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89141</u>		<u>10 years</u>
Employer <u>PROVIDENCE PHARMACY</u> Business	<u>1729 E. Charleston blvd</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89104</u>	<u>702 778 3072</u>	
② Name <u>IKE NWABOBI</u> , MD Home	<u>MILLSFORD CT</u>	<u>TYRONE</u>	<u>GA</u>	<u>30290</u>		<u>25 years</u>
Employer <u>WEUSTAR HOSPITAL</u> Business	<u>601 S. 8th St</u>	<u>TRIFFIN</u>	<u>GA</u>	<u>30224</u>	<u>770 467 6314</u>	
③ Name <u>Paul</u> <u>Alosa-Diasu, RPh</u> Home	<u>Hanover Circle</u>	<u>Stockbridge</u>	<u>GA</u>	<u>30281</u>		<u>25 years</u>
Employer <u>Piedmont Hospital</u> Business	<u>1133 Eagle's Landing Pkwy</u>	<u>Lawrenceville</u>	<u>GA</u>	<u>30046</u>	<u>678 995 9982</u>	
④ Name <u>Kenneth</u> <u>Ezeanolue, MD</u> Home	<u>W. Castle View Ave</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>		<u>25 years</u>
Employer <u>University Medical Center</u> Business	<u>1800 W. Charleston blvd</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89102</u>	<u>702 383 2000</u>	
⑤ Name <u>Ekeomonan</u> <u>Ighnovia, RPh</u> Home	<u>Mossback Street</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89123</u>		<u>15 years</u>
Employer <u>ACRX Speciality Pharmacy</u> Business	<u>3200 Sparing Gulls &amp; #101</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>	<u>702 800 6448</u>	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |
- Yes  No

If yes, state type, where and years held

- ① PHARMALIST (GEORGIA) FROM 2011 - ~~DATE~~ 2018
- ② PHARMALIST IN CALIFORNIA FROM 2010 - DATE
- ③ PHARMALIST (ARIZONA); FROM 2009 - DATE

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

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

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

If yes to the above, state where, when and for what reason:

Applicant's initial F-E

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes  No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

N/A

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 06/05/2019

Applicant's initial F.E.

STATE OF Nevada

ss.

COUNTY OF Clark

I, Felix Egbase, being duly sworn, depose and say I have read the

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

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

*[Handwritten Signature]*

Original Signature of Applicant

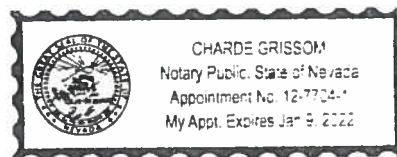
Subscribed and Sworn to before me this 5th day of

June, 2019

*[Handwritten Signature]*

Notary Public

(seal)



Applicant's initial F.E.

NONE

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

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

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

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State



Electronic Certificate  
Certificate Number: C20190416-1541

**5B**

## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.

Publicly Traded Corporation – Pages 1,2,3,10,11a&b                       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b                       Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Evergreen Pharmacy

Physical Address: 11229 E. Flamingo Rd suite 17

City: Las Vegas State: NV Zip Code: 89119 Telephone: (702) 612-8779

Fax: (702) 268-7001 Toll Free Number: \_\_\_\_\_

E-mail: nvovp@yahoo.com

Website: \_\_\_\_\_

Managing Pharmacist: Tao Yi License Number: 11076

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

**APPLICATION FOR NEVADA PHARMACY LICENSE**

This page must be submitted for all types of ownership.

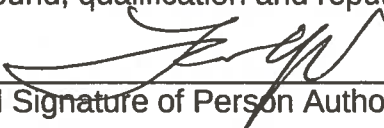
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

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

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

Tac Yi  
Print Name of Authorized Person

9/5/2019  
Date

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



## APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**State of Incorporation: NVParent Company if any: N/ACorporation Name: Evergreen Pharmacy IncMailing Address: 3450 SRVA St # 245City: Las Vegas State: NV Zip: 89117Telephone: (702) 612-8779 Fax: \_\_\_\_\_Contact Person: Tac Yi

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: June 13<sup>th</sup> 2019Registration number issued: 84-2079449

Stock Exchange: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>10</u> am	<u>5</u> pm	Saturday	<u>∅</u> am	<u>∅</u> pm
Sunday	<u>∅</u> am	<u>∅</u> pm	24 Hours	<u>N/A</u>	

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

**Include with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors. Aly Molo Khia  
Shercen Hassan

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

I, ALY Molokhia

Responsible Person of Evergreen Pharmacy Inc

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy 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

ALY Molokhia  
Print Name of Authorized Person

9-5-19  
Date

### Managing Pharmacist

 Pharmacist Name: Tae Yi

 License #: 11676

 Pharmacy Name: Evergreen Pharmacy

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

And/or Criminal Action: State: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_  
 County: \_\_\_\_\_ Court: \_\_\_\_\_

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

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

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

Signature



Date



**5C**

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR NEVADA PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.

Publicly Traded Corporation – Pages 1,2,3,10,11a&b       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b       Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: PAHRUMP WELLNESS PHARMACY and NUTRITION CENTER

Physical Address: 2780 Homestead RD

City: Pahrump State: NV Zip Code: 89048 Telephone: 702-960-8640

Fax: \_\_\_\_\_ Toll Free Number: \_\_\_\_\_

E-mail: Justin.pahrumpwp@gmail.com

Website: \_\_\_\_\_

Managing Pharmacist: Thomas Rogaski License Number: 10182

**TYPE OF PHARMACY AND SERVICES PROVIDED**

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

All boxes must be checked  
For the application to be complete

### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

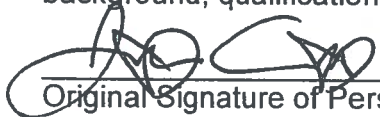
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

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



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

Justin Curwit  
Print Name of Authorized Person

07/25/19  
Date

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

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 X

List names of 4 largest partners and percentage of ownership:

Name: JUSTIN CURNUIT %: 80

Name: ANNA CADIGAN %: 20

Name: ~~\_\_\_\_\_~~ %: ~~\_\_\_\_\_~~

Name: ~~\_\_\_\_\_~~ %: ~~\_\_\_\_\_~~

Partnership Name: CCDE, LLC

Mailing Address: PO Box 6380

City, State Zip Code: PAHRUMP, NV, 89041

Telephone Number: 702-960-8640 Fax Number: \_\_\_\_\_

Contact Person: JUSTIN CURNUIT

List any physician shareholders and percentage of ownership.

Name: ~~\_\_\_\_\_~~ %: ~~\_\_\_\_\_~~

Name: ~~\_\_\_\_\_~~ %: ~~\_\_\_\_\_~~

Name: ~~\_\_\_\_\_~~ %: ~~\_\_\_\_\_~~

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>10</u> am	<u>6</u> pm	Saturday	<u>10</u> am	<u>2</u> pm
Sunday	<u>10</u> am	<u>2</u> pm	24 Hours	<u>NA</u>	

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



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

I, JUSTIN CURNUIT

Responsible Person of CCDE, LLC and PAHRUMP Wellness Pharmacy + Nutrition Center  
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

JUSTIN CURNUIT

Print Name of Authorized Person

07/25/19

Date

### Managing Pharmacist

Pharmacist Name: THOMAS ROGASKI

License #: 10182

Pharmacy Name: PAHRUMP Wellness Pharmacy and Nutrition Center

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: NV Date: 8/27/02 Case #: 200200000000363

And/or Criminal Action: State: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: 02-043-S

County: \_\_\_\_\_ Court: \_\_\_\_\_

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

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

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

Signature



Date

7/17/2019

Subject: **RE: Pharmacy records**  
Date: 11/15/2018 8:57:57 AM Pacific Standard Time  
From: shunting@pharmacy.nv.gov  
To: silverearrings@aol.com

Thomas,

The following information is provided per your request:

Licensee Name: Thomas Rogaski  
Nevada License No.: 10182  
License Type: Pharmacist  
License Status: Active – In Good Standing  
1st License Date: 10/09/1989  
License Expires: October 31, 2019  
Discipline: Yes

The physical case file is over ten years old and no longer available. I have attached a screenshot from the discipline tracking system which provides a brief summary of the case.

Please contact me if you have any questions.

Shirley Hunting

Board Coordinator

Custodian of Records

Nevada State Board of Pharmacy

Phone: 775-850-1440

Fax: 775-850-1448

**CONFIDENTIALITY NOTICE:** This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential

<a href="#">VR Home</a>	<a href="#">Entity</a>	<a href="#">Application</a>	<a href="#">License</a>	<a href="#">Cash</a>	<a href="#">Exam</a>	<a href="#">Inspection</a>	<a href="#">Enforcement</a>	<a href="#">Report</a>
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[Complaint Search Update](#)
[Change Recording Public Case Info](#)
[License Type](#)
[Delete Complaint](#)
[Mass Activity Update](#)
[Mass Discipline Update](#)
[Mass Status](#)

Domain 1 - Nevada Dept

Logged in as shuntin

[VR Home](#) > [Case Search](#) > [Maintain Case](#)

Lic Type **1007 - Pharmacist**      Status **80 Closed**      Status Date **08/27/2002**  
 Complaint # **200200000000363**      Case Type      Disposition **AAC All Actions Completed**      Disposition Date **08/27/2002**  
 Docket#      Respondent **ROGASKI, THOMAS**      Responsible      **Public Case**

<a href="#">Complaint</a>	<a href="#">Respondent</a>	<a href="#">Complainant</a>	<a href="#">Add'l Info</a>
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Source **STFF - Board Staff**      Security Level **1**  
 Form **STND - Standard**      Priority **1**  
 Class'n      Complexity  
 Security **NORM - Normal**      Incident  
 Region      Received **08/27/2002**  
 Reference **02-043-S**  
 Entered **08/27/2002**      Entered By  
 Summary **CE Audit Action. \$100 fine/\$250 admin fees, due in 60 days (10/23/02), CE audit for next renewal, 60 CEs for next renewal.**  
 Updated **08/28/2008 16:23:20**      By **jwalter**

<a href="#">Parties</a>	<a href="#">Activities</a>
<a href="#">Allegations</a>	<a href="#">Discipline</a>
<a href="#">Violations</a>	<a href="#">Compliance</a>
<a href="#">Related</a>	<a href="#">Disposition</a>
<a href="#">Costs</a>	
<a href="#">Time Tracking</a>	
<a href="#">Attachments</a>	<a href="#">History</a>
<a href="#">Work Notes</a>	<a href="#">Print Report</a>

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## 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, **CCDE 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 3, 2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 10, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20190710-0163

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

Date 7/26/2019

## GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy + Non-Sterile Compounding  
PAHRUMP Wellness Pharmacy and Nutrition Center  
Name and Address of Business for Which Designated Representative Is Requested  
2780 Homestead RD. #101, PAHRUMP, NV 89048  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name NOGASKI First Name THOMAS Middle Name N/A

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

Present Residence Address-Street or RFD Mesa View Drive LV NV City 89120 State/Zip

Present Business Address \_\_\_\_\_ Dates \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Present Position with the Pharmacy or Wholesaler \_\_\_\_\_ Phone: Residence \_\_\_\_\_ Business N/A

Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) Manhattan NYC NY

Age 59 Social Security Number \_\_\_\_\_ Sex M

Color of Eyes Blue Color of Hair blonde/grey Complexion white Weight 170 Build mesomorph Height 5'11/4

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

Are you a citizen of the United States? Yes  No  If alien, registration No. \_\_\_\_\_

If naturalized, certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial (TM)

MARITAL INFORMATION-Continued

**A. Current Marriage** Date 5/17/85

Spouse's full name (Maiden) Mindy Sue Gebaide City, County and State Kings County Brooklyn NY  
Date of Birth S.S. No

Resident address Mesa View Dr. LV NV 89120  
Street City State Zip

Telephone: Residence ----- Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A  
Street City State Zip

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

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

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

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

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			

**B. Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial MS



**FAMILY INFORMATION-Continued**

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

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact person N/A

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
		<u>N/A</u>	
Mother			
<u>Pauline Budnik</u>		<u>e 85<sup>th</sup> St. NYC NY 10010</u>	
Father-in-Law			
		<u>N/A</u>	
Mother-in-Law			
		<u>N/A</u>	

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>Marie Nogaski</u>		<u>0 152<sup>nd</sup> St NYC NY 10031</u>	<u>N/A</u>
Spouse		<u>N/A</u>	
<u>Andrew Nogaski</u>		<u>e 85<sup>th</sup> St NYC NY 10010</u>	<u>Security Officer NYU</u>
Spouse		<u>N/A</u>	
<u>John Nogaski</u>		<u>83 Huntington Beach Ca</u>	<u>real estate management</u>
Spouse		<u>Tomo Nogaski</u>	<u>* moved on 4/30/2019</u>
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School <u>PS 61</u>	<u>NYC NY</u>	<u>9/05 - 6/74</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Seward Park HS</u>		<u>9/74 - 6/78</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>Arnold &amp; Marie Schwartz School of Pharmacy LIU</u>	<u>BRUNY NY</u>	<u>9/78 - 6/83</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any P.D. in Pharmacy

College or university where obtained Arnold & Marie Schwartz School of Pharmacy LIU

Applicant's initial (A)

5 MILITARY INFORMATION:

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

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County ..... State ..... Date registered .....

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

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

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

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No  REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No  REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No  REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

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

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

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

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial 

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

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Personal Bankruptcy	2001	N/A	Las Vegas, NV / Clark city	Dismissed / dropped

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

**7. RESIDENCES:**

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

Month and Year (From-To)	Street and Number	City	State or County
10/89 - 12/00?	3020 Liberty Circle N	LV	NV
12/00 - 7/06	4255 E Tamaris # 140	LV	NV
7/06 - current	Mesa View Drive	LV	NV

Applicant's initial TR Page 5

**8. EMPLOYMENT:**

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

86403

6/2019 →	K-MART Pharmacy 1870 McCulloch Blvd N. Lake Havasu Az	80 Hours
Pharmacist	input, Rx filling, counseling, verification	Brian Lee RPH
2/2019	Life First Pharmacy 2407 W Charleston Blvd Las Vegas, NV 89102	
on-call Pharmacist	verification of Rx, counseling, MD interventions	Raymond RPH
10/2010	Walmart Pharmacy (various locations) #2050 / 300 E Lake Mead Henderson, NV	8905
Staff Pharmacist	4-point verification, visual verification, counseling, immunizations	16,640 Hours
		Molly Harlow / Wes Campbell
8/2001	Walgreens Pharmacy (various locations)	16,000 Hours
Staff Pharmacist	Rx verification, input, counseling, technician supervision	Matt

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>MARC ALBAUM</u>	Home	<u>GRAND ST</u>	<u>NEW YORK, NY</u>	<u>1002</u>	<u>?</u>	<u>44 YEARS</u>
Employer <u>Self-employed</u>	Business	<u>MARC ALBAUM CPA</u>	<u>260 E. BROADWAY</u>	<u>NY, NY</u>	<u>10002</u>	<u>212-674-2840</u>
Name <u>HINH HUYNH RPH</u>	Home	<u>8 Tuscaloosa Way</u>	<u>DUMPER, VT</u>	<u>84020</u>		<u>5 years +</u>
Employer <u>Walgreens Rx</u>	Business	<u>Walgreens #9974</u>	<u>4205 MAIN ST</u>	<u>Springville VT</u>	<u>84663</u>	<u>801-853-1214</u>
Name <u>Brian Nguyen RPH</u>	Home	<u>Dollar Pointe</u>	<u>Las Vegas, NV</u>	<u>89148</u>	<u>6</u>	<u>22 YEARS</u>
Employer <u>Walmart Rx</u>	Business	<u>Walmart</u>	<u>3041 N. Rainbow Blvd</u>	<u>Las Vegas, NV</u>	<u>89108</u>	<u>702-656-7331</u>
Name <u>Morris DuBia</u>	Home	<u>CAVAS way</u>	<u>HENDERSON, NV</u>	<u>89014</u>		<u>15 years</u>
Employer <u>Retired</u>	Business	<u>N/A</u>				
Name <u>Ugo N NODIM RPH</u>	Home	<u>CONISTA DR</u>	<u>HENDERSON, NV</u>	<u>89053</u>		<u>7 years</u>
Employer <u>US. Military</u>	Business	<u>N/A</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

New York Pharmacist # 035828 35 years  
Arizona Pharmacist # 5023888 less than 1 year  
Utah Pharmacist # 11234258-1701, UTAH controlled substances 11234258-8911 } less than 1 year both

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 for any reason whatsoever? Yes  No

NEVADA BOARD OF PHARMACY CE AUDIT / CASE 200200000000363 / CASE RESOLVED + CLOSED

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

If yes to the above, state where, when and for what reason:

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes  No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes  No

20. Will you be employed fulltime with the pharmacy or w Yes  No

21. Will you be present at the site of the pharmacy or whc operating hours? Yes  No



APH  
ST

Date of photograph 7/26/2019

Applicant's initial (Signature)

STATE OF Nevada

ss.

COUNTY OF Clark

I, THOMAS ROGASKI, being duly sworn, depose and say I have read the

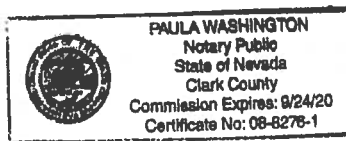
foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed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

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

Thomas Rogaski  
Original Signature of Applicant

Subscribed and Sworn to before me this 26th day of

July 2019  
Paula Washington  
Notary Public



(seal)

Applicant's initial TR



I stood before the state board of pharmacy on  
 due to a shortage of C.E. credits. I paid my fine, made  
 up my hours and it never happened again.

<sup>in addition to Nevada</sup>  
 I currently hold active licenses in good standing <sup>in Pharmacy</sup> in the  
 following states:  
 NY state state board of pharmacy # 035828  
 State of Utah 11234258, 1701  
 Pharmacist Controlled Substance State of Utah 11234258-~~1701~~ 8911  
 Arizona State State board of Pharmacy # 5023888

\* When I discovered in the past illegally written prescriptions  
 I followed protocol by contacting the police. When  
 charges were pressed against the illegal prescriber I  
 was subpoenaed against the arrested party by the  
 D.A. This occurred a number of times over the  
 years.

In reference to page 4 # C, D & E.

\* In reference to page 5 # I  
 I filed for bankruptcy in 2001 but never pursued it.



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7-25-19

## GENERAL INSTRUCTIONS

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

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

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

Application for PAHRUMP Wellness Pharmacy and Nutrition Center  
2780 Homestead Rd. #101, PAHRUMP, NV 89048  
Nature of License  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Cadigan Anna Maria  
Last Name First Name Middle Name  
Maiden name DiBenedetto / married name Christensen  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Loughlin Rd Pahrump NV 89048  
Present Residence Address-Street or RFD City State/Zip

2100 E Calaveras Blvd Pahrump NV 89048  
Present Business Address City State/Zip

Point Pleasant Ocean, NJ  
Place of Birth (City, County, State)  
57 F  
Age Sex  
775-727-7959  
Business Phone

57 F  
Age Sex  
Hazel Brown white 140 Small 5'5"  
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Scar Top of @ hand

Are you a citizen of the United States? Yes  No  If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial ae

A. **Current Marriage** 05-07-2016 Pahrump Nye NV  
Date City, County and State  
 Spouse's full name (Maiden) Craig L Christensen S.S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth Cedar City Utah  
 Resident address Laughlin Rd Pahrump NV 89048  
Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business 775-727-7959  
 Spouse's employer Self Occupation Chiropractor  
 Address of employer \_\_\_\_\_  
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>James W Cadigan</u> <u>Nye NV</u>	<u>12-16-2015</u>	<u>9-8-1982</u> <u>Allanwood NV</u>	<u>Divorced</u>	<u>Pahrump</u>

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

Name	Street	City	State	Zip	Telephone
<u>James W Cadigan</u>	<u>2 Lorilei</u>	<u>Pahrump</u>	<u>NV</u>	<u>89048</u>	

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Amanda Cadigan</u>		<u>NV</u>	<u>2 W Patricia LV NV 89148</u>
<u>James F Cadigan</u>		<u>NV</u>	<u>Kansas St Pahrump NV 89048</u>
<u>Steven Cadigan</u>		<u>NV</u>	<u>1 SE 142 place Summerfield Florida 34491</u>

**B. Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial ce

**FAMILY INFORMATION-Continued**

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

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact person \_\_\_\_\_

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Mario D. Benedetto		108th heights Mineral Bluff GA 30559	retired
Mother Maria D. Benedetto		108th heights Mineral Bluff GA 30559	retired
Father-in-Law Dale Christensen		Laughlin Rd Pahrump NV 89048	retired
Mother-in-Law Marjorie Christensen		Laughlin Rd Pahrump NV 89048	retired

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse Pasquale D. Benedetto		108th heights Mineral Bluff GA 30559	Builder
Spouse Laura D. Benedetto		108th heights Mineral Bluff GA 30559	Post office
Spouse Mario D. Benedetto		Savin St Pahrump NV 89048	retired
Spouse Teresa Alem		Santiudo Pahrump NV 89048	office manager
Spouse Bill Alem		Santiudo Pahrump NV 89048	Supervisor

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School Green Grove	Neptune	1967-1972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Neptune High	Neptune	1976-1980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any \_\_\_\_\_

College or university where obtained \_\_\_\_\_

Applicant's initial ae

5 MILITARY INFORMATION:

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

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

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

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
7-14-2008	45	Interfering in law enforcement	Phoenix AZ	2009	Maricopa County

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

Name	Relationship	Charge	Location	Date
James Cadigan	Son	Marijuana	AZ	?

Applicant's initial ac Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
10-1-1994	2690 Lorclie	Pahrump	NU 84048 Nye
7-1-2015	Laughlin Rd	Pahrump	NU 84048 Nye

Applicant's initial   *ee*   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
7-1978	Woolworth Hwy 33 NJ	New Job
Title	Description of Duties	Name of Supervisor

Managed Garden center Sell - restock

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5-1980	Power Controls Redbank NJ	Having children
Title	Description of Duties	Name of Supervisor

Assembler Built computer Boards John Dominico

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1-2010	Pahrump Dermatology Pahrump NV	New Job
Title	Description of Duties	Name of Supervisor

MD - Marketing Mike Roos

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1-2012	LV Skin + Cancer	Business Closed 7-2015
Title	Description of Duties	Name of Supervisor

lab Tech + MIT Patient care, assist in surgeries

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5-2016	Independent Wellness Center	Closed
Title	Description of Duties	Name of Supervisor

Manager / Admin / HR Craig Christensen

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 ac Page 6

**9. CHARACTER REFERENCES:**

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Roddy Fernandez Name	Home	2 Ravine ave Pahrump NV 89048				57 (11)
Nye County Emergency Employer	Business	management logistics office				
Scott Lewis Name	Home	Elderberry Pahrump NV 89048				3 (11)
Nye County Employer	Business	chief of fire Department				
Justina Bell Name	Home	1 Hilliard Dr. Clartison Washington 99903				(12)
Express Care Employer	Business					
Donna Corey Name	Home	Basin Rd Pahrump NV 89060				1 (5)
Pahrump Valley Employer	Business	Chamber of Commerce				
Jeff Charbonneau Name	Home	1 Treonah Pahrump NV 89048				
Self Employer	Business	General contractor.				(20)

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

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

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county 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.

.....

.....

.....

Applicant's initial ae



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

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

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No



Date of photograph 7-25-19

Applicant's initial cn



STATE OF Nevada

SS.

COUNTY OF NYE

~~Mary Ann Morris~~ Anna Cadigan

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

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

*Anna Cadigan*

Original Signature of Applicant

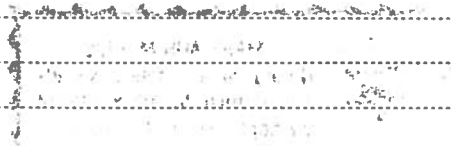
Subscribed and Sworn to before me this 25 day of July 2019

*Mary Ann Morris*  
Notary Public



Applicant's initial ac

A series of horizontal dotted lines for writing.



Attached Sheet H

Mitchel Cadigan

NJ

Step Children

Cooper Christensen

NV

Hunting Ridge  
Trail

Granger NV 46530

Cayla Carrizal

CA

Brigwood Dr

Brea CA 92821

Chandy Christensen

CA

Laughlin Rd

Pahrump NV  
89048

Torrence Christensen

? CA

Fredonia Dr.

Las Vegas NV 89108

Asten Rodriguez

CA

Brigwood Dr

Brea CA 92821

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/24/19

## GENERAL INSTRUCTIONS

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

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

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

Application for PAHRUMP WELLNESS PHARMACY AND NUTRITION CENTER  
2780 Homestead RD. #101 <sup>Nature of License</sup> PAHRUMP, NEVADA, 89048  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name CURNUTT First Name JUSTIN Middle Name DAINE

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

N/A

Present Residence Address-Street or RFD 16/15 - Present City PAHRUMP State/Zip NV / 89060  
N. Leslie St Dates

Present Business Address 04/16 - Present City PAHRUMP State/Zip NV / 89048  
2341 E. Postal Road Dates

Occupation owner of PAHRUMP WELLNESS CENTER and EDUCATOR OF Therapeutic Lifestyle Changes! Phone: Residence \_\_\_\_\_ Business 775-419-6338

Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) LAS VEGAS, CLARK, NEVADA

Age 33 Social Security Number \_\_\_\_\_ Sex MALE

Color of Eyes Blue Color of Hair Brown Complexion White Weight 140 Build Petite Height 5'6"

Scars, tattoos or distinguishing marks and/or characteristics Scar in the middle of forehead from chickenpox that was scratched off as a child.

Are you a citizen of the United States? Yes  No  If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial JC

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/17/07 Pocatello, Bannock, IDAHO  
Date City, County and State  
 Spouse's full name (Maiden) ASHLEY LENAEE POOLE S.S. No.  
 Date of Birth                      Place of Birth Pocatello / Bannock County  
 Resident address N. Leslie St. PAHRUMP, NV, 89060  
Street City State Zip  
 Telephone: Residence                      Business N/A  
 Spouse's employer Home MAKER Occupation Homemaker  
 Address of employer N/A  
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

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

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

N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Dominic CURNUTT</u>	<u>                    </u>	<u>Blackfoot, IDAHO</u>	<u>N. Leslie St. PAHRUMP, NV 89060</u>
<u>Lenaee CURNUTT</u>	<u>                    </u>	<u>Riverton, UTAH</u>	<u>Same as Above</u>
<u>Felicity CURNUTT</u>	<u>                    </u>	<u>LAS Vegas, NEVADA</u>	<u>Same as Above</u>
<u>ADALINE CURNUTT</u>	<u>                    </u>	<u>LAS Vegas, NEVADA</u>	<u>Same as Above</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial AD

**FAMILY INFORMATION-Continued**

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

Name.....  
 Address.....  
 Contact person.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <b>TROY CURNUTT</b>		Lois Lane Pocatello, ID 83201	Entrepreneur
Mother <b>MIRIAM JENSEN</b>		Lois Lane Pocatello, ID 83201	Homemaker
Father-in-Law <b>BRIAN POOLE</b>		S. Fairway Dr. Pocatello, ID 83201	Engineer
Mother-in-Law <b>MELANIE MOSER</b>		S. Fairway Dr. Pocatello, ID 83201	Principal Secretary School District

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<b>CAMEO CURNUTT</b>		W. Bonneville Pocatello, ID 83204	STUDENT
Spouse N/A			
<b>HANNAH CURNUTT</b>		DOLBEER ST unit B Pocatello, ID 83201	School Teacher
Spouse N/A			
<b>IAN CURNUTT</b>		Lois Lane Pocatello, ID 83201	STUDENT
Spouse N/A			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School <b>Leid Middle School</b>	Las Vegas, NV	97-99	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <b>Centennial High School</b>	Las Vegas, NV	00-04	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <b>Roseman University of Health Sciences</b>	Henderson, NV	09-12	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <b>IDaho STATE university</b>	Pocatello, ID	07-09	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm.D.

College or university where obtained Roseman University of Health Sciences

Applicant's initial 

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County CLARK State NEVADA Date registered 2002


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

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

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

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4

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

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes  No  (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

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

Month and Year (From-To)	Street and Number	City	State or County
10/14 - Current	N. Leslie St. Pahrump, NV 89060	PAHRUMP	NV / Nye
02/13 - 10/14	10 Spruce Ln. Pahrump, NV 89048	PAHRUMP	NV / Nye
12/12 - 02/13	1636 CALICO Cir.	Pocatello	ID / Bannock
05/11 - 12/12	7324 Camden Pine Ave.	LV	NV / Clark
05/09 - 05/11	4097 W. 9475 S.	South Jordan	UT
05/08 - 05/09	29 1/2 Stanford Ave.	Pocatello	ID / Bannock
11/07 - 05/08	434 E. HALLIDAY	Pocatello	ID / Bannock
06/05 - 11/07	2861 Lois Ln.	Pocatello	ID / Bannock
06/05 - 06/196	8300 Spruce Meadows	LV	NV / Clark
03/86 - 06/96	5873 Monroe Ave	LV	NV / Clark

Applicant's initial



8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/16 - Current	PAHRUMP WELLNESS CENTER 2341 E. PASTAL RD. STE. B., PAHRUMP, NV 89048	Current
Title	Description of Duties	Name of Supervisor
OWNER	Everything	SELF

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/15 - 01/16	PARTELL SPECIALTY PHARMACY 5835 S. EASTERN AVE, LV, NV 89119	License Revocation
Title	Description of Duties	Name of Supervisor
STAFF RPH	DATA ENTRY, FILLING, COUNSELING, ETC.	SCOT SILBER

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/13 - 08/15	SMITH FOOD AND DRUG 601 S. NV-160, PAHRUMP, NV 89048	Fired
Title	Description of Duties	Name of Supervisor
STAFF RPH	DATA ENTRY, FILLING RX, COUNSELING, ETC.	LESTER SHERMAN

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/11 - 02/13	ADVANCED ISOTOPES OF NEVADA 1771 E. FLAMINGO RD, LV, NV 89119	JOB @ SMITH'S
Title	Description of Duties	Name of Supervisor
Intern RPH / RPH	Filling, DATA ENTRY, Aseptic technique, etc.	CHRIS SOUTHWICK

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/07 - 08/11	ADVANCED ISOTOPES OF IDAHO 4968 RAINBOW LN, POCATELLO, ID 83202	Moved to Las Vegas FOR RPH Internship
Title	Description of Duties	Name of Supervisor
Technician and Delivery Manager	DATA ENTRY, ETC. DELIVERIES, DOT, TECHNICIAN TO RPH	NICKI CHOFSKI

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/03 - 06/05	BLOCKBUSTER, LV, NV	(2 years) Serving an LDS Mission
Title	Description of Duties	Name of Supervisor
Register Hand	REGISTER, MOVIE COORDINATOR	BOB

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <b>Andrew Cannon</b>	Home <sup>Hayden Ave.</sup>	Evanston	WY	82930		06/09 - Current
Employer <b>City Drug of Evanston</b>	Business 131 10th St	Evanston	WY	82930	307-789-4000	10 yrs.
Name <b>Jaron Wilson</b>	Home <sup>Lomancher Canyon Ave.</sup>	Las Vegas	NV	89113		06/02 - Current
Employer <b>UNY RSL Brands</b>	Business 1701 Kelly Blvd.	Carrollton	TX	75006	702-561-0307	17 yrs.
Name <b>David Vanderbeek</b>	Home <sup>1 N. Linda</sup>	Pahrump	NV	89048		02/13 - Current
Employer <b>Pahrump Valley Counseling</b>	Business 3370 NV-160	Pahrump	NV	89048	751-8980	6 yrs.
Name <b>Neal Williams</b>	Home <sup>Sheridan St. STE. 150</sup>	Las Vegas	NV	89102		06/96 23 yrs
Employer <b>ARTCON, INC.</b>	Business 3021 Sheridan St. STE. 150	Las Vegas	NV	89102	702-395-4275	
Name <b>Steve Jolley</b>	Home <sup>S. Cortina St.</sup>	Pahrump	NV	89048		1
Employer <b>Affiliated Physical Therapy</b>	Business 2141 S. Cortina St.	Pahrump	NV	89048	208-757-0391	02/13 - Current 6 yrs

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

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

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

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

Pharmacy License, NEVADA - 18338 - 2012-2016 (Revoked) - 2019 (Reinstated)  
 Pharmacy License, IDAHO - PG751 - 2012-2015 (Expired)

12. 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.

Applicant's initial  Page 7

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

Explanation Attached

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

Explanation Attached

If yes to the above, state where, when and for what reason: Prescription Fraud and Insurance Fraud. Pharmacist License Revoked in 2016 in Nevada. I Authorized Refills for myself and got my license revoked with 2 other Technicians, Wyoming, 2019 Denied License RPH Due to Not having 1 year Recent Pharmacy Activity.

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

Explanation Attached

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

Froy Curran II - Father - Advanced Isotopes of Nevada, Quantum Isotopes in IDAHO



Date of photograph 07/25/19

Applicant's initial *FC*

STATE OF Nevada

ss.

COUNTY OF Nye

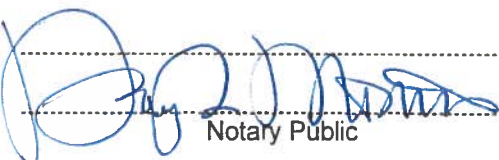
~~Mary Ann Morris~~ Justin Curnutt

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

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

  
Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of July 2019

  
Notary Public



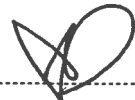
Applicant's initial.....

ADDITIONAL INFORMATION

I have Attached Addition Documents and Board of NV Pharmacy Proceedings. Also Attached is an Explanation of all Yes Answers.

Lined area for additional information.

Applicant's initial



To whom this may concern:

In explanation to the 'yes' answers on both the 'Personal History Record for Pharmacy' as well as the 'Application For Nevada Pharmacy License'. Much of the information is repetitive in nature and in the saving of time and paper it is all lumped into the same document. Many pages of board hearings are attached and explained further on.

Application for Nevada Pharmacy License:

Question 2, page 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, Justin Curnutt applied for a Pharmacy Intern License in the state of Wyoming during the years of 2017 to 2018. The Nevada Board of Pharmacy had granted Justin the ability to work as an intern in Nevada and had to complete one year as part of his stipulations for his license revocation. He could not find adequate work in the state of Nevada and therefore sought to find work elsewhere. The Wyoming State Board of Pharmacy did not grant Justin Curnutt the Pharmacy Technician License he requested and felt that until the Nevada Board of Pharmacy granted him his license back that they did not want to pursue any further actions and therefore denied his license altogether.

Question 3, page 2: 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, Justin Curnutt had his Pharmacist License revoked for prescription fraud and insurance fraud. He has paid a severe penalty of 3+ years fiduciary penalties of not working as a pharmacist. He is working diligently to make amends on all accounts of his mistakes through fulfilling his stipulations and keeping above reproach in all aspects of pharmacy. Attached are all the documents provided from the board hearings. I have also laid out the sections and pages relevant in order to save the board time scouring them.

We have attached the 5 board hearings that Justin Curnutt appeared at in the process of getting his pharmacist license back. ~~January 2016 (meeting 1) was the initial hearing the report starts on page 8 and continues through page 12. In the January 2017 (meeting 2) hearing the report starts on page 11 and goes through to page 12. In April 2017 (meeting 3) hearing the report starts on page 6 and goes through to page 7. In April 2018 (meeting 4) hearing the report starts and ends on page 13. In December 2018 (meeting 5) hearing the report starts on page 10 and goes through to page 11.~~

Personal History Record for Pharmacy for the application of Justin Curnutt:

Question 13, page 8: Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever?

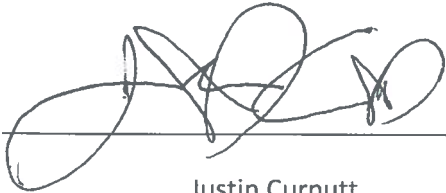
Yes, Justin Curnutt has sat before the Nevada State Board of Pharmacy multiple times throughout the years of 2016-2018.

Question 14, page 8: Have you ever been denied a personal license, permit, certification or registration for a privileged, occupational or professional activity?

Yes, Justin Curnutt was denied his Pharmacist License multiple times while on the path of correction. He attempted to make amends and comply with the stipulations to best of his ability before each board hearing he appeared at. He was also denied a pharmacy technician license in the state of Wyoming as described above.

Question 16, page 8: 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, Justin Curnutt was the focus of attention multiple times at Nevada Board of Pharmacy hearings. He had his license revoked in January 2016 for insurance fraud and prescription fraud. He sat before the board multiple times since in various attempts at getting his license reinstated. Much of the information is repetitive in nature and has been discussed previously.

  
Justin Curnutt

07/25/19  
07/25/19 /Date



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PLDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

December 20, 2018

Justin Curnutt  
Postal Dr.  
Pahrump, NV 89048

**RE: Reinstatement of Pharmacist Registration with Terms and Conditions of Probation**

Dear Mr. Curnutt:

On December 5, 2018, the Nevada State Board of Pharmacy (Board) heard your request for reinstatement of your Nevada Pharmacist Registration No. 18338. The Board granted your request with the following terms and conditions.

1. Registration No. 18338 is now active and on probation for not less than twenty four (24) months.
2. During the probationary period, you:
  - a. May be employed and work on a full time basis, but you may not work more than forty (40) hours per week;
  - b. You may not work as a pharmacist in charge or managing pharmacist in any Nevada-licensed pharmacy;
  - c. You must inform all current and future employers of this disciplinary action (*BOP v. Curnutt*, Case No. 15-051-RPH-S), including the facts and circumstances of the case, *i.e.*, that the Board revoked your pharmacist license as a result of your conviction in this matter.
  - d. You will not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any of the provisions of Nevada Revised Statutes (NRS) Chapter 453, 454, 585 or 639, or any other state or federal law or regulation relating to drugs, the possession, manufacture or distribution of drugs or the practice of pharmacy.



3. Before renewing your registration, which is due for renewal by October 31, 2019, you shall complete thirty (30) continuing education units (CEUs), in addition to the twenty four (24) CEUs you are required to complete as an ordinary requirement for renewal. (54 CEUs total.) Two of those additional thirty CEUs shall be on the topic of professional ethics.

4. Any violation of the terms of the Board's Order, as explained above, may result in the immediate suspension of your intern pharmacist license.

These conditions are not negotiable. A hearing before the Board would be required to amend them. You may contact me, David Wuest, the Board's Executive Secretary, or Dr. Yen Long, the Board's Deputy Executive Secretary, if you have questions. A copy of the recording from the hearing in this matter is available upon request.

Best regards,



S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

Cc: David Wuest, R.Ph., Executive Secretary, Nevada State Board of Pharmacy; Yen Long, Pharm.D., Deputy Executive Director, Nevada State Board of Pharmacy



# Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509  
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

## MINUTES

~~January 13-14, 2016~~

## BOARD MEETING

Hilton Garden Inn  
 7830 S Las Vegas Boulevard  
 Las Vegas

### Board Members Present:

Leo Basch	Cheryl Blomstrom	Kevin Desmond	Tallie Pederson
Jason Penrod	Kirk Wentworth	Darla Zarley	

### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ken Scheuber	Luis Curras	Dena McClish	Raylene Palmer
Kristopher Mangosing			

Mr. Pinson introduced Darla Zarley, Pharm D. as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three year term. Ms. Zarley is an accomplished pharmacist and educator. She currently holds the position of Director of Experiential Education/Associate Professor of Pharmacy Practice at Roseman University in Henderson, Nevada

Mr. Pinson also announced that Leo Basch and Kirk Wentworth were reappointed to serve another term on the Board.

President Basch informed the Board that Valerie Jensen was present at the meeting as required by the Board Order.

1. Public Comments- January 13, 2016 9:00 A.M.

There was no public comment.

2. Approval of October 14-15, 2015, Minutes

Darla Zarley recused from participation in this matter as she was not present at the October 2015 meeting.

Board Action:

Motion: Kirk Wentworth moved to approve the Stipulation and Order as presented regarding the Second through Fifth Causes of Action.

Second: Kevin Desmond

Action: Passed Unanimously

Regarding the one unresolved Cause of Action No.1. Mr. Stilling disputed that Mr. Meyers was responsible for not verifying and dispensing a prescription for simvastatin 20 mg. tablets rather than Zoloft 200 mg. tablets as prescribed.

Mr. Stilling moved to have Exhibits WG1 and WG2 entered into the record. President Basch accepted the Exhibits into the record.

Mr. Stilling explained that Exhibit WG1 was documentation of Case #14-076 and Exhibit WG2 was the minutes regarding the same case, which Mr. Stilling argued was controlling. Mr. Penrod opined that Case #14-076 was distinguishable from the current case.

The Board heard additional arguments and determined that Mr. Meyers was responsible for the actions of personnel under his supervision as the pharmacist on duty.

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lucas Meyers guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved that Lucas Meyers pay a fine of \$250.00 and complete two one-hour CE on the topics of pharmacy record keeping (1 CE) and proper error prevention techniques.

Second: Kevin Desmond

Action: Passed Unanimously

E. Justin Curnutt, R.Ph

(15-051-RPH-S)

F. Isabel Romero, PT  
G. Lori Brandon, PT

(15-051-PT-A-S)  
(15-051-PT-B-S)

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that this would not conflict with her participation in this matter.

Justin Curnutt, pharmacist, Isabel Romero, pharmaceutical technician, and Lori Brandon, pharmacy technician, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Patricia Marr was present as counsel representing Lori Brandon. Dave Krawczyk was present as counsel representing Justin Curnutt. Isabel Romero appeared without counsel.

Mr. Edwards stated that in June 2015, Board Staff received notice from a Smith's representative stating that Ms. Romero had been terminated from her employment as a pharmaceutical technician. Ms. Romero was terminated for falsifying a prescription for a dangerous drug (oral contraceptives) for herself. Ms. Romero falsified the prescription by patterning the counterfeit request after a previous legitimate prescription from her physician.

Mr. Edwards added that Ms. Romero scanned in the falsified prescription at Ms. Brandon's computer terminal under Ms. Brandon's credentials. Ms. Brandon observed this and reported her to Mr. Curnutt, the pharmacist on duty at the time. He explained that Ms. Romero did cancel the prescription at Mr. Curnutt's direction and Smith's did not dispense any medication pursuant to that authorization.

Mr. Edwards stated that during an interview with a Board Investigator, and in a subsequent written statement, Ms. Romero admitted to the foregoing allegations and went on to say that Mr. Curnutt told her all she needed to do was ask him for a prescription and he would have written one for her as he routinely did for himself and for Ms. Brandon.

Mr. Edwards moved to have stipulated facts regarding Mr. Curnutt and Ms. Brandon entered into the record. President Basch accepted the stipulated facts into the record.

Mr. Curnutt admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that Mr. Curnutt created, processed and filled multiple fraudulent prescriptions for himself and for Ms. Brandon.

Ms. Brandon admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that Ms. Brandon created and processed multiple fraudulent prescriptions for herself and for Mr. Curnutt.

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Isabel Romero guilty of the First Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Second Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Third Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Fourth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lori Brandon guilty of the Fifth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lori Brandon guilty of the Sixth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Mr. Edwards stated that Ms. Romero's termination, interviews and statement initiated the investigation into Mr. Curnutt and Ms. Brandon, but based on her violation Board Staff recommends revocation of her pharmaceutical technician registration.

Ms. Romero stated that she accepts what she did was wrong and will accept the consequences of her action.

Board Action:

Motion: Tallie Pederson moved to revoke Isabel Romero's pharmaceutical technician registration for creating and attempting to process a fraudulent prescription.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Krawczyk implored the Board to avoid revocation of Mr. Curnutt's pharmacist license. Mr. Krawczyk moved to have Exhibits 1-4 entered into the record. President Basch accepted the exhibits into the record.

Mr. Krawczyk explained that Exhibits 1-4 included a letter suggesting alternative disciplinary action such as mandatory CE, working under another pharmacist's supervision and surrender of his recently acquired pharmacy license.

Mr. Edwards stated that Board Staff recommends revocation of Mr. Curnutt's pharmacist license. He explained that Mr. Curnutt's activity was not a single lapse in judgement but a strong, well established pattern.

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for creating multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for filling and dispensing multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for processing multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Ms. Marr requested the Board consider not revoking Ms. Brandon's pharmaceutical technician's registration. She stated that Ms. Brandon is apologetic for her mistakes and has learned a lot from this experience.

Mr. Edwards stated Board Staff recommends revocation of Ms. Brandon's pharmaceutical technician registration.

Board Action:

Motion: Tallie Pederson moved to revoke Lori Brandon's pharmaceutical technician registration for creating multiple fraudulent prescriptions.

Second: Darla Zarley

Action: Passed Unanimously

Board Action:

Motion: Tallie Pederson moved to revoke Lori Brandon's pharmaceutical technician registration for processing multiple fraudulent prescriptions.

Second: Darla Zarley

Action: Passed Unanimously

H. Vital Care Health Services

(15-055-MP-N)

Nancy Fannin, Area manager of Rotech Health , appeared and was sworn by President Basch prior to answering questions or offering testimony.



# NEVADA STATE BOARD OF PHARMACY

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## MINUTES

January 11, 2017

### BOARD MEETING

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas, Nevada

#### Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Robert Sullivan
Kirk Wentworth	Darla Zarley		

#### Board Members Absent:

Tallie Pederson

#### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ray Seidlinger	Ken Scheuber	Dena McClish	Joe Dodge
Brett Kandt	Kristopher Mangosing		

1. Public Comment January 11, 2017 9:00 AM

There was no public comment.

2. Approval of December 7, 2016, Minutes

#### Board Action:

Motion: Kevin Desmond moved to approve the Minutes as presented.

Second: Darla Zarley

Action: Passed unanimously

3. Applications for Out-of-State Pharmacy – Non Appearance:



Mr. Mulkey stated that he would provide Board Staff with a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Edwards explained that in 2013, Board Staff received notification from Vitalcare that they would no longer be performing MDEG services and would only be providing warehouse services. At that time, Board Staff closed Vitalcare's MDEG License.

While inspecting a pharmacy in Caliente, Board Inspectors observed Vitalcare performing MDEG services. The inspection showed that Vitalcare performed MDEG services for three years while unlicensed.

Mr. Edwards stated that Vitalcare received a Cite and Fine for \$5000.00, which they have paid. He added that Vitalcare is appearing before the Board to reapply for Vitalcare's Nevada MDEG License.

Mr. Mulkey answered questions to the Board's satisfaction regarding the events leading up to the unlicensed activity.

Board Action:

Motion: Jason Penrod moved to approve Vitalcare – Caliente's Application for Nevada MDEG License pending a positive inspection.

Second: Darla Zarley

Action: Passed unanimously

7. Request for Reinstatement of Pharmacist License – Appearance:

Justin Curnutt

Darla Zarley disclosed that Justin Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that the Board heard Mr. Curnutt's case during the January 2016 board meeting. He stated that Mr. Curnutt committed prescription fraud and insurance fraud by creating, filling and dispensing multiple fraudulent prescriptions for himself and another staff member. Those fraudulent prescriptions were then billed to an insurance provider.

Mr. Curnutt agreed to Mr. Edwards' summary of the facts. He requested reinstatement of his pharmacist license and described his activities during the last year.

Mr. Curnutt explained that he is active with the Boy Scouts of America and his church community. He also opened a health food store and taught courses on various aspects of maintaining a healthy lifestyle.

Board discussion ensued regarding Mr. Curnutt's status on the OIG Blacklist. Mr. Pinson explained that if he is on that list he would not be allowed be employed by any entity that bills Medicare or Medicaid.

The Board questioned Mr. Curnutt regarding unaccounted for medications that were confiscated. Mr. Curnutt could not provide an explanation for the medications.

The Board discussed the possibility of having a mentor report on Mr. Curnutt's activities as well as other corrective action.

Board Action:

Motion: Kirk Wentworth moved to reinstate Justin Curnutt's Nevada Pharmacist License pending Mr. Curnutt meets with Board Staff to explain the circumstances surrounding all unaccounted for medications that remain at issue in his case. Board Staff is authorized to review and approve Mr. Curnutt's explanation. If Board Staff accepts the explanation Justin Curnutt's license will be reinstated, this will take place no sooner than February 5, 2017, and be put on a probationary status for a period of no less than two years from the reinstatement date. During the probationary period Mr. Curnutt may not work more than forty hours per week. He may not work as a pharmacist in charge or pharmacy manager of any Nevada pharmacy. He may not work alone and must work at all times under the direct supervision of a Nevada licensed pharmacist. He must engage a peer mentor who must be a Nevada licensed physician or pharmacist, and is subject to Board Staff approval. The mentor must submit quarterly written status reports to the Board's Executive Secretary explaining his or her perception and opinion of his work status, the activities in which he is engaged as part of his personal and professional recovery, his level of compliance with the terms of his probation and any other matters that the mentor deems pertinent. Mr. Curnutt shall inform all current and potential future employers of this disciplinary action. Any violation of the terms of the Board's Order may result in the immediate suspension of his pharmacist license.

Second: Jason Penrod

Action: Passed unanimously

8. General Counsel Report for Possible Discussion:

Attorney General Opinion No. 2016-10: Pharmacy Board; Controlled Substances; Veterinarians

Mr. Edwards stated that during a past meeting the Board approved Board Staff to request an Attorney General Opinion regarding licensing veterinarians for dispensing medication. He explained that Attorney General Opinion stated that veterinarians do need to follow the dispensing regulations like any other dispensing practitioner.



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## MINUTES

April 12 & 13, 2017

### BOARD MEETING

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas, Nevada

#### Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Robert Sullivan
Kirk Wentworth	Darla Zarley		

#### Board Members Absent:

Tallie Pederson

#### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ray Seidlinger	Ken Scheuber	Dena McClish	Joe Dodge
Sophia Long	Kristopher Mangosing		

1. Public Comment April 12, 2017 9:00 AM

There was no public comment.

2. Approval of March 1, 2017, Minutes

#### Board Action:

Motion: Jason Penrod moved to approve the March 1, 2017 Meeting Minutes as presented.

Second: Darla Zarley

Action: Passed unanimously.

Mr. Pinson explained that Board Staff received an application for Nevada Pharmacist License from Mr Kim. Shortly after receiving the application, an email from Jonathan Chan was sent to Board Staff. In the email, Mr. Chan stated that Mr. Kim contacted him to ask if he could be a reference on his application. Mr. Chan later discovered that Mr. Kim forged his signature and credentials on the referral portion of the application. Mr. Chan expressed concern that Mr. Kim used his name fraudulently.

The Board questioned Mr. Kim regarding why he forged Mr. Chan's signature on the application.

Mr. Kim explained that he thought he had Mr. Chan's permission and stated that he was in a hurry to send in his application. Mr. Kim apologized to the Board for his mistake and requested that they not use this occurrence as a reflection of his character.

The Board discussed the severity of lying on an application and forging Mr. Chan's signature.

Board Action:

Motion: Jason Penrod moved to deny Choon Kim's Application for Nevada Pharmacist by Reciprocation. Board Staff shall forward the results of this appearance to NABP and Massachusetts' and Hawaii's Pharmacy Boards.

Second: Darla Zarley

Action: Passed unanimously.

B. Young Ju Woo, R.Ph

Young Ju Woo appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Pinson explained that Ms. Woo has a pending action in California involving a technician diverting hydrocodone at the pharmacy where she was the managing pharmacist.

Ms. Woo explained that her hearing on this matter is scheduled for May 23, 2017.

The Board offered Ms. Woo the option to table her application until her case in California is resolved.

The Board tabled Ms. Woo's application for Nevada Pharmacist at her request.

7. Request for Reinstatement of Pharmacist License – Appearance:

Justin Curnutt

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

President Basch stated that Mr. Curnutt appeared before the Board during the January 2017 board meeting. He explained that at that time the Board moved to reinstate Mr. Curnutt's Nevada Pharmacist License pending he comply with a number of restrictions, including to meet with Board Staff to explain the circumstances surrounding all unaccounted for medications.

Mr. Curnutt stated that he has met with Board Staff twice to review the case.

Ken Scheuber, Investigator for the Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Scheuber explained after meeting with Mr. Curnutt there are discrepancies regarding two prescriptions.

The Board questioned Mr. Curnutt regarding the two prescriptions in question.

Mr. Curnutt apologized to the Board for his mistake, but was not able to recall the circumstances surrounding the two prescriptions.

The Board expressed concern regarding Mr. Curnutt's lack of personal accountability regarding the case.

Board discussion ensued regarding the restrictions on Mr. Curnutt's Nevada Pharmacist License, status on the OIG Blacklist, and the possibility of having Mr. Curnutt complete a college level ethics course.

Board Action:

Motion: Kirk Wentworth moved to deny Justin Curnutt's Request for Reinstatement of Pharmacist License.

Kirk Wentworth withdrew his motion.

The Board discussed having Mr. Curnutt serve as a Pharmacy Intern.

Board Action:

Motion: Jason Penrod moved to approve Justin Curnutt's Application for Nevada Pharmacy Intern pending he finds employment at a pharmacy, completes a Board Staff approved college level ethics course, and complies with all the restrictions placed on his license during the January 2017 board meeting.

Second: Robert Sullivan

Action: Passed unanimously



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## MINUTES

April 11 & 12, 2018

### BOARD MEETING

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas, Nevada

#### Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Melissa Shake
Robert Sullivan	Darla Zarley		

#### Board Members Absent:

Kirk Wentworth was absent on April 11 & 12, 2018.

Jason Penrod was absent on April 12, 2018.

#### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Ray Seidlinger	Kenneth Scheuber
Luis Curras	Dena McClish	Joe Dodge	Sophia Long
Kristopher Mangosing			

President Basch read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

#### 1. Public Comment April 11, 2018, 9:00 AM

There was no public comment.

#### 2. Approval of March 7-8, 2018, Minutes

Melissa Shake recused from participation in this matter due to her absence from the March 2018 Board meeting.

Action: Passed unanimously

7. Request for Reinstatement of Revoked Pharmacist License:

Justin Curnutt

(15-051-RPH-S)

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt provided background information regarding Mr. Curnutt's case where his pharmacist license was revoked in 2016 for prescription and insurance fraud. He explained that Mr. Curnutt petitioned for reinstatement in April 2017, where he was granted a pharmacy intern license with conditions.

The Board questioned Mr. Curnutt regarding what he has done to comply with the conditions on his pharmacy intern license.

Mr. Curnutt answered the Board's questions regarding his current employment and continuing education

After discussion, the Board directed Mr. Curnutt to be more proactive in complying with the conditions on his license.

8. Request for Pharmaceutical Technician in Training License:

Chelsea R. Flores

Ms. Flores was not present.

Mr. Pinson stated that Ms. Flores was a student at Northwest Career College. Mr. Pinson explained that Board Staff was notified that Ms. Flores tested positive for marijuana.

Board Action:

Motion: Jason Penrod moved to deny Chelsea R. Flores' Application for Pharmaceutical Technician in Training License.

Second: Darla Zarley

Action: Passed unanimously

9. Application for Physician Assistant Prescribe - Appearance:

Sami N. Akhchin

Sami Akhchin appeared and was sworn by President Basch prior to answering questions or offering testimony.



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985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521  
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## MINUTES

December 5 & 6, 2018

### BOARD MEETING

Hyatt Place  
 1790 E Plumb Ln  
 Reno, Nevada

#### Board Members Present:

Leo Basch                      Kevin Desmond              Jade Jacobo              Melissa Shake  
 Robert Sullivan

#### Board Members Absent:

Wayne Mitchell              Jason Penrod

#### Board Staff Present:

Dave Wuest                      Paul Edwards                      Shirley Hunting                      Brett Kandt  
 Yenh Long                      Joe Depczynski                      Kenneth Scheuber                      Kristopher Mangosing  
 Sarah Bradley

President Basch read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Mr. Wuest introduced and congratulated Jade Jacobo as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three-year term.

#### 1. Public Comment December 5, 2018 9:00 AM

There was no public comment.

#### 2. Approval of October 10-11, 2018, Minutes

Ms. Jacobo recused from participation in this matter due to her absence at the October 2018 Board Meeting.



Motion: Kevin Desmond moved to approve Arnold Dental Supply Company, Inc.'s Application for Nevada Wholesaler License pending a positive inspection.

Second: Melissa Shake

Action: Passed unanimously

9. Request for Renewal of Out-of-State Pharmacy License - Appearance

Theracom – Frisco, TX

Melissa Shake recused from participation due to her employment with Walgreens. Walgreens is part owner of Theracom.

Jack McGuire, managing pharmacist, and Nelly Strom, attorney representing Theracom, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Wuest stated that Theracom had disclosed past discipline on their license renewal.

Ms. Strom stated that Theracom was disciplined in two states for failing to notify the Board of Pharmacy of a change in managing pharmacist within the required timeframe.

Mr. McGuire described his past discipline. He explained that he had failed to disclose DUI and DWI charges and arrests on his pharmacist applications in other states. He explained that he voluntarily entered into Kentucky's PRN-PRN program and completed the contract in 2011.

Ms. Strom and Mr. McGuire answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Theracom's Request for Renewal of Out-of-State Pharmacy License.

Second: Kevin Desmond

Action: Passed unanimously

10. Request for Reinstatement of Pharmacist Registration - Appearance

Justin Cumutt

Justin Cumutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards provided a brief summary of the case where Mr. Curnutt was disciplined by the Board in January 2016 for prescription and insurance fraud. He explained that Mr. Curnutt's pharmacist license was revoked and was granted a pharmacist intern license with conditions.

Mr. Curnutt agreed with Mr. Edwards' summary of his past discipline.

Mr. Curnutt answered questions to the Board's satisfaction regarding his current employment and what changes he has made to prevent future issues.

Board discussion ensued regarding reinstating Mr. Curnutt's pharmacist registration with conditions.

Board Action:

Motion: Kevin Desmond moved to reinstate Justin Curnutt's Pharmacist Registration with conditions. Mr. Curnutt's Pharmacist Registration shall be on probation for no less than two years. Mr. Curnutt shall not work more than 40 hours per week. Mr. Curnutt shall not be the managing pharmacist. Mr. Curnutt must inform all current and future employers of his disciplinary action. Mr. Curnutt shall complete an additional 30 CEU for the 2019 renewal. At least 2 of the 30 CEU shall be on the topic of ethics. Mr. Curnutt shall not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any state or federal law.

Second: Melissa Shake

Action: Passed unanimously

11. Requests for Renewal of Pharmacist Registration - Appearance

A. Gregory G. Gaiser

Mr. Gaiser was not present.

B. Lan T. Tran-Nguyen

Lan Tran-Nguyen appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt explained that Ms. Tran-Nguyen disclosed past discipline in another state on her Nevada pharmacist renewal application.

Mr. Kandt summarized the facts of the case where Ms. Nguyen surrendered her California pharmacist license for unprofessional conduct involving the sale of pseudoephedrine.

The Board questioned Ms. Nguyen regarding her discipline and her employment history since she surrendered her California pharmacist license.