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

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
 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: BAM HEALTHCARE LVIC LLC

Physical Address: 8930 SUNSET RD. SUITE 120

City: LAS VEGAS State: NEVADA Zip Code: 89148

Telephone: 646-732-1818 Fax: 833-230-7501

Toll Free Number: _____ E-mail: RWIDROFF@BAMHEALTHCARE.COM

Website: BAMHEALTHCARE.COM

Managing Pharmacist: JARED KOHN License Number: 19641

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

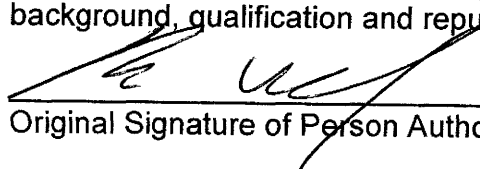
Within the last five (5) years:

- 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

ROBIN WIDROFF

Print Name of Authorized Person

2-20-19

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: **DELAWARE**

Parent Company if any: _____

Mailing Address: 180 RARITAN CENTER PARKWAY SUITE 204

City: EDISON State: NJ Zip: 08837

Telephone: 646-732-1818 Fax: 833-230-7501

Contact Person: ROBIN WIDROFF

For any corporation non publicly traded, disclose the following:

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

| | |
|---------------|--|
| a) ELAN YAISH | 180 RARITAN CENTER SUITE 204, EDISON, NJ 08837 |
| Name | Business Address |

| | |
|---------------------------|---|
| b) <u>ETHAN B WELWART</u> | <u>180 RARITAN CENTER SUITE 204, EDISON, NJ 08837</u> |
| Name | Business Address |

c) _____

| Name | Business Address |
|------|------------------|
|------|------------------|

[illegible]

- 2) Provide the number of shares issued by the corporation. _____

- 3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday am pm

Sunday _____ am _____ pm 24 Hours _____

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

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

I, ROBIN WIDROFF

Responsible Person of BAM HEALTHCARE LVIC LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

ROBIN WIDROFF

Print Name of Authorized Person

2-26-19

Date

Managing Pharmacist

Pharmacist Name: Tared Kohn License #: 19641

Pharmacy Name: BAM Healthcare LLC

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

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

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

| | Yes | No |
|--|--------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | <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)

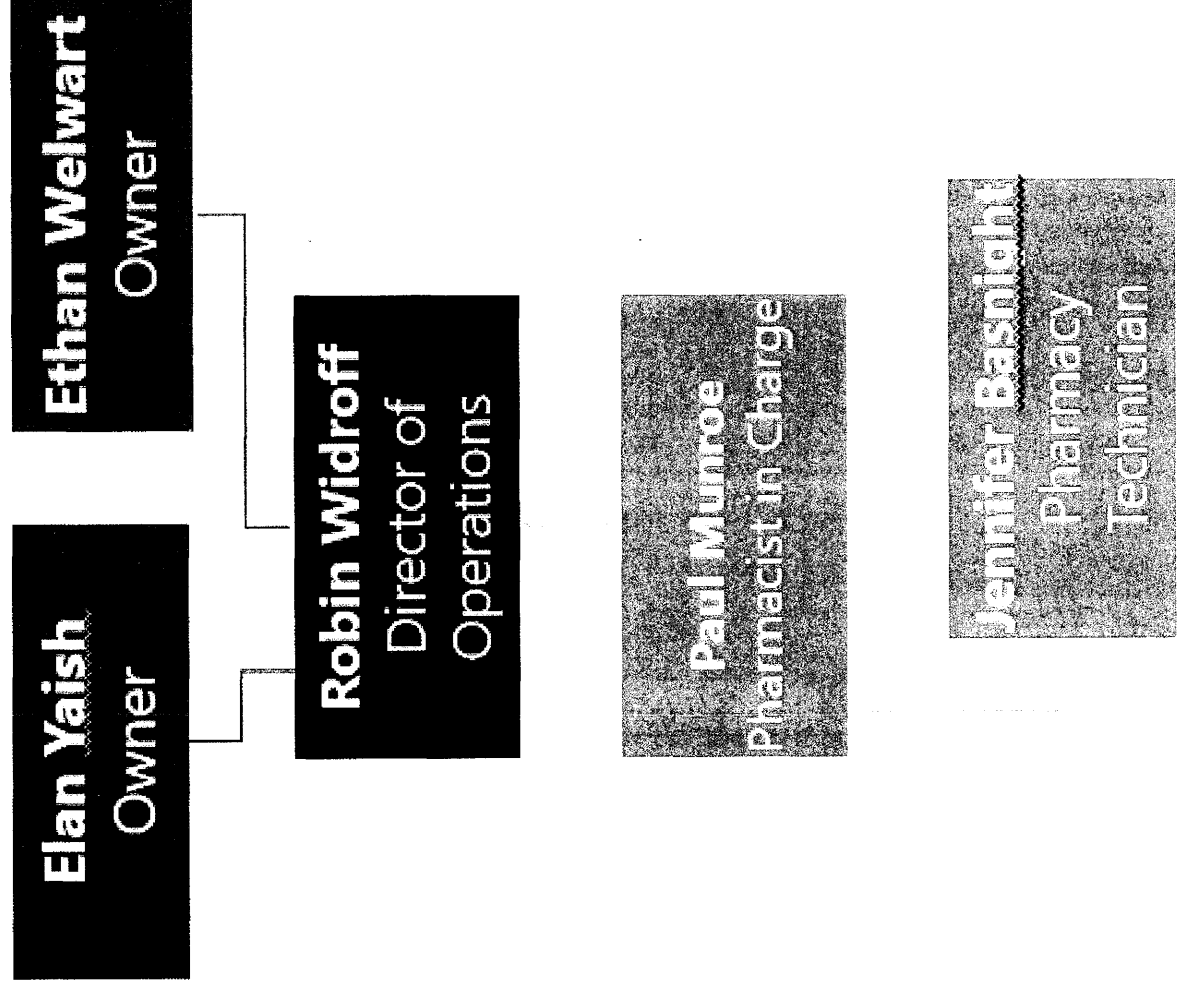
I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



Signature

2/27/2019
Date

Organization Structure



Date 2/20/19

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 Pharmacy

Nature of License

BAM HEALTHCARE LVIC LLC

Name and Address of Establishment for Which License Is Requested

8930 Sunset Rd Suite 120 Las Vegas Nevada 89148

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Welwart Last Name Ethan First Name B Middle Name

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

Joseph Ave Present Residence Address-Street or RFD Staten Island City NY 10314 State/Zip

180 Karitan Center Pkwy Ste 204 Present Business Address Edison City NJ 08837 State/Zip

Director Occupation 1/1/17 Dates current

Phone:

Residence 732 902 6575 ext 2020

Business 732 902 6575 ext 2020

30 Date of Birth Brooklyn, Kings, NY Place of Birth (City, County, State)

30 Age Male Sex

Hazel Color of Eyes Brown Color of Hair White Complexion 250 Weight 5'6" Build Height

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 EW

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 | | | | | | | | | | | | |
|--|-------------------------|---------------------------|------------------|-----------------------|-----------|--------|------|-------|-----|-----------|-----|--|--|--|--|--|
| <p>List of names, current address and telephone numbers of previous spouses:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Street</th> <th>City</th> <th>State</th> <th>Zip</th> <th>Telephone</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 100px; vertical-align: middle; text-align: center;">N/A</td> </tr> </tbody> </table> | | | | | Name | Street | City | State | Zip | Telephone | N/A | | | | | |
| 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 |
|------|------------|-------------|-------------------|
| N/A | | | |

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial

FAMILY INFORMATION-Continued

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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 William Welwart | | Joseph Ave Staten Island NY 10314 | Proprietor |
| Mother Judith Welwart | | Joseph Ave Staten Island NY 10314 | Proprietor |
| 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 |
|---------------------------------------|------------|----------------------|------------|
| Spouse Nadine Welwart | | Lerington Ave | Pharmacist |
| Jonathan Teitelbaum | | Edison NJ, 08817 | Director |
| Spouse | | | |
| Spouse Jeremy Welwart | | Chatsford Circuit St | Doctor |
| Lesley Patterson Patterson | | Southfield MI 48034 | Lawyer |
| Spouse | | | |

4. EDUCATION:

| Name of School | Location | Dates Attended | Graduate |
|-------------------------------|-------------------|-----------------|---|
| Grammar School JFS | Staten Island, NY | 9/1995 - 6/2003 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School RKYHS | Livingston, NJ | 9/2003 - 5/2007 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University at Buffalo | Buffalo, NY | 9/2007 - 5/2011 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Type of degree obtained, if any Business Administration

College or university where obtained University at Buffalo

Applicant's initial

CW

5 MILITARY INFORMATION:

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A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

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

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

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

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

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

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

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

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

Applicant's initial _____

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

| Month and Year (From-To) | Street and Number | City | State or County |
|-----------------------------|-------------------|-----------------|-----------------|
| 1/1994 - current | Joseph Ave | Staten Island | NY |
| 1/2018 - current | Albury Way | North Brunswick | NJ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's initial


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8. EMPLOYMENT:

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

| | | |
|-----------------|--|--------------------|
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 1/2016 | Apesce Bio-Pharm 180 Raritan Center Pkwy Ste 101 | N/A |
| Title | Description of Duties | Name of Supervisor |
| Director of Ops | Oversee Day to Day Operations | William Wehwart |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 10/2013 | Sushi K Express II 627 Kings Hwy Brooklyn NY | Compensation |
| Title | Description of Duties | Name of Supervisor |
| Manager | Oversee Day to Day Operations | Michael Belcz |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 7/2007 | Simply Sushi 33 Curtis Ave West Orange NJ | Compensation |
| Title | Description of Duties | Name of Supervisor |
| Manager | Oversee Day to Day Operations | Chaim Goldman |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |

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

Applicant's initial 

9. CHARACTER REFERENCES:

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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>Jon Lambarti</u> | Home | <u>Victorian Dr</u> | <u>Old Bridge</u> | <u>NJ</u> | <u>08857</u> | <u>5 years</u> |
| Employer <u>Self-Employed</u> | Business | | | | | |
| Name <u>Jeremy Blumenthal</u> | Home | <u>Caulfield Dr</u> | <u>San Diego</u> | <u>CA</u> | <u>92154</u> | <u>6 years</u> |
| Employer <u>Self-Employed</u> | Business | | | | | |
| Name <u>David Hirsch</u> | Home | | | | | |
| Employer <u>Self-Employed</u> | Business | <u>1117 57th Street</u> | <u>Brooklyn</u> | <u>NY</u> | <u>11219</u> | <u>3476610703 5 years</u> |
| Name <u>Kenneth Larimer</u> | Home | | | | | |
| Employer <u>Five Mile Stone</u> | Business | <u>1640 2nd Ave</u> | <u>New York</u> | <u>NY</u> | <u>10028</u> | <u>5612523663 5 year</u> |
| Name <u>Garry Takha</u> | Home | <u>Albury Way</u> | <u>North Brunswick</u> | <u>NJ</u> | <u>08902</u> | |
| Employer <u>Self-Employed</u> | Business | | | | | |

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

AW

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 ☐

My father William Welwart owns a pharmacy.
My Sister is a pharmacist and my brother is a doctor.



Date of photograph _____

Applicant's initial EW

STATE OF NEW JERSEY

303

SS.

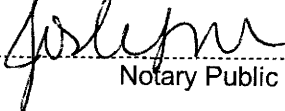
COUNTY OF MIDDLESEX

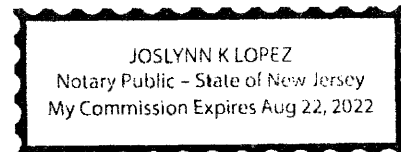
I, Ethan Welwart, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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 1st day of

MARCH 2019

Notary Public



(seal)

Applicant's initial EW

Handwriting practice lines consisting of 30 horizontal dotted lines.

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

Date 2/27/19

GENERAL INSTRUCTIONS

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

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

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

Application for PHARMACY
 Nature of Pharmacy or Wholesaler
BAM Healthcare LV LLC
 Name and Address of Business for Which Designated Representative Is Requested
8930 Sunset Rd Suite 120 Las Vegas Nevada
 If applicable, Name Under Which It Is Now Operated
89148

1. PERSONAL INFORMATION:

Last Name Kohn First Name Tared Middle Name Scott
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD Gabriel Drive City Las Vegas State/Zip NV 89119
 Dates 01/2017 - Present

Present Business Address PIC City Las Vegas State/Zip NV 89119
 Dates 2/27/19

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

Date of Birth 3/1/80 Place of Birth (City, County, State) St. Louis, St. Louis County, Missouri

Age 38 Social Security Number _____ Sex Male

Color of Eyes Brown Color of Hair Black Complexion Fair Weight 255 lbs Build Athletic Slim Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics 1 inch scar on inside of right elbow

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 TK

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

| | | | |
|--------------|--|-------------------------------|----------------|
| Leonard Kohn | | Clayton Rd. Chesterfield, Mo. | Business Owner |
|--------------|--|-------------------------------|----------------|

Mother

| | | | |
|---------------------|--|------------------------------|---------|
| Renee Langberg Kohn | | Clayton Rd Chesterfield, Mo. | Teacher |
|---------------------|--|------------------------------|---------|

Father-in-Law

| | | | |
|---------------------------|--|------------------------|---------------|
| Efraim Salinas (Deceased) | | Rehoma Sabines, Mexico | Field Manager |
|---------------------------|--|------------------------|---------------|

Mother-in-Law

| | | | |
|--------------------|--|-----------------------|---------------|
| Santa Velaz Flores | | Rehoma Sabines Mexico | Self-employed |
|--------------------|--|-----------------------|---------------|

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 |
|---------------|------------|---------|------------|
|---------------|------------|---------|------------|

| | | | |
|---------------|--|----------------------------|-------------------|
| Danielle Kohn | | 4044 St. Newport Beach, CA | Real estate agent |
|---------------|--|----------------------------|-------------------|

Spouse

NA

| | | | |
|------------|--|------------------|-----------|
| Jacob Kohn | | Tel Aviv, Israel | Economist |
|------------|--|------------------|-----------|

Spouse

NA

Spouse

Spouse

4. EDUCATION:

| | Name of School | Location | Dates Attended | Graduate |
|----------------|---------------------------------------|-------------------|----------------|---|
| Grammar School | Solomon Schechter Day School | Chesterfield, Mo. | 1993-1999 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School | Per-Kway Central Middle & High School | | 1999-2006 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College | University Missouri St. Louis | St. Louis, MO | 2009-2013 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| University | Roseman University | Henderson NV | 2014-2017 | 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 SciencesApplicant's initial PK

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 St. Louis County State Missouri Date registered 2006

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 RR

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 |
|-----------------------------|----------------------------------|--------------|-----------------|
| 01/2019 - Present | Gebret Drive | Las Vegas | NV |
| 05/2016 - 01/2019 | 1500 Cardinal Peak Lane Unit 202 | Las Vegas | NV |
| 8/2015 - 5/2016 | 2096 Rancho Ave # 1021 | Las Vegas | NV |
| 8/2014 - 8/2015 | 6275 Boulder Hwy # 2032 | Las Vegas | NV |
| 1/1993 - 8/2014 | 13650 Clayton Rd | Chesterfield | Missouri |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's initial AK

8. EMPLOYMENT:

N/A

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 |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| 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 *AK*

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>Robin Bickerman</u> | Home | <u>St. Louis, Missouri</u> | | | | <u>10</u> |
| Employer <u>Jewish Community Center</u> | Business | <u>St. Louis, Missouri</u> | | | | |
| Name <u>Aaron Boca</u> | Home | <u>Las Vegas, NV</u> | | | | <u>5</u> |
| Employer <u>Penny Mac</u> | Business | <u>Las Vegas, NV</u> | | | | |
| Name <u>Ernie Eita</u> | Home | <u>Las Vegas, NV</u> | | | | <u>5</u> |
| Employer <u>MGM</u> | Business | <u>Las Vegas, NV</u> | | | | |
| Name <u>Shalom Gago</u> | Home | <u>St. Louis, Missouri</u> | | | | <u>10</u> |
| Employer <u>Self-employed</u> | Business | <u>St. Louis, Missouri</u> | | | | |
| Name <u>Karen Feldman</u> | Home | <u>Las Vegas, NV</u> | | | | <u>5</u> |
| Employer <u>Real estate agent</u> | Business | <u>Las Vegas, NV</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

Pharmacist in Nevada # 19641 Licensed date: 7/31/2017

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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

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

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

Applicant's initial

KL

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 2/27/19

Applicant's initial JK

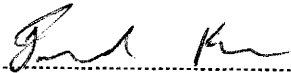
STATE OF Nevada

SS.

COUNTY OF ClarkI, Tarad Kohn

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

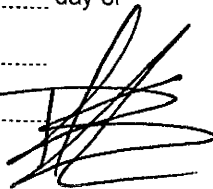
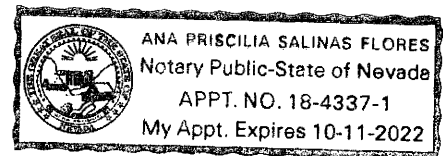
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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



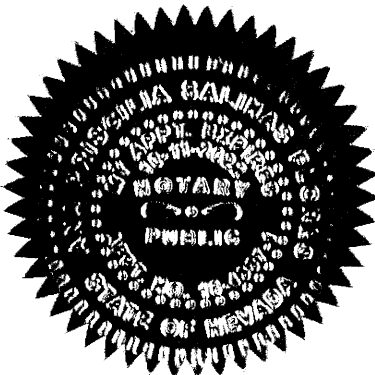
Original Signature of Applicant

Subscribed and Sworn to before me this 27 day ofFebruary2019Ana Priscilia Salinas Flores

Notary Public

(seal)

Applicant's initial TK

Page 9

ADDITIONAL INFORMATION

N/A

Handwriting practice lines consisting of 30 horizontal dotted lines.

Applicant's initial JIC

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/20/19

GENERAL INSTRUCTIONS

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

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

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

Application for Pharmacy
 Nature of License
BAM Healthcare LVIC LLC
 Name and Address of Establishment for Which License Is Requested
8930 Sunset Rd Suite 120 Las Vegas Nevada 89148
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name VASH First Name ELAN Middle Name

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

Present Residence Address-Street or RFD SUNRISE HIGHWAY #1-315 ROCKVILLE CENTER NY 11570
 City State/Zip

Present Business Address 180 RARITAN CENTER PARKWAY SUITE 204 EDISON NJ 08837
 City State/Zip

Occupation PRESIDENT Dates SEPTEMBER 2017 - PRESENT

Phone: Residence Business 631-793-9851

Date of Birth 11/11/1981 Place of Birth (City, County, State) BROOKLYN NY

Age 49 Social Security Number 123-45-6789 Sex Male

Color of Eyes Brown Color of Hair Black Complexion Dark Olive Weight 185 Build Medium Height 5'8"

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** JUNE 22 1997 NEWARK NJ
 Date City, County and State
 Spouse's full name (Maiden) RAHEL SHARONE PHILIP S. No.
 Date of Birth _____ Place of Birth ISRAEL
 Resident address SUNRISE HIGHWAY 1-315 ROCKVILLE CENTER NY 11570
 Street City State Zip
 Telephone: Residence _____ Business HOMEMAKER N/A
 Spouse's employer HOMEMAKER 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 |
|------|------------|-------------|-------------------|
|------|------------|-------------|-------------------|

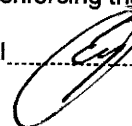
| | | | |
|---------------------|-----------|-----------|--|
| <u>SHARON YASH</u> | <u>'8</u> | <u>NY</u> | <u>SUNRISE HIGHWAY ROCKVILLE CTR 11570</u> |
| <u>NETANEL YASH</u> | <u>'8</u> | <u>NY</u> | <u>SUNRISE HIGHWAY ROCKVILLE CTR 11570</u> |
| <u>ELI YASH</u> | <u>'8</u> | <u>NY</u> | <u>SUNRISE HIGHWAY ROCKVILLE CTR 11570</u> |
| <u>ELIANA YASH</u> | <u>'8</u> | <u>NY</u> | <u>SUNRISE HIGHWAY ROCKVILLE CTR 11570</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



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

| | | | |
|------------|--------|------------------------|---------|
| ZADOK YASH | 4/4/44 | FOSTER AVENUE BKLYN NY | RETIRED |
|------------|--------|------------------------|---------|

Mother

| | | | |
|---------------|--|------------------------|---------|
| SAOSHANA YASH | | FOSTER AVENUE BKLYN NY | RETIRED |
|---------------|--|------------------------|---------|

Father-in-Law

| | | | |
|--------------------|--|----------------------------------|---------|
| M. HERBERT DANZGER | | 73 rd AVE FLUSHING NY | RETIRED |
|--------------------|--|----------------------------------|---------|

Mother-in-Law

| | | | |
|----------------|--|----------------------------------|---------|
| MIRIAM DANZGER | | 73 rd AVE FLUSHING NY | 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 |
|---------------|------------|---------|------------|
|---------------|------------|---------|------------|

| | | | |
|----------------------|--|---------------------------|--------------|
| LEOR YASH | | OCEAN PARKWAY BROOKLYN NY | STOCK TRADER |
|----------------------|--|---------------------------|--------------|

Spouse

N/A

| | | | |
|-----------|--|---------------------------------|--------|
| YAIR YASH | | HERRICK DRIVE LAWRENCE NY 11559 | LAWYER |
|-----------|--|---------------------------------|--------|

Spouse

| | | | |
|-------------|--|---------------------------------|-----------|
| CHAVI WEISS | | HERRICK DRIVE LAWRENCE NY 11559 | HOMEMAKER |
|-------------|--|---------------------------------|-----------|

| | | | |
|------------|--|----------------|--|
| EFRAT YASH | | BROADWAY NY NY | COO INTERNET TEST |
|------------|--|----------------|--|

Spouse

N/A

| | | | |
|------------|--|---------------------------|---------------|
| RONIT YASH | | IRVING PLACE, WOODMERE NY | SOCIAL WORKER |
|------------|--|---------------------------|---------------|

Spouse

| | | | |
|--------------------|--|--------------------------|--------------------|
| MOSHE BRANDSDORFER | | IRVING PLACE WOODMERE NY | EXECUTIVE DIRECTOR |
|--------------------|--|--------------------------|--------------------|

4. EDUCATION:

| | Name of School | Location | Dates Attended | Graduate |
|--------------------|----------------------------|-------------|----------------|---|
| Grammar School | Yeshiva Toras Emes | Brooklyn NY | 1976-1983 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School | Joseph S. Gross High | Brooklyn NY | 1983-1987 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University | Sy Syms School of Business | NY NY | 1987-1992 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Type of degree obtained, if any BS AccountingCollege or university where obtained Sy Syms School of Business of Yeshiva University

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 KINGS State NY Date registered 1987**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 |
|----------------|----------------|--|
|----------------|----------------|--|

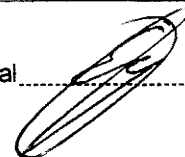
7. RESIDENCES:

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

| Month and Year (From-To) | Street and Number | City | State or County |
|-----------------------------|-------------------|------|-----------------|
|-----------------------------|-------------------|------|-----------------|

| | | | |
|--------------|-----------------------------|------------------|----------------|
| 2010-Present | SUNRISE HIGHWAY 1-315 | ROCKVILLE CENTER | NY 11570 |
| 2006-Present | SOUTHWOODS DRIVE, UNIT E-10 | MONTICELLO | NY 12701 |
| 2009-Present | Ha'arzel Street | HARMONAIM | ISRAEL 7312700 |
| 1999-2010 | 515 CEDARWOOD DRIVE | CEDARHURST | NY 11516 |
| 1997-1999 | 3555 OXFORD AVENUE | BRONX | NY |
| 1979-1997 | 441 FOSTER AVENUE | BROOKLYN | NY 11230 |

Applicant's initial



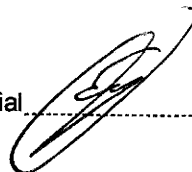
8. EMPLOYMENT:

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 |
|---------------------------------|---|--------------------|
| 7/17 - Present | APOGEE BIO-PHARM 180 RARITAN CENTER PARKWAY EDISON NJ | CURRENTLY EMPLOYED |
| Title | Description of Duties | Name of Supervisor |
| PRESIDENT | EXECUTIVE | BEN WELWART |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| JUN 15 - SEPT 2017 | SUNDAYSEY 229 WEST 36th STREET | BETTER OPPORTUNITY |
| Title | Description of Duties | Name of Supervisor |
| CFO | FINANCIAL EXECUTIVE | SHMUEL WELER |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| OCT 2012 - JAN 2015 | RIT TECHNOLOGIES HABARZEL STREET ISRAEL | BETTER OPPORTUNITY |
| Title | Description of Duties | Name of Supervisor |
| CFO | FINANCIAL EXECUTIVE | VARIM LEDERMAN |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 5/2010 - 9/2012 | LOTI LTD. 7 APIR YEDA, KEAR SABA ISRAEL | BETTER OPPORTUNITY |
| Title | Description of Duties | Name of Supervisor |
| CFO | FINANCIAL EXECUTIVE | SHLOMO BEN HAIM |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| JAN 2006 - MAY 2010 | ERS ASSOCIATES LTD 515 CEDARWOOD DRIVE | SELF EMPLOYED |
| Title | Description of Duties | Name of Supervisor |
| PRESIDENT | FINANCIAL ADVISOR | SELF |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 9/2002 - DEC 2005 | MANCHESTER TECHNOLOGIES HAUPPAUGE NY | BUSINESS SOLD |
| Title | Description of Duties | Name of Supervisor |
| CFO/VP FINANCE/ASST SECRETARY - | FINANCIAL EXECUTIVE | BARRY STEINBERG |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| FEB 2000 - SEP 2002 | CONVERSE TECHNOLOGY WOODBURY NY | BETTER OPPORTUNITY |
| Title | Description of Duties | Name of Supervisor |
| ASST VP FINANCE | FINANCIAL EXECUTIVE | DAVID FREINBERG |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| SEPT 1996 - JAN 2000 | TRANS-RESOURCES INC. 9 WEST 57 STREET NY | LARGER COMPANY |
| Title | Description of Duties | Name of Supervisor |
| VP FINANCE/CONTROLLER | FINANCIAL EXECUTIVE | LES YOUNER |

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>ROBERT HIMMER</u> Home | <u>PERRY ROAD</u> | <u>EDISON</u> | <u>NT</u> | <u>08817</u> | | <u>40 yrs.</u> |
| Employer <u>HIS SALES</u> Business | <u>INSURANCE</u> | <u>ADVISOR</u> | | | | |
| Name <u>MICHAEL PINTER</u> Home | <u>MARGARET AVENUE</u> | <u>LAWRENCE</u> | <u>NY</u> | <u>11559</u> | | <u>35 yrs.</u> |
| Employer <u>LMP Properties</u> Business | <u>REAL ESTATE</u> | <u>OWNER & MANAGER</u> | | | | |
| Name <u>JOSHUA SCHNEIDER</u> Home | <u>LOCUST TERRACE</u> | <u>WEST HAMPSHIRE</u> | <u>NY</u> | <u>11552</u> | | <u>35 yrs.</u> |
| Employer <u>FMR</u> Business | <u>OPERATIONAL</u> | <u>MANAGEMENT</u> | | | | |
| Name <u>LAIZER KOENIG</u> Home | <u>EDENWOOD AVENUE</u> | <u>TEANECK</u> | <u>NT</u> | <u>07666</u> | | <u>25 yrs.</u> |
| Employer <u>CARECENTRIX</u> Business | <u>HOME HEALTH</u> | <u>CARE</u> | | | | |
| Name <u>JOEL SCHINDLER</u> Home | <u>DARTMOUTH LANE</u> | <u>WOODMERE</u> | <u>NY</u> | <u>11598</u> | | <u>40 yrs.</u> |
| Employer <u>SELF EMPLOYED</u> Business | <u>ATTORNEY</u> | | | | | |

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

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

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

I AM A LICENSED CPA FROM THE STATE OF NEW YORK
FROM 1994- PRESENT

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial



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 _____

Applicant's initial _____

STATE OF Florida

ss.

COUNTY OF Palm Beach

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

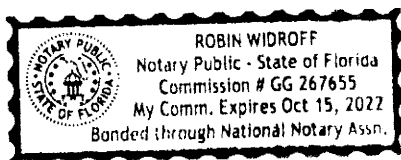
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of February 2019

[Signature]
Notary Public

(seal)

Applicant's initial [Signature]

ADDITIONAL INFORMATION

SECTION 6.D.

I was subpoenaed to testify before a grand jury with respect to a potential case against the CEO of CONVERSE TECHNOLOGIES where I worked from 2000-2002. The subpoena was revoked and I was not needed to testify and never appeared before the grand jury.

SECTION 8

SEPT 2002 - AUG 2006 DELLOITTE & TOUCHE 1 WORLD TRADE CTR BETTER OPPY
 SENIOR ACCOUNTANT AUDITING SERVICES NOEE SPICEEC

2007 - 2009 CHINA BROADBAND
 DIRECTOR BOARD ACTIVITIES

2007 - 2011 SONGZAI INTERNATIONAL HOLDING GROUP
 DIRECTOR BOARD ACTIVITIES

201

Applicant's initial

6B

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

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EastSide Pharmacy LLC

Physical Address: 5835 S Eastern Ave STE 100

City: Las Vegas State: NV Zip Code: 89119

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

Toll Free Number: 844-334-1010 E-mail: RYAN@EASTSIDERXLV.COM

Website: N/A

Managing Pharmacist: Jeffery Lang License Number: 17503

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

Ryan L. Ross

Print Name of Authorized Person

12/11/18

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NevadaParent Company if any: N/AMailing Address: 5835 S Eastern Ave STE 100City: Las Vegas State: NV Zip: 89119Telephone: 844-334-1010 Fax: 833-861-0249Contact Person: Ryan L Ross

For any corporation non publicly traded, disclose the following:

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

a) Ryan L Ross 5835 S Eastern Ave Ste 100
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

- 2) Provide the number of shares issued by the
- ^{LLC}
- corporation.
- 100%

- 3) What was the price paid per share?
- N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

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

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

I, Ryan L Ross

Responsible Person of Eastside Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Ryan L Ross

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

Ryan L Ross

Print Name of Authorized Person

12/11/18

Date

Managing Pharmacist

Pharmacist Name: _____

Jeffrey S Lamy

License #: _____

17503

Pharmacy Name: _____

Eastside Rx

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

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

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

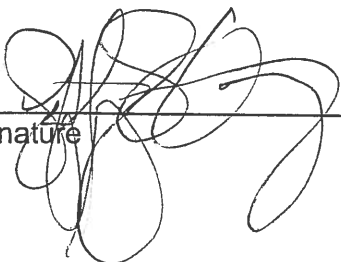
| | Yes | No |
|--|--------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | <input type="checkbox"/>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

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

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

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

Signature



Date

12/10/18

Eastside Pharmacy List of Managing members

332

Ryan Ross Managing member 100%.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date _____

GENERAL INSTRUCTIONS

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

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

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

Application for _____

Nature of License _____

Name and Address of Establishment for Which License Is Requested _____

If applicable, Name Under Which It Is Now Operated _____

1. PERSONAL INFORMATION:

Ross Last Name Ryan First Name Lee Middle Name

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

Stiracle Ave Present Residence Address-Street or RFD Henderson City NV 89002 State/Zip

2560 Sunset rd Present Business Address Las Vegas City NV 89120 State/Zip

Pharmacy Technician Occupation Jul 2018 - Present Dates

Phone: _____
Residence _____

Springfield, OR Lane county Business 702-531-8351

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

40 Age M Sex

_____ Social Security Number

Green Color of Eyes Blond Color of Hair Light Complexion 170 Weight med Build 71" Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoo right shoulder, left arm

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 LR

MARITAL INFORMATION-Continued

A. **Current Marriage** 3/17/07 Santa Rita, Gu
 Spouse's full name (Maiden) Aileen Martinez City, County
 Date of Birth _____ S.S. No. _____
 Date of Birth _____ Place of Birth Brooklyn, NY
 Resident address Calle Adolfo Sanchez Las Piedras, PR 00771
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A 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 |
|--------------------------|-------------------------|---------------------------|--------------------|-----------------------|
| <u>Mertina Westerman</u> | <u>12/05</u> | <u>12/99</u> | <u>Dissolution</u> | <u>San Diego, CA</u> |

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

| Name | Street | City | State | Zip | Telephone |
|--------------------------|-----------------------|-----------------|-----------|--------------|-----------|
| <u>Mertina Westerman</u> | <u>3 Clements Way</u> | <u>Murrieta</u> | <u>CA</u> | <u>92563</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>Rosalina Hammack</u> | | <u>Lemoore, CA</u> | <u>Spiracle Ave Henderson, NV 89002</u> |
| <u>Marianne Ross</u> | | <u>Portland, OR</u> | <u>Clements Way Murrieta, CA 92563</u> |
| <u>Gabriella Ross</u> | | <u>Calle Adolfo Sanchez</u> | <u>Las Piedras, PR 00771</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 RJR

FAMILY INFORMATION-Continued

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

Name California Department of Child Support ServicesAddress P.O. Box 49064 Rancho Cordova, CA 95741Contact person Clerk of the Court**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>Delbert Ross</u> | | <u>unknown</u> | |
| Mother | | | <u>clerk</u> |
| <u>Kathleen Shrauger</u> | | <u>25th M St NW Arnegard, ND</u> | <u>58835</u> |
| Father-in-Law | | | |
| <u>Raymond Martinez</u> | | <u>Las Piedras, PR</u> | <u>Retired</u> |
| Mother-in-Law | | | |
| <u>Maria Diaz</u> | | <u>Las Piedras, PR</u> | <u>Retired</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>Eric Ross</u> | | <u>NE Hickory St Vancouver, WA</u> | <u>98082</u> <u>conductor</u> |
| Spouse | | | |
| <u>Janice Thorildson</u> | | | |
| <u>Clifford Ross</u> | | <u>Watford City, ND</u> | <u>Clerk</u> |
| Spouse | | | |
| <u>Christina Ross</u> | | <u>Glendale, AZ</u> | <u>Nurse</u> |
| Spouse | | | |
| <u>Kenneth Damié</u> | | | |
| Spouse | | | |

4. EDUCATION:

| | Name of School | Location | Dates Attended | Graduate |
|--------------------|----------------------------|-------------------|------------------|---|
| Grammar School | <u>Rangel Elementary</u> | <u>Rangel, CO</u> | <u>8/83-6/88</u> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School | <u>Rangel High</u> | <u>Rangel, CO</u> | <u>8/91-5/94</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| College University | <u>Grantham University</u> | <u>Lenexa, KS</u> | <u>8/12-4/15</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 BS Business managementCollege or university where obtained Grantham universityApplicant's initial RLR

5 MILITARY INFORMATION:

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

Branch Navy Date of entry-active service 7/31/95

Date of separation 4/21/11 Type of discharge Honorable

Rating at separation MA² 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 WA Date registered 6/18/94

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 RJC

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 |
|-----------------------------|--------------------------------|------------------|-----------------|
| 9/18 - present | Spiracle Ave | Henderson, NV | 89002 |
| 6/18 - 9/18 | 163 Afternoon Rain Ave | Henderson, NV | 89002 |
| 7/16 - 6/18 | 3901 SE 30th St | Gresham, OR | 97080 |
| 3/13 - 7/16 | 11645 SE Fuller Rd | Portland, OR | 97222 |
| 3/12 - 3/13 | 8640 SE Causeway Ave Apt 1C303 | Happy Valley, OR | 97086 |
| 2/11 - 3/12 | 15258 SW Milliken Way Apt 616 | Beaverton, OR | 97006 |
| 7/67 - 2/11 | U.S. Navy | | |
| 6/08 - 2/11 | 8760 Redwood Dr unit 144 | Santee, CA | 92071 |
| 5/05 - 6/08 | 2229A McMillen Dr | Santa Rita, GU | 96915 |
| 4/02 - 5/05 | San Diego, CA | | |
| 2/98 - 4/02 | Manama, Bahrain | | |

Applicant's initial

DLK

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 |
|----------------|---|--------------------|
| 7/18-Present | Sunrise Pharmacy 2500 E Sunset Rd Las Vegas, NV 89120 | |
| Title | Description of Duties | Name of Supervisor |

| | | |
|---------------------|-------------------------|----------------|
| Pharmacy Technician | Compounding Lab Manager | Tamara Angeles |
|---------------------|-------------------------|----------------|

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|--|--------------------|
| 6/12-7/18 | Professional Center 205 Pharmacy 10000 SE Main St Portland, OR 97216 | moved to vegas |
| Title | Description of Duties | Name of Supervisor |

| | | |
|---------------------|-------------------------|-------------|
| Pharmacy Technician | Compounding Lab Manager | Krissy Bray |
|---------------------|-------------------------|-------------|

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|---|--------------------|
| 4/12-6/12 | Fred Meyer Pharmacy Portland, OR | Better position |
| Title | Description of Duties | Name of Supervisor |

| | | |
|---------------|--------------------|-----|
| Pharmacy Tech | fill prescriptions | JOE |
|---------------|--------------------|-----|

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|---|--------------------|
| 7/97-3/11 | U.S. Navy | Tenure |
| Title | Description of Duties | Name of Supervisor |

| | | |
|-----|----------------|----------------|
| MA2 | Police Officer | Jake Englander |
|-----|----------------|----------------|

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|---|--------------------|
| Title | Description of Duties | Name of Supervisor |

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|---|--------------------|
| Title | Description of Duties | Name of Supervisor |

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|---|--------------------|
| Title | Description of Duties | Name of Supervisor |

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|---|--------------------|
| Title | Description of Duties | Name of Supervisor |

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

Applicant's initial RJ 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>Josh Dillinger</u> | Home | 1 NW 291 st St Ridgefield, WA 98642 | | | | 9 years |
| Employer | Business | | | | | |
| Name <u>Kristy Tein</u> | Home | SW 5 th St Gresham, OR 97030 | | | | 8 years |
| Employer <u>prestige Pharmacy</u> | Business | Portland, OR 97220 | | | | |
| Name <u>Rose Chen</u> | Home | 356 89 th Ave Portland, OR 97264 | | | | 6 years |
| Employer <u>prestige Pharmacy</u> | Business | Portland, OR 97220 | | | | |
| Name <u>Karen Northrop</u> | Home | - Sprack Ave Henderson, NV 89002 | | | | 6 years |
| Employer <u>JSM</u> | Business | Las Vegas, NV | | | | |
| Name <u>Merline Westerman</u> | Home | 3 Clements Way Murrieta, CA 92563 | | | | 21 years |
| Employer | Business | | | | | |

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

RL

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 12/11/18

Applicant's initial RR

STATE OF Nevada

SS.

COUNTY OF ClarkI, Ryan L Ross

, 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,

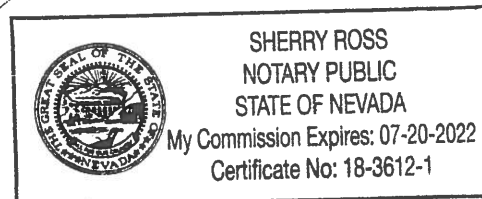
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Ryan L Ross
Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of

December, 2018

Sherry Ross
Notary Public



(seal)

Applicant's initial RLR

Page 10

Date

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

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:

Lang Last Name Jeffrey First Name Scott Middle Name

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

Villa De Cande Way Las Vegas NU 89102
Present Residence Address-Street or RFD City State/Zip

5835 S. Eastern Ave Las Vegas NU 89119
Present Business Address City State/Zip

Pharmacist 5/08 - Present
Occupation Dates

Phone: Residence

Business 702 791 3800Date of Birth 4/1 Place of Birth (City, County, State) Greensburg, PA Westmoreland CountyAge 41 Social Security Number M Sex M

Brown Black Light 190 Medium 6'0"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None Right elbow scarAre 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 SL

A. **Current Marriage** 7/15/13 Las Vegas, Clark County, NV
 Spouse's full name (Maiden) Holly C. Andrews City, County and State
 Date of Birth Place of Birth Panorama, CA
 Resident address Villa De Cande Way Las Vegas NV 89102
 Telephone: Residence Business 877 880 0880
 Spouse's employer MGM Grand Occupation Beverage Dept.
 Address of employer 3799 S. Las Vegas Blvd Las Vegas NV 89109

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 |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
| Jennifer Lang | 1/15/10 | 4/1/04 | Divorce | Newton, NC |

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

| Name | Street | City | State | Zip | Telephone |
|---------------|--------|--------|-------|-------|-----------|
| Jennifer Lang | | Newton | NC | 28613 | |

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 |
|----------------|------------|---------------|-------------------|
| Sophie Lang | | Las Vegas, NV | Newton, NC |
| Jefferson Lang | | Rogers, AR | Las Vegas, NV |
| Ruby Lang | | Rogers, AR | Las Vegas, NV |
| Hages Lang | | Las Vegas, NV | Las Vegas, NV |
| Gregory Lang | | Las Vegas, NV | Las Vegas, NV |

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 [Signature]

FAMILY INFORMATION-Continued

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

Name Benton County Arkansas Family Court
 Address 102 NE W St #203 Bentonville, AR 72712
 Contact person Clerk of the Court

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>Last known</u> | |
| <u>James Ray Lang</u> | <u>Unknown</u> | <u>Greensburg, PA</u> | <u>Unknown</u> |
| Mother | | | |
| <u>Marge Taylor</u> | <u>"</u> | <u>Ben Villa Way, Eads, MO 64708</u> | <u>Retired</u> |
| Father-in-Law | | | |
| <u>James Taylor</u> | <u>"</u> | <u>Ben Villa Way, Eads, MO 64708</u> | <u>Retired</u> |
| Mother-in-Law | | | |

D. Brothers and Sisters:

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

| Name (Maiden) | Birth Date | Address | Occupation |
|--------------------|------------|----------------------|-----------------|
| <u>Ryan Taylor</u> | <u>"</u> | <u>Atlanta, GA</u> | <u>Engineer</u> |
| Spouse | | | |
| <u>Dawn Lang</u> | <u>"</u> | <u>Charlotte, NC</u> | <u>Engineer</u> |
| Spouse | | | |

Spouse

Spouse

4. EDUCATION:

| Name of School | Location | Dates Attended | Graduate |
|--------------------------------------|--------------------------------------|-------------------|---|
| Grammar School | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| High School | <u>Orange County</u> | <u>Orange, VA</u> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College | <u>North Carolina @ Charlotte</u> | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| University | <u>University of Southern Nevada</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 | <u>BS Biochemistry</u> | <u>Pharm D</u> | |
| College or university where obtained | <u>UNCC</u> | <u>USN</u> | |

Applicant's initial

SL

A. Have you ever served in any armed forces?

Yes ☒ No ☐Branch OSAF Date of entry-active service 7/92-6/96Date of separation OSAF Type of discharge HonorableRating at separation E4 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 Orange State VA Date registered 6/92

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

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

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

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

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

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

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

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

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

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

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

Applicant's initial 

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

| Month and Year (From-To) | Street and Number | City | State or County |
|-----------------------------|--------------------|---------------|-----------------|
| 12/17-Current | Villa De Cadeby | Las Vegas | NV |
| 6/11 12/17 | 3 Dunein Lane | Bella Vista | AR |
| 6/12-6/14 | 4 Albany Circle | Bella Vista | AR |
| 1/10-6/11 | 6 Elmore Lane | Bella Vista | AR |
| 5/8-1/10 | 5 Bellmore Lane | Bella Vista | AR |
| 2/08 5/08 | 3172 Modern Circle | Las Vegas | NV |
| 8/01 2/02 | Edgefield Dr | North Augusta | SC |
| 8/01-8/01 | Atlanta, GA | Atlanta | GA |
| 9/96-5/01 | Sh | Charlotte | NC |
| 3/94-9/96 | | Wichita | KS |
| 8/92-3/94 | Monterey, CA | Monterey | CA |

Applicant's initial

8. EMPLOYMENT:

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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.

| | | | |
|-----------------------|--|-------------------------|--|
| 12/17 | Partell | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving | |
| 12/17 | Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119 | | |
| Title | Description of Duties | Name of Supervisor | |
| PhC | Managing the pharmacy | Robert Seik | |
| 1/16 - 12/17 | 837 Henri De Lanti Blvd Springdale, AR 72762 | Moved to Las Vegas | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving | |
| 1/16 - 12/17 | 837 Henri De Lanti Blvd Springdale, AR 72762 | Moved to Las Vegas | |
| Title | Description of Duties | Name of Supervisor | |
| Pharmacist | Overnight Pharmacy | Josh Bonetti | |
| 10/16 - 10/17 | CVS 2001 S Thompson St Springdale, AR 72764 | No longer needed at job | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving | |
| 10/16 - 10/17 | CVS 2001 S Thompson St Springdale, AR 72764 | No longer needed at job | |
| Title | Description of Duties | Name of Supervisor | |
| Pharmacist | Overnight & Staff Pharmacist | Robin Greer | |
| 5/08 - 10/16 | Walgreens 4206 W New Hope Road Rogers AR 72758 | Left for CVS | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving | |
| 5/08 - 10/16 | Walgreens 4206 W New Hope Road Rogers AR 72758 | Left for CVS | |
| Title | Description of Duties | Name of Supervisor | |
| Pharmacist | Staff & Overnight Pharmacist | Ryan Walker | |
| 6/08 - 2/09 | UB Chemicals N Augusta, SC | Company Shot Down | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving | |
| 6/08 - 2/09 | UB Chemicals N Augusta, SC | Company Shot Down | |
| Title | Description of Duties | Name of Supervisor | |
| Chemist | Building Amino Acid Chiral Drugs | Najib | |
| 9/16 - 5/00 | Circle K Charlotte, NC | Graduated College | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving | |
| 9/16 - 5/00 | Circle K Charlotte, NC | Graduated College | |
| Title | Description of Duties | Name of Supervisor | |
| Gas Station Attendant | Cashier | Jeff Basko | |
| 8/96 - 5/00 | Clear Creek Animal Hospital Charlotte, NC | Graduated College | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving | |
| 8/96 - 5/00 | Clear Creek Animal Hospital Charlotte, NC | Graduated College | |
| Title | Description of Duties | Name of Supervisor | |
| Vet Tech | Animal surgeries, care, etc | Dr. Steib | |
| 8/92 - 7/96 | USAF Texas, California, Kansas | 4 years ended | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving | |
| 8/92 - 7/96 | USAF Texas, California, Kansas | 4 years ended | |
| Title | Description of Duties | Name of Supervisor | |
| Senior Airman | | | |

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

Applicant's initial

SL

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9. CHARACTER REFERENCES:

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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: Karen Walcott | Home | Wane | MO | 64856 | | 5 |
| Employer: Premier Pharmacy | Business | Springdale | AR | 72762 | | |
| Name: Marc Barbose | Home | Las Vegas | NV | | | 7 |
| Employer: NS Pharmacy | Business | Las Vegas | NV | | | |
| Name: George Andrews | Home | Las Vegas | NV | | | 10 |
| Employer: MSM | Business | Las Vegas | NV | | | |
| Name: George Andrews | Home | Boulder City | NV | | | 10 |
| Employer: MSM | Business | Las Vegas | NV | | | |
| Name: Am Sparacio | Home | Las Vegas | NV | | | 8 |
| Employer: MSM | Business | Las Vegas | NV | | | |

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

Las Vegas, Gaming license, 6 years

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

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

12/11/18

Applicant's initial

Page 8

COUNTY OF Clark

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

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

Subscribed and Sworn to before me this 12th day ofDecember, 2018
Sherry Ross
Notary Public


Original Signature of Applicant



SHERRY ROSS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 07-20-2022
Certificate No: 18-3612-1

(seal)

Applicant's initial JS



6C

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

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Modern Rx

Physical Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip Code: 89119

Telephone: 800-959-3457 Fax: 800-376-5441

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

Website: Not Applicable

Managing Pharmacist: THUHO NGUYEN License Number: 14869

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

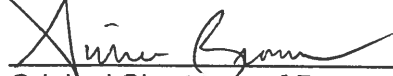
Within the last five (5) years:

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

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

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

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



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

Aimee Brown

Print Name of Authorized Person

09/09/2018

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

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

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

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

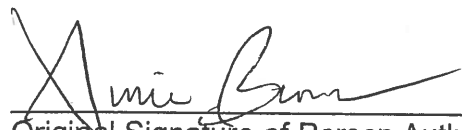
I, Aimee Brown

Responsible Person of Modern Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Aimee Brown
Print Name of Authorized Person

9/12/2018
Date

Managing Pharmacist

 Pharmacist Name: THUHO NGUYEN

 License #: 14009

 Pharmacy Name: Modern Rx

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

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

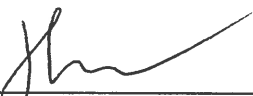
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

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

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

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

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



 Signature

10/1/18

 Date

SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MODERN RX LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 12, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 28, 2018.

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

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180928-1256

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/2/2018

GENERAL INSTRUCTIONS

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

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

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

Application for Pharmacy Licence
 Nature of License
Modern Rx Pharmacy 6330 S EASTERN AVE., LAS VEGAS, NEVADA 89119
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

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

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

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

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial AB

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

Date of Birth Place of Birth

Resident address Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer Street City State Zip

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

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

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

| Name | Street | City | State | Zip | Telephone |
|------------|--------------------------|---------|-------|-------|-----------|
| Paul Brown | Beethoven Common Apt 306 | Fremont | Ca. | 94538 | |

3. FAMILY INFORMATION:

A. Children and Dependents:

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

| Name | Birth Date | Birth Place | Residence Address |
|-------------|------------|-------------|---------------------------------|
| Haley Brown | | San Mateo | Mansbury St. Fremont, Ca. 94538 |

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial AB

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

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

| Name (Maiden) | Birth Date | Address | Occupation |
|---------------|------------|------------------------------------|------------|
| Father | | | |
| Jerry Baird | 1 | Yonder Drive Lake Havasu, AZ 86406 | Retired |
| Mother | | | |
| Sandra Baird | | Yonder Drive Lake Havasu, AZ 86406 | Retired |
| Father-in-Law | | | |
| None | | | |
| Mother-in-Law | | | |
| None | | | |

D. Brothers and Sisters:

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

| Name (Maiden) | Birth Date | Address | Occupation |
|----------------|------------|--|------------|
| Jerry Baird | | Alameda De Las Pulgas, Belmont, CA 94002 | IT Manager |
| Spouse | | | |
| Cherrise Baird | | Alameda De Las Pulgas, Belmont, CA 94002 | Accountant |
| Junko Droesher | 1 | Germany | Retired |
| Spouse | | | |
| Raik Droesher | | Germany | Sales |
| Spouse | | | |
| Spouse | | | |

4. EDUCATION:

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

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

Applicant's initial



5 MILITARY INFORMATION:

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

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

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

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

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

- B. Have you registered for the draft? Yes ☐ No ☒

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

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


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

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

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

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

Applicant's initial.....



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

| Month and Year (From-To) | Street and Number | City | State or County |
|-----------------------------|-------------------------------------|---------|-----------------|
| 1994 to Present | Mansbury St | Fremont | California |
| 1992-1994 | Port Walk Place, Redwood Shores, CA | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's initial




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 |
| 03/2011 | Envia Systems 3390 Gateway Blvd Fremont Ca. 94538 | | Laid off |
| Title | Description of Duties | | Name of Supervisor |
| Senior Accountant | Accounting | | Mary McGregor |
| Month and Year | Name/Mailing Address of Employer/Business | | Reason for Leaving |
| 06/2008 | Tioga | | Went to Envia Systems |
| Title | Description of Duties | | Name of Supervisor |
| EA, Accounting | Office and Accounting | Ruby | |
| Month and Year | Name/Mailing Address of Employer/Business | | Reason for Leaving |
| 04/2000 | GoTo | Foster City, CA | Stayed at home with child |
| Title | Description of Duties | | Name of Supervisor |
| Office Manger/Accounting | Office and Accounting | | Narinder Singh |
| Month and Year | Name/Mailing Address of Employer/Business | | Reason for Leaving |
| Title | Description of Duties | | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | | Reason for Leaving |
| Title | Description of Duties | | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | | Reason for Leaving |
| Title | Description of Duties | | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | | Reason for Leaving |
| Title | Description of Duties | | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | | Reason for Leaving |
| Title | Description of Duties | | Name of Supervisor |

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

Applicant's initial



9. CHARACTER REFERENCES:

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

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---------------------------|--------------|--|-------|--------------|--------------|-------------|
| Name Dyan Vassallo | Brecon Court | Redwood City | CA | 94062 | | 30 |
| Employer Splunk | Business | 270 Breannan Street, San Francisco, CA | | 415-848-8400 | | |
| Name Christina Valdez | Home | Pennsylvania Ave., #15 Fremont, CA | | 94536 | | 2 9 |
| Employer Praxair | Business | 41446 Christy Street, Fremont, CA | | 94538 | 510-438-6734 | |
| Name Leah Gregg | Home | Calico Ct, Morgan Hill, CA | | 95037 | | 22 |
| Employer Student | Business | | | | | |
| Name Linda Folan | Home | Clifton Avenue, San Carlos, CA | | 94070 | | 26 |
| Employer Retired | Business | | | | | |
| Name Judy Weber | Home | Mansbury Street, Fremont, CA | | 94538 | | 24 |
| Employer Stay at home mom | Business | | | | | |

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

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

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Real Estate in the state of California 2006-2010

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

AB

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

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

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

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

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

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

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

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



Date of photograph 10/3/18

Applicant's initial JB

STATE OF California

SS.

COUNTY OF Alameda

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

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

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

Aimee Brown

Original Signature of Applicant

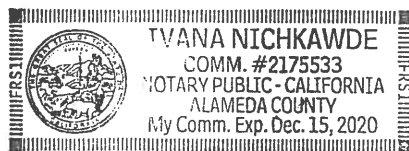
Subscribed and Sworn to before me this 3rd day of

October 2018

Diana Nickkawde

Notary Public

(seal)



Applicant's initial

AB

Page 9

Applicant's initial.....

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

Date 11/2/18

GENERAL INSTRUCTIONS

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

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

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

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

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

NGUYEN THUHO
Last Name First Name Middle Name

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

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

NA NA
Present Business Address Dates City State/Zip

NA
Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business

1-1 DANANG, VIETNAM
Date of Birth Place of Birth (City, County, State)

45 M
Age Social Security Number Sex

Brown Black Medium Tan 147 lbs Medium 5'8
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No Date 9/14/2001

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

2. MARITAL INFORMATION:

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

Applicant's initial TH

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/2008 Las Vegas, Clark, NV
 Date City, County and State
 Spouse's full name (Maiden) THUY NGUYEN S.S. No. -
 Date of Birth 1-17-81 Place of Birth Saigon - VIETNAM
 Resident address Melrose Abbey Pl Las Vegas NV 89141
 Street City State Zip
 Telephone: Residence 702-5 Business N/A
 Spouse's employer Walgreen Occupation pharmacist
 Address of employer 6650 E Lake Mead Blvd Las Vegas NV 89156
 Street City State Zip

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

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

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

| Name | Street | City | State | Zip | Telephone |
|-------------|------------------|------|-------|-------|-----------|
| THUY NGUYEN | Melrose Abbey Pl | LV | NV | 89141 | |

3. FAMILY INFORMATION:

A. Children and Dependents:

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

| Name | Birth Date | Birth Place | Residence Address |
|-------------|------------|---------------|--------------------------------|
| XENA NGUYEN | | Las Vegas, NV | Melrose Abbey Pl, LV, NV 89141 |
| STAR NGUYEN | | Las Vegas, NV | Melrose Abbey Pl LV, NV 89141 |

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

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FAMILY INFORMATION-Continued

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

Name

Address *N/A*

Contact person

C. Parents:

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

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

| Name (Maiden) | Birth Date | Address | Occupation |
|---------------------------------|--------------|----------------------------------|-------------------|
| Father <i>GIAO NGUYEN</i> | <i>- / -</i> | <i>Deceased</i> | <i>Pharmacist</i> |
| Mother <i>HANH VO</i> | <i>- / -</i> | <i>Gaelic Hills LV, NV 89141</i> | <i>retired</i> |
| Father-in-Law <i>LIEUCAO</i> | <i>- / -</i> | <i>Deceased</i> | |
| Mother-in-Law | | | |

D. Brothers and Sisters:

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

| Name (Maiden) | Birth Date | Address | Occupation |
|----------------------------------|--------------|---|-------------------------|
| <i>THUNHI Duncan</i> | <i>- / -</i> | <i>Moody ave Fullerton, CA</i> | <i>pharmacist</i> |
| Spouse <i>Kent Duncan</i> | <i>- / -</i> | <i>Moody ave Fullerton, CA</i> | <i>pharmacist</i> |
| <i>TRAC NGUYEN</i> | <i>- / -</i> | <i>Dogwood ST, Westminster, CA</i> | <i>pharmacist</i> |
| Spouse <i>Victoria NGUYEN</i> | <i>- / -</i> | <i>Dogwood St, Westminster, CA</i> | <i>registered nurse</i> |
| <i>LUONG NGUYEN</i> | <i>- / -</i> | <i>patch Dr, Huntington Beach, CA</i> | <i>pharmacist</i> |
| Spouse <i>VY NGUYEN</i> | <i>- / -</i> | <i>patch Dr, Huntington Beach, CA</i> | <i>pharmacist</i> |
| <i>NGAN NGUYEN</i> | <i>- / -</i> | <i>Southern Highland, Las Vegas, NV</i> | <i>registered nurse</i> |
| Spouse <i>Katerina NGUYEN</i> | <i>- / -</i> | <i>Loggetta Way, LV, NV 89141</i> | <i>Dental assistant</i> |

4. EDUCATION:

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

Type of degree obtained, if any *pharmacist*College or university where obtained *Bachelor of ~~Science~~ Science at University of New Mexico*Applicant's initial *TD*

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

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

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

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

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

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

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

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

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

Applicant's initial _____

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

| Month and Year (From-To) | Street and Number | City | State or County |
|-----------------------------|-----------------------|---------------|-----------------|
| 5/2011 - present | Melrose Abbey pl | Las Vegas, | NV 89141 |
| 6/2010 - 5/2011 | 1425 Corral Dr | Las Vegas | NV |
| 3/2007 - 6/2010 | 7903 Sleeping Lily Dr | Las Vegas, NV | 89178 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's initial

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8. EMPLOYMENT:

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

| | | |
|----------------------|---|--------------------------|
| 5/2008-present | CVS pharmacy- Las Vegas, NV | over 10,000 hours |
| pharmacist | All Duties of a pharmacist | Jody Lewis |
| 5/2006-5/2008 | Walgreen, Las Vegas, NV | about 3000 hours |
| pharmacist in charge | All of Duties of a pharmacist & PIC | Matt Forster |
| 12/2008-12/2009 | AMex pharmacy, Las Vegas, NV | about 800 hours |
| Owner | All duties of owner of pharmacy | Owner |
| 3/2004-5/2006 | CVS pharmacy, Las Vegas, NV | about 3000 hours |
| pharmacist in charge | Typing, production, Inventory... | Chad Luebski |
| 6/2002-3/2004 | Walgreen, Chico, CA | about 2000 hours |
| pharmacist | All Duties of a Full time pharmacist | Collins bogg |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

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

Applicant's initial

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9. CHARACTER REFERENCES:

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

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|------------------------------|----------|--|-------|-----|-----------|-----------------|
| Name <u>Sam Labib</u> | Home | <u>3 Nordland Dr, Corona, CA 92880</u> | | | | <u>10 years</u> |
| Employer <u>Kaiser</u> | Business | <u>Kaiser permanente, California</u> | | | | |
| Name <u>Hoa Lieu</u> | Home | <u>1 Inverlocky Ct, Las Vegas, NV 89161</u> | | | | <u>6 years</u> |
| Employer <u>Tiger Soft</u> | Business | <u>Tiger Soft Computer 702-808-0033</u> | | | | |
| Name <u>Thinh Lieu</u> | Home | <u>5 Muscardi way, Las Vegas, NV 89141</u> | | | | <u>10 years</u> |
| Employer <u>unemployment</u> | Business | <u>unemployment</u> | | | | |
| Name <u>Tony chiu</u> | Home | <u>E camelia Dr, Alhambra, CA 91801</u> | | | | <u>10 years</u> |
| Employer <u>Walgreen</u> | Business | <u>Working for Walgreen in California</u> | | | | |
| Name <u>TRUNG NGUYEN</u> | Home | <u>Henderson, NV</u> | | | | <u>11 years</u> |
| Employer <u>CVS pharmacy</u> | Business | <u>work for CVS at 1825 E warm spring LV, NV 89119</u> | | | | |

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

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

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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

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

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

Applicant's initial

DM

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph 11/1/18

Applicant's initial TM

STATE OF Nevada

SS.

COUNTY OF Clark

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

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

[Signature]
Original Signature of Applicant

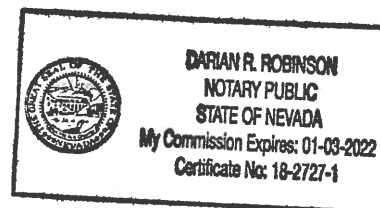
Subscribed and Sworn to before me this 2nd day of

November 2018

DARRIN

Notary Public

(seal)



Applicant's initial TH

ADDITIONAL INFORMATION

N/A

Applicant's initial

PH