6A

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 <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public				
Corporation or Partnership.	E Partnership Peges 1 2 6 10 11a8h			
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11	☐ Partnership - Pages 1,2,6,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b			
GENERAL INFORMATION to be completed by all	types of ownership			
	types of ownership			
Pharmacy Name: BAM HEALTHCARE LVIC LLC				
Physical Address: 8930 SUNSET RD. SUITE 120				
City: LAS VEGAS State: NI	EVADA Zip Code: 89148			
Telephone: 646-732-1818 Fax: 833-	230-7501			
Toll Free Number:E-m	ail: RWIDROFF@BAMHEALTHCARE.COM			
Website: BAMHEALTHCARE.COM				
Managing Pharmacist: JARED KOHN	Managing Pharmacist: JARED KOHN License Number: 19641			
TYPE OF PHARMACY AND SERVICES PROVIDED				
TYPE OF PHARMACY AND	SERVICES PROVIDED			
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No			
Yes/No	Yes/No			
Yes/No ☑ □ Retail	Yes/No □ ☑ Off-site Cognitive Services			
Yes/No ☑ □ Retail □ ☑ Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral			
Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient)			
Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge			
Yes/No Retail	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service			
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service ☐ ☑ Long Term Care			
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service ☐ ☑ Long Term Care ☐ ☑ Sterile Compounding ☐ ☑ Mail Service Sterile Compounding			
Yes/No Retail	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service ☐ ☑ Long Term Care ☐ ☑ Sterile Compounding ☐ ☑ Non Sterile Compounding			

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

VVithir	the last five (5) years:		
1)	Has the corporation, any owner(s), shareholder(s) of any interest, ever been charged, or convicted of a femisdemeanor (including by way of a guilty plea or necessary).	elony or gross	Yes □ No ☑
2)	Has the corporation, any owner(s), shareholder(s) of any interest, ever been denied a license, permit or or registration?	or partner(s) with certificate of	Yes □ No ☑
3)	Has the corporation, any owner(s), shareholder(s) of interest, ever been the subject of an administrative site fine or proceeding relating to the pharmaceutical	action, board citation.	Yes □ No ☑
4)	Has the corporation, any owner(s), shareholder(s) of interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	ed a plea of nolo	Yes □ No ☑
5)	Has the corporation, any owner(s), shareholder(s) of interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary of	icate of registration	Yes □ No ☑
Copies	answer to question 1 through 5 is "yes", a signed states of any documents that identify the circumstance or ition may be required.	tement of explanation m contain an order, agree	nust be attached. ement, or other
correc	by certify that the answers given in this application are t. I understand that any infraction of the laws of the ion of an authorized pharmacy may be grounds for the	State of Nevada regulat	ing the
unaer correct employ	read all questions, answers and statements and knot penalty of perjury, that the information furnished on to t. I hereby authorize the Nevada State Board of Pha yees, to conduct any investigation(s) of the business round, qualification and reputation, as it may deem n	this application are true irmacy, its agents, serva . professional, social ar	accurate and ants and
Origina	al Signature of Person Authorized to Submit Applicat	ion, no conice or stores	
	WIDROFF	-	5
	ame of Authorized Person	2-20-19 Date	
Board I	Jse Only Date Processed:	Amount: <u>500.8</u>	<u></u>

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Inco	rporation: DELAWARE				
Parent Comp	oany if any:				
Mailing Addr	ess: 180 RARITAN CENTER	PARKWAY SUITE 204			
City: EDISON State: NJ Zip: 08837					
Telephone:	646-732-1818	Fax: 833-230-7501			
Contact Pers	son: ROBIN WIDROFF				
For any corp	oration non publicly traded,	disclose the following:			
1) List to	p 4 persons to whom the sh	nares were issued by the corporation?			
a) EL/	AN YAISH	180 RARITAN CENTER SUITE 204, EDISON, NJ 08837			
,	Name	Business Address			
b) ETI	HAN B WELWART	180 RARITAN CENTER SUITE 204, EDISON, NJ 08837			
, <u></u>	Name	Business Address			
c)					
,	Name	Business Address			
d)					
	Name	Business Address			
2) Provid	de the number of shares issu	ued by the corporation.			
2) \//bat	was the price paid per share	e?			
3) What	was the price paid per share	e:			
List any phys	sician shareholders and per	centage of ownership.			
Name:		%:			
Name:		% :			
Hours of Op	peration for the pharmacy:				
Monday thru	Friday 9 am 6	pm Saturdayampm			
Sunda	ayam	pm 24 Hours			
	usiness license is not require se provide the number:	ed, however if the pharmacy has a Nevada business			

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

I, ROBIN WIDROFF	
Responsible Person of BAM HEALTHCARE LVIC L	LC
hereby acknowledge and understand that in additi	on to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be	pe 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	on.
I further acknowledge and understand that	the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmac	cist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pe	ertaining to the practice of pharmacy.
/2 W/	
Original Signature of Person Authorized to Submit	Application, no copies or stamps
ROBIN WIDROFF	2-26-19
Print Name of Authorized Person	Date

Managing Pharmacist

Pharmacist Name: Jared Koha License #:	1964	1
Pharmacy Name: BAM Healthcare CVIC CCC		-
As a managing pharmacist of the above referenced pharmacy, I understand within 48 report for duty as the managing pharmacist, I shall cause an inventory of all controlled substantant pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cauthe inventory to be on file at the pharmacy.	ances of th	ne
I understand that as the managing pharmacist I am responsible for compliance by the and its personnel with all state and federal laws and regulations relating to the operation of the and the practice of pharmacy. I understand my license can be revoked or that I can be the sidisciplinary action if such laws or regulations are knowingly violated in the pharmacy in which managing pharmacist.	ne pharma	•
I understand that if I cease to be managing pharmacist of the above named pharmacy with the new managing pharmacist, take an inventory of all controlled substances.	y I will join	tly,
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your lice	nse? □	Ø
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		
2. been the subject of a board citation or an administrative action whether completed or pend in any state?	ding	1
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		
If you marked YES to any of the numbered questions above, please include the following info	ormation	

State: ____

Board Administrative Action: State: ____

County

And/or Criminal Action:

Date: _____

Date: _____Court: ___

Case #: _____

Case #: _____

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

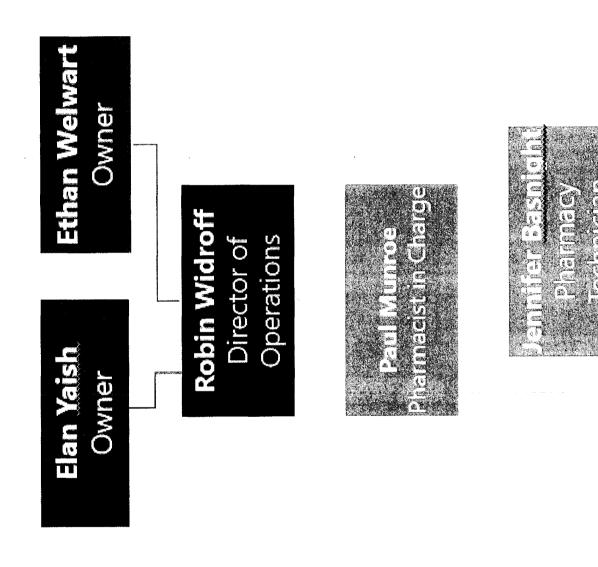
- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada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

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

Signature

1/11/10/9 Date

Organization Structure





PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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₩ 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			
BAU	Nature of Nature of HESI+LCS	of License		***************************************
Na CG 3 G S.:	me and Address of Establishme こととよ にょ ミュュ	ent for Which License Is	Requested	
8-730 300	If applicable, Name Under	Which It Is Now Opera	HS VESCS	NELC92 80148
1. PERSONAL INFORMATION				
Welvart	Ethan		$\mathcal R$	
Last Name	First Name		Middle Name	
Alias(es, Nicknames, Maiden Name, Other	Name Changes, Legal or Othe	rwise)		
_ Joseph Ave	State	n Island	1) / 10	24
Present Residence Address-Street or RFD	' Cit	V	State/Zip	<u> </u>
180 Rartan Center PK Present Business Address	wySto 204 Ed	15en	15 OS	37
Divector	1/17 - A 24.000	$ au_{\lambda}$	State/Zip	,
Occupation	T T Dates & CNY PN	, <u>v</u>	Phone:	
		. 11.	Residence	
(, , , , , , , , , , , , , , , , , , ,	Brooklyn, Kine	as. NY	Business 73 2 90	2 C575 ext 2020
Date of Birth	Place of Birth (City, Co	hty, State)	_	
30			<i>N</i>	ale
Age So	ocial Security Number	0 -	S	ex (1
Hazel Brown	- VVI V	250	5	6"
Color of Eyes Color of Hair	Complexion	Weight	Build H	eight
Scars, tattoos or distinguishing ma	rks and/or characteristics	N/A		
Are you a citizen of the United Stat	tes? Yes No □ If a	alien, registration N	0	·
	•			
If naturalized, certificate No				
Place		(If naturalize	d, document must be	verified.)
2. MARITAL INFORMATION:				
Single	rated Divorced	☐ Widowed ☐	Engaged □	
y -				
		/	Applicant's initial	Page 1

A.	Current Marriage]		
	Spouse's full name (Maiden)	Date	1.	City, County and S.S. No.	State
	. , , , , , , , , , , , , , , , , , , ,		7 1		
	Date of Birth	\\Pla	age of Bilith		
	Resident address				
	Street		div		Zip
	Telephone: Residence		Business		
	Spouse's employer		Occupation		
	Address of employerStreet	J			
	Street		City	State	Zip
В. Р	revious Marriages: If ever legally	y separated, divorce	ed, or annulled, indic	cate below:	
	Date of Order	Date of Pla			
Name	of Spouse or Decree	of Marriag	ge Acti	on Coun	ty and State
		1			
	List of names, current address a	ht telephone symb	ers of previous spo	nices.	
	Name Street	City		Zip	Telephone
		Λ			
		D			
	J				
2 -	AND VINCORNATION.				
3. FA A.	AMILY INFORMATION: Children and Dependents:				
	List all children, including s		opted children and o		
	Name Birth Date	Birth Place		Residence Addre	988
		1			
	1\ 1				
	10	<u></u>			
В.	Child Support Information:				
	Please mark the approp	riate response:			
	A am not subject to a	anum andar for the	our new of shild		
	I am not subject to a	court order for the s	support of child.		
	☐ I am subject to a cou plan approved by the of the amount owed p	district attorney or	other public agency		in compliance with a order for the repayment
		pproved by the distr	ict attorney or other	children and NC public agency o	T in compliance with enforcing the order for
	the repayment of the	amount owed purs	uant to the order.	Applicant's initia	(M)
			_		Page 2

Applicant's initial

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A.	Have you ever served in any armed forces? Yes □ No
	Branch Date of entry-active service
	Date of separationType of discharge
	Rating at separationSerial number
	While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes \square No \square If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)
В.	Have you registered for the draft? Yes □ No 🕅
	County State Date registered
6. A	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
A.	not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No 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
В.	Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No In the second of
C.	Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No (A)
D.	Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No No No No No No No N
E.	Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing?
F.	Yes ☐ No XX Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No XX
G.	If yes, when?city, county and state Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No No
H.	If yes when? city, county and state Has any member of your family or of your spouse's family ever been convicted of a felony? Yes \(\Bar{\text{No}} \) No \(\Bar{\text{Y}} \) 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
	- V Fage 4

Ι,	part to a laws Yes □ No	suit as either a p	plaintiff or defendant divorces)	ship, or owner, director or off or an arbitration as either a d exception, including bankrupt	
	/Defendant or nt/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
J.	associated w	/i̯th it as an own	e, business venture, ser, officer, director of lete the following:	sole proprietorship or closely r partner) been a party to a la	held corporation (while you we awsuit, arbitration or bankruptcy
	Name of Entity		Type of Entity	Appr Laws	oximate Date(s) of suit/Arbitration/Bankruptcy
ist all	nd Year	Stree	the last 25 years:	city Statentslan	State or County
120	19-cur	\ - /	Abury Way	North Bruswich	K NJ

Applicant's initial

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2016	Aposco Bio-Phanen 180 Ravitan Conte	rPhwyStelo1 N/A
Titule Dr. 1 Oo	Description of Duties	Name of Supervisor
Virecter of O	ps (Nersee Day to Day Operati	
Month and Year	Name/Mailing Address of Employer/Business	Brooklyn NV Compensation
10/2015 5	CASH KENTY COST G27 Kings Huy	Name of Supervisor
Manager	Oversco Bay to Day Operation	s Michael Belce
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
t/2007 <	Simply Sughi 33 Curtis Ave W	est Orange W Compensation
Mahaser	Description of Duties Oversee Day to Day Operection	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Tear	Name Maining 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
	2000, p. 10. 2 10.00	Mano S. Capo, Mo.
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 attachme	ant

Applicant's initial...

Page 6

Nome	List five chara employer or el of Where Employed	mployees.			ore. Do not include	e relatives, p	resent
		Street	City State		Telephone	Years h	(nown
<u>Name</u> Employ	Jan Laubau ver Solf-Flux	Home	Victorian	or Old Bridge N	J UY867 '	 	<u>Spears</u>
	Jereny Blu	\ .	! Caufi	eld Dr Sant	1ero CA 92154	.	Gyan
	eself-Emplo				9 41 1213	<i></i>	Oyear
Name	DavidHirs	Ch Home					
Employ	or SelC Fluid	CylC Business	1175745	freet Brookly	W. NY 11219	34766	10703 5yes
Name	KennithLa	- MelHome					JAS J YES
Employ	er Five Mile St	OW Business	1640 2nd	d Ave, New	York NY100	028 56	12523663 5
Vame (Garry Takh		Albury	way, North	Prunswick It	TO8902	
Employ	erSelf-Eypk	oyed _{Business}					
10.	person's aepos	ny safe deposi sitory? Yes □ ete the followia	No LX	uch depository, acc	ess to any deposito	ry or do you	use any other
3ox Nur	mber or Type of Depo	ository	Location	City and State	Authorized U	Isers	

11.	Have you ever	held a privilege	ed, occupationa	l or professional lic	ense in any state, ir	icluding but i	not limited to
	the following: Liquor	Lawyer		ace dog owner			
	Doctor	Contractor	Real estate t	proker or salesman		smetologist	Insurance Gaming
	Accountant Yes □ No 🔯	, Pilot S	Sports prome	oter	Trainer or	manager	Educator
	If yes, state typ	e, where and y	ears held				
	•						

12.	Have you ever	applied for a ci	ty, county of sta	ite business, ventui	e or industry license	e or held a fi	nancial
	interest in a lice	ensed business	or industry OU	TSIDE the State of	Nevada? Yes	in N	
	involved, the na	ames and addr	ess of all partne	rs and the agency	responsible for licer	n w nich you ising said bu	were siness,
	venture or indu	sıry. 					
					••	****************	**
	***************************************	• • • • • • • • • • • • • • • • • • • •		···		erengia ji mareki kasala a 🙀 da a	
						~~~~~~~	*
					بريان خالسس		, )
					Applicant's init	iai VV	<u>V</u> Page 7
							1 aug 1

13.	any reason whatsoever? Yes No   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	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No (X)
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 DX
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 □
M do	My father William Welwart owns apharmacy. V51Ster is a pharmacistand my brother is a ctor.
	Date of photograph
	Applicant's initial Applicant's initial Page 8

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this day of

JOSLYNN K LOPEZ Notary Public - State of New Jersey My Commission Expires Aug 22, 2022

(seal)

Applicant's initial Page 9

Applicant's initial Page 10

# 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.

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

Application for	P1	IARMAC.	j		
īZ	am H	Nature of Pha	macy or Wholesaler	***************************************	16905 NEVO
	Name and Add	frace of Business for Mil	C LVIC		
693	SO Suns	· モー アト	Sur Lesignated Represe	entative is Requested	LEAD C NE.
***********************	***************************************	If applicable, Name Un	der Which It Is Now Ope	erated	7,3 1000
·			·		8914
1. PERSONAL I	NFORMATION:				
Last Name Koh-	The book of the bo	First Nam	e	Middle Name	
/lohr	I Naiden Name, Other Nar		Vared	middle Hairie	Scott
Alias(es, Nicknames, N	naiden Name, Other Nar	ne Changes, Legal or Oi	herwise)		
Present Residence Add	dress-Street or RED		City & and I		
6.1.		0.1	cas vega	State	NV 89119 IZip
Present Business Addr	ess	Dates 0//20	City	State	700 89/19
PIC		21.	1,0	State	vZip
Present Position with th	ne Pharmacy or Wholesa	ler Dates	27/15	Phone:	
,	-1	, ,,,,		Business	
Date of Birth	o. 5t.	Disco of Dieth 10th	unty, Missour	7	
		Place of Birth (City, t	county, State)		
3/ Y.O. Age	Social	<u> </u>			M4 (~
54					
Brown	Black	Fair	155 16s	Attletic Sim	J'/0'' Height
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
0 4 4			÷ ,		
Scars, tattoos or di	stinguishing marks	and/or characteristi	cs I neh sear	in inside	of right allow
			***************************************		
Are you a citizen o	f the United States?	Yes 🗷 No 🗆 I	f alien, registration	No	***************************************
Place			(If naturaliz	ed, document mi	st be verified \
			,	,	ot bo voimea.
2. MARITAL INF	ORIVIA HON:				
Single 🗆 Marri	ed 💆 Separate	d   Divorced	□ Widowed □	☐ Engaged □	]
				Applicant's initia	Tr.
				, white initia	Page 1

MARI	AL INFORMATION-Continued								
Α.	Current Marriage 7/18/2016 Las Voyas, Clerk Conky, Nevade  Spouse is full name (Maiden) Ana Possilia Salvas Flores S.S. No :								
	Spouse is full name (Maiden) Ana Priscilla Salmas Flores S.S. No. 1								
	Date of Birth Johns, Coahvila, Mexica								
	Place of Birth Solines, Coahvila, Mexica  Resident address  Gelines Office Les Vegos NV 89119  Street City State Zip								
	Telephone: ResidenceBusiness								
	Spouse is employer Maccabe Task Force Occupation Office Manager								
	Address of employer P.O. Box 1969 \$ Las Vigas NV 89132 Street City State Zip								
В. Р	revious Marriages: If ever legally separated, divorced, or annulled, indicate below:								
	Date of Order Date of Place Nature of City								
Name	of Spouse or Decree of Marriage Action County and State								
	List of names, current address and telephone numbers of previous spouses:  Name Street City State Zip Telephone								
	ANU VINEODIATION.								
3. F.	AMILY INFORMATION: Children and Dependents:								
	List all children, including step-children and adopted children and give the following information:  Name Birth Date Birth Place Residence Address								
В.	Child Support Information: Please mark the appropriate response:								
	¥ 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 to the repayment of the amount owed pursuant to the order.								
	Applicant® initia ### ###############################								
	Pag								

		agency responsible for en		
	Name			
	Address			
	Contact person			
C.	Parents:			
	List names, residence ad	dresses, dates of birth and	d most recent occupations of pa	rents, step-parents,
arent	S-		last address and occupation.	
	Name (Maiden)		dress	Occupation
ather				
100	need Kale	,	1 6 01 01 0 011	
other	7000/A	<u> </u>	leaster Rd. Challe-field, Mc	. BUSTROSS OWNER
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ather-ir	n-Law	Cog Cog	Tion es gregeriera mo.	reames
Elia	in SalinaT (Deves)	) in lake	ne Salines, Mexico	61101
other-i	n-Law	·	se seemes, recore	neia manager
Santa	Vela Flores	Referres	. Silones Mexico	Self- and
D.				and indes
D.	Brothers and Sisters: List names, residence add	tresses dates of hirth and	d most recent occupations of bro	thoro and sistems and
	their respective spouses.			mers and sisters and
7	Name (Maiden)		dress	Occupation
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oouse M/			, ,	
To a	6 Kohn		111	1 w A-
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oouse Oouse	Nam	1	JET AVIV, LSTA	e Contominat
oouse oouse	UCATION:	!	Jet riviv, Lista	e Continue
ouse ouse ouse	UCATION:			
ouse ouse	UCATION:  Name of School	Location	Dates Attended	Graduate
ouse  ouse	UCATION:  Name of School  Solonion Sheet a Roy S	don't A.A. A. A. M.	Dates Attended	
ouse  ouse	UCATION:  Name of School  Solonion Sheet a Roy S	don't A.A. A. A. M.	Dates Attended	Graduate
ouse  ouse	UCATION:  Name of School  Solonion Sheet a Roy S	don't A.A. A. A. M.	Dates Attended	Graduate Yes ☑ No □
ouse  ouse  ouse  ammar  hool  liege iversity	UCATION:  Name of School Solonion School May S Ar Kany Central Mid Valuersity Missouri S	wool Ashertedd, Medle b High School Alle b High School Allowes Allow, Mo	Dates Attended  2. 1993 - 1999  1999 - 2006  2009 - 2013	Graduate  Yes  No □  Yes  No □  Yes  No □
ouse  ouse  ouse  ouse  lege  versity	UCATION:  Name of School  Solonion School  Ar Knay Central Mid.  Valuersity Missouri S  Roseman University	doct Ashertedd, Medle p High School H. Lowes St. Lop, Mo Henderson NV	Dates Attended	Graduate Yes <b>⊠</b> No □ Yes <b>⊠</b> No □
ouse  ouse  ouse  ouse  parmmar  oool lege  versity  pe of	Name of School Solomon Sheeter Roy S Ar Knay Central Mid Valuersity Missouri S Roseman University degree obtained, if any 1	doct Asherteld, Medle b High School St. Coles St. Cops, Mo Herderson NV	Dates Attended  1993 - 1999  1999 - 2006  2009 - 2013  2014 - 2012	Graduate  Yes  No □  Yes  No □  Yes  No □  Yes  No □
ouse  ouse  ouse  couse  couse	Name of School Solomon Sheeter Roy S Ar Knay Central Mid Valuersity Missouri S Roseman University degree obtained, if any 1	doct Asherteld, Medle b High School St. Coles St. Cops, Mo Herderson NV	Dates Attended  1993 - 1999  1999 - 2006  2009 - 2013  2014 - 2012	Graduate  Yes  No □  Yes  No □  Yes  No □  Yes  No □
ouse  ouse  ouse  couse  couse	Name of School Solomon Sheeter Roy S Ar Knay Central Mid Valuersity Missouri S Roseman University degree obtained, if any 1	doct Asherteld, Medle b High School St. Coles St. Cops, Mo Herderson NV	Dates Attended  2. 1993 - 1999  1999 - 2006  2009 - 2013	Graduate  Yes  No □  Yes  No □  Yes  No □  Yes  No □

### 5 MILITARY INFORMATION:

A.	Have you eve	r served i	n any armed fo	orces?	Yes □ No 🎢			
	Branch			Date	of entry-activ	e service		*******
	Date of separa	ation		Туре	of discharge		••••	
	Rating at sepa	aration			Serial num	nber		
	special or gen	eral cour	t martial?		☐ If yes, furn	which resulted in su ish details on page		
В.	Have you regi	stered fo	r the draft?	Yes 🕱 No 🛭				
	County St. La	us Co.	Ay State	Musicari	Da	ate registered 2	006	
6. AF	RRESTS, DETE	NTIONS	,			clude those arrest		
Α.	violation for ar	r been ar ny reasor	whatsoever, r	egardless of the	disposition of	oned to answer for the event? (Exceptions of the event?)	ot minor to	
Date of	Arrest	Age	Charge	Location-City and	d State	Deposition/Date	Arresti	ng Agency
B. C. D. E.	arrested or in page 10. Have you eve or committee? Have you eve commission? Have you eve Yes \(\sigma\) No \(\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac	which yo r been qu r Yes  r been su Yes  r been su Yes  r been su	u were named uestioned or de No 🗹 ubpoenaed to a No 🛣 ubpoenaed to te	as an unindicted posed by a city, ppear or testify to estify for any civi	state, federal pefore a feder l, criminal or a	ned against you, but es   No   If ye or law enforcemental, state or county administrative proc	s. furnish  nt agency  grand jur  eeding or	details on , commission y, board or hearing?
F.	If yes, when?			city, o	county and st	a court order? Yes		
G.	If yes when?			city, c	county and st	riminal offense? Ye ate		
H.	Has any mem	ber of yo	ur family or of y	/our spouse.͡s fai	nily ever bee	n convicted of a fel irnish details on pa	ony? Yes	s □ No <b>⊠</b>
Name			Relationsh	ip.	Charge	Lo	cation	Date
						Applicant® initia	al <i>D</i>	2

Page 4

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

1.	Yes   No	suit as eitner a p 🔁 (Other than o	Diaintiff or defendant ( divorces)	hip, or owner, director or officer or an arbitration as either a claim	ant or respondent?
	If yes, give d	etails below. Li	st all cases without ex	cception, including bankruptcies	
	Defendant or t/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
J.	associated w	ith it as an owne	, business venture, so er, officer, director or ete the following:	ole proprietorship or closely held partner) been a party to a lawsu	corporation (while you w
	Name of Entity		Type of Entity	Approxima Lawsuit/Ar	te Date(s) of bitration/Bankruptcy
	SIDENCES:				
	residences you d Year	ı have had for ti	ne last 25 years:		
From-	To)		and Number	City 5	State or County
<u>                                     </u>	19 - Present		above Drive 1	as: Vegus NV	
120	16-01/2019	1500 Car	Swal Peak Care C	las Vegus NV Unit roz les Vegas 21 (es Vegas NV 2032 les Vegas N	NV
<u>10  3</u>	-5/2016	2096 Ra.	wod Ave # 10	21 (13 Vegas NV	
20/4	- 8/2015	6275 Box	lder HWY #	2032 Las Vegas N	NV .
1994	3-8/2014	13650 (	layton Rd c	hosterfield Miss	0 4 1
	<u></u>		WAA- / 2		
w					
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				Applicant® in	nitial (T

8. EMPLOYMENT:

NIF

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.

	That role is a	
Month and Year	Name/Mailin Does not	Number of Employed Hours
Title	Description c apply to	Name of Supervisor
Month and Year	Name/Mailin	Number of Employed Hours
Title	Description c	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.

Applicants initial Page 6

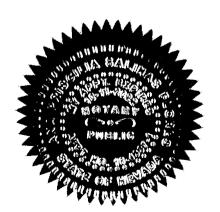
### 9. CHARACTER REFERENCES:

Business (as)  Home (as)	Louis Missouri Louis Missouri Vegas , NV  Occupational or profess Race horse/race dog o Real estate broker or s Sports promoter s held	wner alesman I		5
Business &	Vegas NV veg	wner alesman I	ny state, including but Securities dealer Barber/Cosmetologist	not limited to
Home (45  Home (	Vegas, NV Vegas, NV Vegas, NV Louis, Mussouri Vegas, NV Vegas, NV Vegas, NV Occupational or profess Race horse/race dog of Real estate broker or s Sports promoter s held	wner alesman I	ny state, including but Securities dealer Barber/Cosmetologist	not limited to
Business (as)  Home (a	Vegas, NV Vegas, NV Louis, Mussuri Vegas, NV Vegas, NV occupational or profess Race horse/race dog o Real estate broker or s Sports promoter s held	wner alesman I	ny state, including but Securities dealer Barber/Cosmetologist	not limited to
Business (as Business (as Business S).  Foldman Home 198  Extra agent Business (as Business)  Extra ag	Vegas, NV Louis Mussuch Vegas, NV Vegas, NV Vegas, NV occupational or profess Race horse/race dog o Real estate broker or s Sports promoter	wner alesman I	Securities dealer Barber/Cosmetologist	Insurance Gaming
Business (AS)  Home St.  Home St.  Feldman Home 198  Feldman Home 198  Feldman Home 198  Feldman Home 198  Extre agent Business 108  Extre agent Bus	Vegas, NV Louis, Mussouri Vegas, NV Vegas, NV occupational or profess Race horse/race dog of Real estate broker or s Sports promoter s held	wner alesman I	Securities dealer Barber/Cosmetologist	Insurance Gaming
E-employed Business SI.  Feldman Home 198  Fatte agent Business last e you ever held a privileged, a collowing: or Lawyer For Contractor Fountant Pilot  Feldman Home 198  E you ever held a privileged, a collowing: or Lawyer For Contractor Fountant Pilot  Feldman Home 198  E you ever held a privileged, a collowing: or Lawyer For Contractor Fountant Pilot  Feldman Home 198  E you ever held a privileged, a collowing: or Lawyer For Contractor For Contracto	Louis Missouri Louis Missouri Vegas , NV  Occupational or profess Race horse/race dog o Real estate broker or s Sports promoter s held	wner alesman I	Securities dealer Barber/Cosmetologist	Insurance Gaming
E-cyplested Business S1.  Feldman Home 198  Feldman Home 198  Feldman Home 198  Eyou ever held a privileged, a collowing:  or Lawyer For Contractor Fountant Pilot St.  Filot St.	Vegas, NV Vegas, NV Occupational or profess Race horse/race dog or Real estate broker or s Sports promoter s held	wner alesman I	Securities dealer Barber/Cosmetologist	Insurance Gaming
Feldman Home 198  Feldman Home 198  you ever held a privileged, collowing:  or Lawyer For Contractor Fountant Pilot State type, where and year	Vegas, NV Vegas, NV occupational or profess Race horse/race dog or Real estate broker or s Sports promoter s held	wner alesman I	Securities dealer Barber/Cosmetologist	Insurance Gaming
Feldman Home 198  Feldman Home 198  you ever held a privileged, collowing:  or Lawyer For Contractor Fountant Pilot State type, where and year	Vegas, NV Vegas, NV occupational or profess Race horse/race dog or Real estate broker or s Sports promoter s held	wner alesman I	Securities dealer Barber/Cosmetologist	Insurance Gaming
e you ever held a privileged, collowing: or Lawyer For Contractor Fountant Pilot Section Sec	occupational or profess Race horse/race dog o Real estate broker or s Sports promoter s held	wner alesman I	Securities dealer Barber/Cosmetologist	Insurance Gaming
ollowing:  or Lawyer F  or Contractor F  ountant Pilot S  ☑ No □  s, state type, where and year	Race horse/race dog o Real estate broker or s Sports promoter s held	wner alesman I	Securities dealer Barber/Cosmetologist	Insurance Gaming
euntant Pilot S ☑ No □ s, state type, where and year	Sports promoter s held			
e you ever applied for a city, of est in a licensed business or s, state type, when and where yed, the names and address are or industry.	industry OUTSIDE the ∍ and give names and	State of Nevada? locations of the hu	Yes □ No 🏠	. Were
you ever appeared before a eason whatsoever? Yes □	iny licensing agency or No ⊠	similar authority in	n or outside the State (	of Nevada f
nessional activity? Tes 🗀 N	10 1/2			occupationa
bove, state where, when and	d for what reason:			
e k	you ever appeared before a eason whatsoever? Yes  you ever been denied a penfessional activity? Yes  Dove, state where, when and	you ever appeared before any licensing agency or eason whatsoever? Yes □ No ☒  you ever been denied a personal license, permit, of fessional activity? Yes □ No ☒  poove, state where, when and for what reason:	you ever appeared before any licensing agency or similar authority in eason whatsoever? Yes □ No ※  you ever been denied a personal license, permit, certificate or registrifessional activity? Yes □ No ※  poove, state where, when and for what reason:	you ever appeared before any licensing agency or similar authority in or outside the State eason whatsoever? Yes □ No ≰ you ever been denied a personal license, permit, certificate or registration for a privileged, fessional activity? Yes □ No ≰

Applicants initial UC Page 7

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related f suitability?	indino Yes	g of □	No XS	
15.	Have you or any person with whom you have been a participant in any group been the su administrative action or proceeding relating to the pharmaceutical industry?	Yes		No X	··
16.	Have you or any person with whom you have been a participant in any group ever been figuilty or entered a plea of nolo contendere to any offense, federal or state, related to prescontrolled substances?	cription	on c		
17.	Have you or any person with whom you have been a participant in any group ever surren permit or certificate of registration relating to the pharmaceutical industry voluntarily or otl upon voluntary close of a wholesaler	nerwis Yes	se (d	other th No <b>⊊</b>	nan
18.	Do you have any relatives within the fourth degree of consanguinity associated with or en pharmaceutical or drug related industry?	Yes		No 🔀	
			<u>-</u>	•••••	
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	M	No □	
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes	X	No 🗆	
··································	······································				
	Date of photograph 2/1	1/1	9		
	Applicant s initial			F	Page 8

STATE OF Nevada
SS.
COUNTY OF Clark
I, Jared 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 case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or
permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false of fraudulent, □and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
, , ,
Gul Ku
Original Signature of Applicant
Subscribed and Sworn to before me this 27 day of
ANA PRISCILIA SALINAS FLORES
APPT NO 10 4227 4
Ana Priscilia Galines Flores Ills My Appt. Expires 10-11-2022
Notary Public
(seal)



### ADDITIONAL INFORMATION

N/A				
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### PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/2 ≥ /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 13 A N	Pharm	a c Y		***********
BAN	1 HES HLOS	of License	LL C	
8530 5463	Name and Address of Establishm	ent for Which License I	s Requested	1- 86116
8530 546	5E+ Rd Suite	125 L = S V	Egas NEVC	JC 87148
	If applicable, Name Unde	r Which it is Now Open	ated	
1. PERSONAL INFORMATION	ON: ELAN			
Last Name	First Name		Middle Name	
Alias(es, Nicknames, Maiden Name, O	ther Name Changes, Legal or Otho	erwise)		
SURISE  Present Benidones Address Street or F	17164WAY 11-318	NOCKULLE CE	State/7in	115/0
Present Residence Address-Street of P	-co PARK ALL GITT	en Elican	State/Zip	~2 ~7
Proport Rusings Address	ER PAPERAGY 3017E	704 EVISON	State/7in	<u> </u>
Present Residence Address-Street or F    180	CEPTE	MBFR 1017-	PARCENT	
Occupation Occupation	Dates ) Z I I Z	1111 AU11-	Phone:	
Собирацион			Residence	
	0	x 11 x	Business 63	1-793-9851
Date of Birth	Place of Birth (City, Co	NY		***************************************
Date of Birth	Place of Birth (City, Co	ounty, State)		,
49				Male
Age	Social Security Number			Sex
Bown BLACE	V OLIVE	105	nedium	C1811
Color of Eyes Color of		Weight	Build	Height
Scars, tattoos or distinguishing	marks and/or characteristic	s None		
And the second sections of the 1 letters	Ctatana Van Van Van III II	alian parietastian	Ma	
Are you a citizen of the United	States? Yes IX No II II	allen, registration	NO	
If naturalized, certificate No				
Place		(If naturaliz	zed, document must	be verified.)
2. MARITAL INFORMATION	l:			
Single   Married   S	eparated   Divorced	☐ Widowed [	☐ Engaged ☐	
/ \				
			Applicant's initial_	Page
			( /	Fage

A.	Current Mai	riage	JUNE	22	1997		N	ENARK	N	T	
	Current Mai	l name (Ma	Da aiden)	te RA	HEL S	H ARONE	MNZGERSITY	, County an S. <b>No</b>	d State		_
	Date of Birth						_				_
	Resident add										11-70
	Telephone:	Residence	e	·		Busines	s	/	<b>E</b> R	NA	
	Spouse's em	ployer	HOME	MAKE	e	Occupat	ion <i>H</i>	SME M	AKEN		
	Address of e	mployer	Street //	<u> </u>	~~~~	City	••••••	Płata	7:		
B. P	revious Marria								∠ip		
			Order		te of Place		Nature of	City			=
Name	of Spouse		есгее		Marriage		Action	•	nty and S	State	-
	NA										_
											_
	List of names	s, current a	ddress and	telephon	e numbers	of previou	s spouses:				=
	Name		Street		City		State	Zip	Telep	none	: -
	N/A					· · · · · · · · · · · · · · · · · · ·					
						····					
											:
3. FA	MILY INFORM										
A.	Children and List all c	hildren, ind	luding step-	-children	and adopte	d children	and give th	e followir	na inform	lation:	
	Ivame	, ,	Birth Date	Birth	Place	~	Resid	dence Addr	ess	***	•
	HMEC 10	<u>YAISH</u>	- 40	8 1	VY		- SCANKE	HIGH	NAY.	ROCKULLE	CTR 11570
N	ETANEL )	AUH	- , <del>- , - , - , - , - , - , - , - , - ,</del>	· /	<i>y</i>		SUMA		Yu AY	ROCKILLE	CTR 11570
-6	icy YAIS	·H			<u>Y</u>		SCHRY	E HO	gady 1	Rockulle	CIR 11570
<i>Е0</i> В.	Child Suppo	// rt Informa	tion.	NY		- ·	SUNK	ISE HIO	HNAY	RXWILL	CIR 11570 CIR 11570
	Pleas	e mark the	appropriate	e respons	se:						
	X I a	nm not sub	ject to a cou	ırt order f	or the supp	ort of child	<b>.</b>				
	pia	an approve	to a court or ed by the dis nt owed purs	trict attor	ney or othe	r public ac	nore childre ency enforc	n and am cing the c	in comp order for	bliance with the repaym	a ent
	เทย	e oraer or a	to a court or a plan appro nt of the am	ved by th	ne district at	tornev or a	other public	n and NC agency e	T in con enforcing	npliance with	h for
		y			P-91-04011L	are ord		nt's initial	_/0	<b>]</b>	
										∕ Pa	ge 2

FAMILY INFORMATION-Continued  District attorney or public agency responsible f	for enforcing the child support order:
Address	
Contact person	
C. Parents:	
List names, residence addresses, dates of birt parents-	h and most recent occupations of parents, step-parents,
in-law or legal guardian. If retired or deceased	I. list last address and occupation
Name (Maiden) Birth Date	Address Occupation
ather	
ZADOK YASH	FOSTER AVENE BELLNIN RETIRED
Nother ///	TOSTET GOENE DELN NY RETIRED
SHOSHANA YAUH	FOSTER AVENUE BKIN MY RETIRED
ather-in-Law	POSTER AVERNA VICTORED
M. HERBERT DAVZGE	7315 ALE FLUSHING NY A RETURE
MIRIAM DANZGER	" 73th ALE FUSHING MY RETURED
D. Brothers and Sisters:	
List names, residence addresses, dates of birth	n and most recent occupations of brothers and sisters and of
their respective spouses.  Name (Maiden) Birth Date	
DEED LEGOR YAISH -	Occupation
Douse	OCEAN PARKNAY BROOKLYN NY STOCK TR
SCA I SEPARATED	
YALR YALSH	HERRICE DEINE LAWRENCE MY 11559
couse CHAVI WEISS	
( 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	1 1137
Ouse FRAT /AISH	BEODDINY NY NY PROPERTY
MA	(00
RONIT YHGH	Territoria
ouse ',	IKVING PLACE, MOOPHERE MY SOCIA
MOSHE BRANDS DORFER	To see Of the
TUTEL VEANUS DOKTER	TRUING PLACE WOODMERE MY DER
EDUCATION:	URA
Name of School Location	Dates Attended
ammar //	Graduate
	NY 1976-1983 Yes 12 No □
thool Joseph S. Grass High Brick lege iversity Sy Syns School of Business N	VN NY 1983-1987 Yes to No □
iversity by syns School of Business N	Y NY 1987-1992 Yes ID No [
ner	_
	Yes □ No □
pe of degree obtained, if any 65 Accoo	
ollege or university where obtained	Schol of Disness of Yeshing University
······	/2
	Applicant's initial

### **5 MILITARY INFORMATION:**

nal indictment, in which you were been question ee? Yes  No ver been subpoer yer been subpoer wer had a civil or ?	were you ever tial? Y curred-foreign draft? Y State GATIONS AN d, detained, chatsoever, regar etails in space arge Lo	Type  If arrested for the second of the seco	of discharge Serial num an offense v If yes, furr  TIONS: (Inc. ted or summ disposition of low. List all State  r been return co-party? Ye	which resulted in hish details on particular registered clude those arroned to answer oned to answer oned to answer the event? (Excases without excess witho	rests in which copy minor to any crimicopy minor to acception.	ction, a trial of all incidents  ch you were nal offense of affic citations  agagency
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ver received a pa	naed to testify	of for any civil,	efore a feder criminal or a	ral, state or cour	nent agency, nty grand jury roceeding or	commission  , board or  hearing?
mber of your fam	irdon or deferr	red prosecution	ounty and sta on for any cr	ateiminal offense?	Yes □ No	X
er to any of the a	nily or of your s	city, co spouse's fam	ounty and sta ilv ever beer	ate n convicted of a	felony2 Ves	`
	Relationship		Charge		Location	Date
er to	r of your fam any of the a	r of your family or of your	city, co r of your family or of your spouse's fam any of the above questions (B through	city, county and start of your spouse's family ever been any of the above questions (B through H) is yes, fu	city, county and statecity, county and statecity of your family or of your spouse's family ever been convicted of a any of the above questions (B through H) is yes, furnish details on	city, county and state // county and state // cof your family or of your spouse's family ever been convicted of a felony? Yes any of the above questions (B through H) is yes, furnish details on page 10.

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

Plaintiff/Defendar	nt or	· · · · · · · · · · · · · · · · · · ·	Court and Case				
Claimant/Respon		e Filed	Number	City, C	ounty and State		Disposition/Date
assoc	iated with it a	s an owner,	ousiness venture,				
	of Entity	es, complet	te the following:			proximate Date	
7. RESIDE	NCES:						
List all reside		e had for the	e last 25 years:	in Sept. Sec.			
			e last 25 years:	City		State or	County
List all reside	nces you have	Street a					County
List all reside	nces you have	Street a	and Number	KUILLE C	ENTER	MY 11.	County  TO  NY 12
Month and Year (From-To)	nces you have	Street a	and Number  1-315 Roc  4woo DS D(1)	KUILLE C	ENTER E-10, M	NY [[.	570 DNY 18
Month and Year (From-To)  2606- Pro	nces you have	Street a	and Number  1-315 Roc  4woops priv  4a'arbe/ Steed	KULLE C	E-10, M DNAIM,	NY 11. PONTICELLO ISPAEL	570 NY 12 7312700
Month and Year (From-To)  2606- 188 2009- 1999- 20	CARSE H	Street &	and Number  1-36 Roc  4woo DS DS/10  Ha'asbel Street  wood ORIV	CKUILE C LE, UNIT LE, HASIMO F, CEDAN	CATER E-10, M ONAIM, = OHURST	NY [I. PONTICEUS TSPAEL NY	1570 20 NY 12 7312700 115/6
Month and Year (From-To)  2606- 188 2009- 1999- 20	CARSE H	Street &	and Number  1-315 Roc  4woops priv  4a'arbe/ Steed	CKUILE C LE, UNIT LE, HASIMO F, CEDAN	CATER E-10, M ONAIM, = OHURST	NY [[. TSPAEL NY	1570 20 NY 12 7312700 115/6
Month and Year (From-To)  2606- 188 2009- 1999- 20	CARSE H	Street &	and Number  1-36 Roc  4woo DS DS/10  Ha'asbel Street  wood ORIV	CKUILE C LE, UNIT LE, HASIMO F, CEDAN	CATER E-10, M ONAIM, = OHURST	NY [[. TSPAEL NY	1570 20 NY 12 7312700 115/6
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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
SEX AloGEE BIO	- PHARM 180 RARITAN CENTER PARKA)	V EDISON NT - CURRENTLY EMPLOY
71110	Description of Duties	Name of Supervisor
KESIDENT	EXECUTIVE	BEN WELWART
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Ton 15 - SEPT A	Description of Duties	T BETTER OPPORTUNITY
		Name of Supervisor
CFO	A FRANCIAL EXECUTIVE	SHMULK WELLER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCT 2012- TAN 2	OUS RIT TECHNOLOGIES HABARTEC STR	EET BRAFE BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
CFO	FINANCIAL EXECUTIVE	VAPIM LEDERMAN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12010 - 9/2012	GOTI LTD. 7 AFIR YEDA KEGAR S	ABA ISPACE BETTER OPPORTURY
Title	Description of Duties	Name of Supervisor
CFO	FINANCIA EXECUTIVE	SHLOND BEN HAM
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
TAN 2006- MA	V 30/0 ERS ASSOCIATES LTD SIS CO	ERARMOND PAINE SECF EMBlosom
Λ	Description of Duties	Name of Supervisor
PRESIDENT	FINANCIAL ADVISOR	SECF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2002 - DEC 2	OUS MANCHESTER TECHNOLOGIES H.  Description of Duties	AUPHURE MY BISINESS SOLD
		realise of Supervisor
CFO /UP FARALES	ASST SECRETARY - FINANCIAL EXECUTIVE	BARRY STEINBERG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Feb Jose - SEP	2002 CONVERSE TECHNOLOGY W	•
Title	Description of Duties	Name of Supervisor
ASST UP FIN	ANG FINANCIAL EXECUTIVE	DAID KAGINBERG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEPT 1996 - 34	N 2000 TRANS-RESOURCES INC. 9W.	
Tiue	Description of Duties	Name of Supervisor Company
VP FINANCE/CO	ONTROLLER FINANCIAL EXECUTIVE	LES YOUNER
•		
ιτ additional space i	s needed, continue on page 10 or provide attachment.	~ <u>~</u> 7
		//1/
		Applicant's initial
		Page 6

### 9. CHARACTER REFERENCES:

C-12-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	List five character reference who have know you five years or more. Do not include relatives, present employees.	
Name of	Where Employed Street City State Zip Telephone Years Known	
Name /	BERT HIMBER Home PERRY ROAD, EDISON NT 08817	40
Employe	HAS SALES Business INSURANCE APUISON	
Name	MICHAEC PINTERHOME: MARGARET AVENCE, LANDENCE, NY 11559	
Employe	LMPK Properties Business REAL ESTATE OWNER & MANAGER	
Name	TOSHUA SCHNEIDER HOME LOCUST TERRACE, NEST HEAMPSTED NY 11552	35
Employe	FMR Business OFERATIONAL MANNEMENT	
Name /	ALZER KOMMARGELHOME. EDEEMOOD AVENUE, TEAMECE NT 07666.	
Employe	(ARECENTRIX Business HOME HEALTH CARE	4
<u>Name</u>	TOEL SCHINDLER HOME PARTMUTY LANG MOODINERE MY 11598	
Employs	SELF EMPLOYED Business ATTORNEY	
10.	Do you have any safe deposit box or other such depository, access to any depository or do you use any other such depository? Yes	i ici
Box Nun	per 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 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 № № □  If yes, state type, where and years held	e
	I AM A LICENSED CPA FROM THE STATE OF NEW YO	OKK
	FROM 1994- PRESENT	
	Have you ever applied for a city, county of state business, venture or industry license or held a financial	
12.	interest in a licensed business or industry OUTSIDE the State of Nevada? Yes $\Box$ No $\Box$ 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.	

Page 7

13.	Have you ever appeared before any licensing agency or any reason whatsoever? Yes $\ \square$ No $\ \square$	similar authority in or outside the State of Nevad
14.	Have you ever been denied a personal license, permit, ce or professional activity? Yes □ No ▼	ertificate or registration for a privileged, occupation
yes t	to the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry licens participant in any group which has been denied a busines suitability?	se or related finding of suitability or been a ss or industry license or related finding of Yes □ No
16.	Have you or any person with whom you have been a parti administrative action or proceeding relating to the pharma	aceutical industry? Yes 🗆 No 🕱
17.	Have you or any person with whom you have been a partiguilty or entered a plea of nolo contendere to any offense, controlled substances?	icipant in any group ever been found guilty, plead , federal or state, related to prescription drugs ar Yes ☐ No
40		
18.	Have you or any person with whom you have been a parti permit or certificate of registration relating to the pharmace upon voluntary close of a manufacturer	eutical industry voluntarily or otherwise (other that Yes ☐ No
*	upon voluntary close of a manufacturer	eutical industry voluntarily or otherwise (other the Yes
*	upon voluntary close of a manufacturer  Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes
*	upon voluntary close of a manufacturer  Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes
*	upon voluntary close of a manufacturer  Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes
*	upon voluntary close of a manufacturer  Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes
*	upon voluntary close of a manufacturer  Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes
*	upon voluntary close of a manufacturer  Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes
*	upon voluntary close of a manufacturer  Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes
*	upon voluntary close of a manufacturer  Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes
*	Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	eutical industry voluntarily or otherwise (other that Yes

STATE OF Florida

COUNTY OF Palm Beach

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of

(seal)

**ROBIN WIDROFF** Notary Public - State of Florida Commission # GG 267655 My Comm. Expires Oct 15, 2022 Bonded through National Notary Assn.

Applicant's initial

SECTION 6.0.	
Twas subpoenced to testify before a gind jury with respect to a potential case against the CEO of Converse Technologies where I worked from 2000-	
with respect to a potential case against the CEO of	
COMVERSE TECHNOLOGIES Where I worked from 2000-	
2002. The suppense was revoked and I was not needed to tost to and never appeared before the	
needed to testity and never appeared be fire the	
grand jary.	
SECTION 8	
COST 2000 AC 200C DC -T	
SEPT 2002 - AL 2006 DECOSTE + TOUCHE I WOPED TRADE CTR BETTER O	カイクトン
SENIOR ACCURACY ADITING SERVICES NOTE PLECES	
2007-2009 (HINA BROADBAND	
PLREC TOR BOAFD ACTIVITIES	
2007 - 2011 SONGRAY INTERNATING C HOLDING GALP	
PLUECTOR BOARD ACTIVITIES	
221	

Applicant's initial_

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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 currer Check box below for type of ownership and complete all re Corporation or Partnership.	nt license number if making changes: PH quired forms. **If LLC use Non Public Partnership - Pages 1,2,6,10,11a&b
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,10,11a&amp;b</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&amp;b</li> </ul>	Sh
GENERAL INFORMATION to be completed by all to	
Pharmacy Name: East Side Pharmacy L	¿C
Physical Address: 5835 S Eastern Ave	STE 100
City: Las Vegas State: NI	Zip Code: <u>89/19</u>
Telephone: 844-334-1010 Fax: 833	-861-0249
Toll Free Number: 844-334-1010	I: TYAN @ EASTSIDER XLV. (ON1
Website: N/A	
Managing Pharmacist: <u>Jeffery Lang</u>	License Number: 17503
Wallaging Friatmasist.	Eloonico Italiibor.
TYPE OF PHARMACY AND	SERVICES PROVIDED
<b>9</b>	
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail	SERVICES PROVIDED Yes/No
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ဩ Hospital (# beds)	Yes/No  ☐ ② Off-site Cognitive Services
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ဩ Hospital (# beds)	Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet	Yes/No □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient)
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear	Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient) □ □ Outpatient/Discharge
TYPE OF PHARMACY AND  Yes/No  □ Retail □ □ Hospital (# beds) □ □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center □ □ Community	Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service
TYPE OF PHARMACY AND  Yes/No  □ Retail □ □ Hospital (# beds) □ □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center □ □ Community	Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care
TYPE OF PHARMACY AND  Yes/No  □ Retail □ □ Hospital (# beds) □ □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center □ □ Community	Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care □ □ Sterile Compounding
TYPE OF PHARMACY AND  Yes/No  □ Retail □ □ Hospital (# beds) □ □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center □ □ Community □ □ Other:	Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care □ □ Sterile Compounding □ Non Sterile Compounding

#### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

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

1)	Has the corporation, any owner(s), shareholder(s) or pany interest, ever been charged, or convicted of a felomisdemeanor (including by way of a guilty plea or no convicted of the convicted of t	ony or gross	Yes □ No ⊠
2)	Has the corporation, any owner(s), shareholder(s) or pany interest, ever been denied a license, permit or cer registration?	• •	Yes □ No 🛭
3)	Has the corporation, any owner(s), shareholder(s) or printerest, ever been the subject of an administrative active fine or proceeding relating to the pharmaceutical in	tion, board citation,	Yes □ No 邙K
4)	Has the corporation, any owner(s), shareholder(s) or printerest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo	Yes □ No ሺ
5)	Has the corporation, any owner(s), shareholder(s) or printerest, ever surrendered a license, permit or certificate voluntarily or otherwise (other than upon voluntary closes).	ate of registration	Yes □ No 🖻
Copie	answer to question 1 through 5 is "yes", a signed stater s of any documents that identify the circumstance or cosition may be required.		
correc	by certify that the answers given in this application and tt. I understand that any infraction of the laws of the St tion of an authorized pharmacy may be grounds for the	ate of Nevada regulat	ing the
under correct emplo	read all questions, answers and statements and know penalty of perjury, that the information furnished on thi et. I hereby authorize the Nevada State Board of Pharr yees, to conduct any investigation(s) of the business, p round, qualification and reputation, as it may deem need	is application are true macy, its agents, serva professional, social ar	, accurate and ants and nd moral
ne	17013		
Origin	at Signature of Person Authorized to Submit Application	n, no copies or stamp	S
	an L Ross	12/11/18	
Print N	Name of Authorized Person	Date	
Board	Use Only Date Processed:	Amount: 500.0	2

#### APPLICATION FOR NEVADA PHARMACY LICENSE

### OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Ne Vada
Parent Company if any: N/A
Mailing Address: 5835 S Eastern Ave STE 100
City: Las Vecas State: NV Zip: 89119
Telephone: 844-334-1010 Fax: 833-861-0249
City: Las Vegas         State: NV Zip: 89119           Telephone: 844-334-1010         Fax: 833-861-0249           Contact 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 Address
Name Business Address
b)
Name Business Address
C)
Name Business Address
d) Name Business Address
220 1007
3) What was the price paid per share?
List any physician shareholders and percentage of ownership.
Name: <u>\(\mathcal{V}\) \(\lambda\)</u> \(\lambda\)
Name:%:
Hours of Operation for the pharmacy:
Monday thru Fridayampm Saturdayampr
Sundayampm 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

1, Kyan L Koss
Responsible Person of <u>EastSide</u> flurmacy 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.
newstros
Original Signature of Person Authorized to Submit Application, no copies or stamps
RYan L Ross 12/11/18

Print Name of Authorized Person

Date

#### **Managing Pharmacist**

Pharmacist Name:	SLOW	License #:
Pharmacy Name: <u>Easts</u> : de 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.

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

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

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

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

Signature

Pag11b

Ray Ross Mangging Member 100%.

## PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

🤝 Date	<u>)</u>
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#### **GENERAL INSTRUCTIONS**

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

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

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

Application for	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nature c	f License	••••••		
	Name ar	nd Address of Establishme	ent for Which License	ls Requested	~~~~	
	************	lf applicable, Name Unde	r Which It Is Now Oper	rated		
1. PERSONAL IN	FORMATION:	771an First Name		Lee		
Last Name		First Name		Middle Name		
Alias(es, Nicknames, Mai						
Present Residence Addres  3560 Scinses  Present Business Addres	rele Ave	Hen	derson	NY	89002	
Present Residence Addre	ess-Street or RFD	Ci	ty	State	/Zip	
2560 Sunsen	4 rd	Dales Las	Veer. S	NV	89120	
Present Business Addres	88	Ci	ty 🗸	State	/Zip	
Pharmacy T	echnicism	Dates Jul 2	018-fres.	2.7		
Occupation				Phone: Residence		3
1	30	Franchield.	OR line		2 <b>-</b> 581-833	/
Date of Birth		Place of Birth (City, Co	ounty, State)	- 20-10-4		
40					27	
Age Age	Social	Security Number			Sex	
Green Color of Eyes	Blank	Liebit	170	med	711	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	
Scars, tattoos or dis	stinguishing marks	and/or characteristic	s Telfor T	get should	er, left a	rm
Are you a citizen of	the United States?	Yes 🕽 No 🗆 If	alien, registration	No		
If naturalized, certifi	cate No	***************	Date	*************	***************************************	
Place	*****************		(If naturali	zed, document mi	ust be verified.)	
2. MARITAL INFO	ORMATION:					
Single □ Marrie	ed □ Separate	ed 🔀 Divorced	□ Widowed	□ Engaged	722	
				Applicant's initia	al AK	
				T. F.		age

ARITAL INFORMATION			- 1	
Current Marriag	· 3/17/07		Santa i	Cita, Gu
Spouse's full nan	ne (Maiden) Ay/	een Martine	Z. S.S. N	Rita, Gu
Date of Birth	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Place of Bi	nth BOOLK, NE	<i>/</i>
	0001		2.1.,	95, PR 00771
Telephone: Res	idence	В В	usiness <i>VIA</i>	
Spouse's employ	_{rer_<i>NIA</i>}	Oc	cupation Home	14ker
Address of emplo	oyer (V(/)		City State	e Zip
		eparated, divorced, or an		
lame of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
			7	San Siego, CA
Name	Street	telephone numbers of City Clements Way	State	Zip Telephone 92563
Name  ALT ILLE WESTERN  3. FAMILY INFORMA  A. Children and D	Street  Aun ;	City	State  Murpiefa, Ch	following information:
Name  ALTINE Western  3. FAMILY INFORMA  A. Children and D  List all children  Name  OSalina Hamme	Street  Aun ;  FION: ependents: dren, including ster Birth Date	City Clements Way  c-children and adopted c	State  Murpiefa, Ch	following information:
3. FAMILY INFORMA  A. Children and D  List all children	Street  Aun ;  FION: ependents: dren, including ster Birth Date	City Clements Way  o-children and adopted c	State  Murpiefa, Ch	following information:
Name  ALTINE Western  3. FAMILY INFORMA  A. Children and D  List all children  Name  OSalina Hamne	Street  Aun ;  FION: ependents: dren, including ster Birth Date	City Clements Way  o-children and adopted c	State  Murrista, Ch  hildren and give the f  Residen  Spira  Clements	following information:
Name  ALFILLE Western  3. FAMILY INFORMA  A. Children and D  List all child Name  OSALINA HAMMA  Marianne Ross  Sabriella Ross  B. Child Support	Street  Aun ;	City Clements Way  Dechildren and adopted a Birth Place  Lemeore, Che  - Portland, or  Calle Halpto Sance	State  Murrista, Ch  hildren and give the f  Residen  Spira  Clements	following information: ice Address  Cle HVE Henderson, N  Way Murrieta, CA
3. FAMILY INFORMA A. Children and D List all child Name  OSALIAR HOMMO  Marianne Ross  Jahriella Ross  B. Child Support  Please	Street  Nan ;  FION: ependents: dren, including ster Birth Date  Activ  Information: mark the appropria	City Clements Way  Dechildren and adopted a Birth Place  Lemeore, Che  - Portland, or  Calle Halpto Sance	state  Murrista, Ch  hildren and give the f  Residen  Spira  Clements  hez Les fiec	following information: ice Address  Cle HVE Henderson, N  Way Murrieta, CA
3. FAMILY INFORMA  A. Children and D  List all children  Name  OSALINA HAMMO  Marianne Ross  Sahriella Ross  B. Child Support  Please  I am  plan	Street  Aun ;  FION: ependents: dren, including ster Birth Date  Aud ;  nformation: mark the appropria not subject to a court approved by the d	city  Clements Way  Dechildren and adopted a  Birth Place  Lemeore, Che  - Portland, or  Calle Habita Sanc  ate response:  Durt order for the support of a	hildren and give the f Residen  Spira  Clements  hez Las fiece  of child.	following information: ice Address  Cle HVE Henderson, N  Way Murrieta, CA

FAMIL	Y INFORMATION-Continued  District attorney or public agency responsible for enforcing the child support order:		
	Name California Separtment of Child Support Serv	ices	
	Address P.O. Box 419064 Rancho Cordova, CA 957		
	Contact person Cleric of the Caurt		
C.	Parents:		
parents	List names, residence addresses, dates of birth and most recent occupations of parents	s, step-parents,	
parent	in-law or legal quardian. If retired or deceased, list last address and occupation.		
	Name (Maiden) Birth Date Address	Occupation	
Father	, , , , , , , , , , , , , , , , , , , ,		
Delb	ert Ross unquen	clerk	
		-	0882-
Kath Father-in	leen Shrauger 1 25th m st NW	Arnegard, ND	58835
	mond Martinez Las Pizdras, PR	Retirect	
Mother-i	1-Law	NOTITED -	
Mai	ia Diaz Las Diedras, PR	Refired	
	<b>(</b>		
D.	Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothe	ers and sisters and of	
	their respective spouses.  Name (Maiden) Birth Date Address	Occupation	Ci-dos
ECI			93682
	Ross NE Hickory st	Vancouve, WA	COUSTING
	1 1	- 1	
	ford Ross Watford city, ND	Clerik	
Spouse			
C41.1-	thia Ross Glendale, AZ	Nurse	
Spouse	th Damé	χο ων 30	
Kerr	TWO DAWLE		
Spouse			
Орочас			
4. El	DUCATION:		
	Name of School Location Dates Attended	Graduate	
Gramma School	Kangely Elementary Langely, Co. 6/83-6/88	Yes X No	
High School	Rangely High Zangely, CD 8/41-5/94	Yes □ No €	
College Universi	Consularing Hailing 44 Janeya US 8/11 - 4/15	Yes X No 🗆	
Other			
	DS Ducing -	Yes No No	
	f degree obtained, if any BS Business management	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Colleg	e or university where obtained Caranthum university	*****************	
		727	

Applicant's initial Page 3

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

Date of e aration 4/21/11 Type of deparation MA Separation Separation MA Separation MA Separation MA Separation MA Separation MA State WA STATE STAT	erial number offense which resulted in yes, furnish details on p	summary action, a trial or
eparation 4/21/11 Type of deparation MA Separation Separation MA Separation Separation MA Separation MA State WA State WA State WA State WA State WA STENTIONS, LITIGATIONS AND ARBITRATIONS	erial number offense which resulted in yes, furnish details on p	summary action, a trial or
e military service were you ever arrested for an ideneral court martial?  Yes \( \subseteq No \( \subseteq \) left for where they occurred-foreign or domestic.)  Pegistered for the draft?  Yes \( \subseteq \text{No \( \supseteq \) lark  State \( \subseteq \subseteq \)  TENTIONS, LITIGATIONS AND ARBITRATIONS.	offense which resulted in yes, furnish details on p	summary action, a trial or
e military service were you ever arrested for an ideneral court martial?  Yes \( \subseteq No \( \subseteq \) left for where they occurred-foreign or domestic.)  Pegistered for the draft?  Yes \( \subseteq \text{No \( \supseteq \) lark  State \( \subseteq \subseteq \)  TENTIONS, LITIGATIONS AND ARBITRATIONS.	offense which resulted in yes, furnish details on p	summary action, a trial or
TENTIONS, LITIGATIONS AND ARBITRATIO	Date registered	
TENTIONS, LITIGATIONS AND ARBITRATIO	Date registered	
		6/18/94
ted.)	NS: (Include those arr	ests in which you were
ver been arrested, detained, charged, indicted any reason whatsoever, regardless of the disp	osition of the event? (Ex	cept minor traffic citations.
Age Charge Location-City and Sta	e Deposition/Da	ate Arresting Agency
nal indictment, information or complaint ever b	een returned against you	. but for which you were n
in which you were named as an unindicted co-	party? Yes 最 No 区 If	yes. furnish details on
ever been questioned or deposed by a city, statelee? Yes   No A		
ee? Yes □ No ৷為 ever been subpoenaed to appear or testify befo n? Yes □ No ৷৷Ջ	re a federal, state or cou	nty grand jury, board or
ee? Yes □ No ☒. ever been subpoenaed to appear or testify befour? Yes □ No ☒ ever been subpoenaed to testify for any civil, cri	re a federal, state or cou	nty grand jury, board or roceeding or hearing?
ee? Yes   No   ver been subpoenaed to appear or testify befounce.  Yes   No   ver been subpoenaed to testify for any civil, crivity.  Yes   ver had a civil or criminal record expunged or sever had a civil or criminal record.	re a federal, state or coul minal or administrative p ealed by a court order?	nty grand jury, board or roceeding or hearing?
ee? Yes  No  ver been subpoenaed to appear or testify befounce the subpoenaed to testify for any civil, criple to be subpoenaed to testify for any civil, criple to be subpoenaed to testify for any civil, criple to be subpoenaed to testify for any civil, criple to be subpoenaed to testify for any civil, criple to be subpoenaed to testify for any civil, courties to be subpoenaed to appear or deferred prosecution.	re a federal, state or cour minal or administrative p ealed by a court order? ' ty and state for any criminal offense?	nty grand jury, board or roceeding or hearing?  Yes □ No 쩝'  Yes □ No ♥
ee? Yes  No  ver been subpoenaed to appear or testify befounce. Yes  No  ver been subpoenaed to testify for any civil, crivity been subpoenaed to testify for any civil, crivity been subpoenaed to testify for any civil, crivity becomes any city or criminal record expunged or some city, cour	re a federal, state or countries a federal, state or countries all or administrative prealed by a court order? The state of any criminal offense? The state of a state of a fear of a fear of a fear of a fear or any criminal offense?	roceeding or hearing?  Yes  No  No  Yes  No  No  No  No  No  No  No  No  No  No
	Age Charge Location-City and State Charge	🕱 If yes, give details in space provided below. List all cases without e

1.

aintiff/Defendant or aimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
associated wit	h it as an own		le proprietorship or closely held partner) been a party to a lawsu	
Name of Entity		Type of Entity		ate Date(s) of arbitration/Bankruptcy
	TO THE RESERVE OF THE PARTY OF	Western Committee of the Committee of th		
	THE RESERVE OF THE PARTY OF THE		V A A A A A A A A A A A A A A A A A A A	
. RESIDENCES:				
*	have had for t	the last 25 years:		
onth and Year		the last 25 years:	City	State or County
onth and Year (From-To)	Stree	st and Number	Herbie Son, NV 890	19.2 <u> </u>
onth and Year (From-To)	Stree	st and Number	Herbie Son, NV 890	182 <u> </u>
inth and Year (From-To) 1/18 - 1:2524	Stree 163 A	et and Number Stituele it ve fferourn Rain 1	Herice Son, NV 890 The Henderson, NV	19.2 <u> </u>
INTERPORT (From-To)  18 - 17-2524  16 - 9/18	Stree 163 A 3907 S	stand Number Stirracle it ve fferman Rain 1 6632 th 5+ GV	Herice Son, NV 890 The Henderson, NV 2 Sham, ON 97080	89 <i>00</i> 2
Inth and Year (From-To)  1/18 - 1:2521  1/18 - 9/18  1/16 - 6/18  1/13 - 7/16	163 A 3907 S 11645 S	st and Number  Stiracle Ithe  After own Rain I  SE 32th 5t GV  SE Fuller Rd	Herice Son, NV 890 five Henderson, NV 2 Sham, OR 97080 Portland, OR 972	8900L 222
Inth and Year (From-To)  1/18 - 1/23214  1/18 - 9/18  1/16 - 6/18  1/13 - 7/16  1/12 - 3/13	163 A 3907 S 11645 S 8640	st and Number  Stiracle it we  ffer own Rain is  SE 32th St GV  SE Fuller ad  SE Causey A	Herice Son, NV 890. The Henderson, NV Sham, OR 97080 Portland, OK 972 Ve APT 16303 Haffy	182 89002 122 Valley, OR 9708
Inth and Year (From-To)  1/18 - 1/25214  1/18 - 9/18  1/16 - 6/18  1/13 - 7/16  1/12 - 3/13	163 A 3907 S 11645 S 8640	st and Number  Stiracle ithe  Stiracle ithe  Sterown Rain i  SE 32th St GV  SE Fuller ad  SE Causey A  S Sw Millikan	Herice Son, NV 890 five Henderson, NV 2 Sham, OR 97080 Portland, OR 972	182 89002 122 Valley, OR 9708
Inth and Year (From-To)  1/18 - 1/28214  1/18 - 9/18  1/16 - 6/18  1/13 - 7/16  1/12 - 3/13  1/11 - 3/12  67 2/1/R	163 A 3907 S 11645 S 8640 1525 8	stand Number  Stiracle it ve  fferman Rain 1  SE 32th St GV  SE Fuller rd  SE Causey A  S Sw Millikan	Herice Son, NV 890 Five Henderson, NV Sham, OR 97080 Portland, OK 972 Ve APT K303 Haffy Way APT 616 Beav	89002 222 Valley, OR 9708 certen, OR 97006
Inth and Year (From-To)  1/18 - 1/2/2/2/4  1/18 - 9/18  1/16 - 6/18  1/13 - 7/16  1/12 - 3/13  1/11 - 3/12  1/2 - 2/11  1/18 - 2/11	163 A 3907 S 11645 S 8640 1525 8 U.S. A	stand Number  Stiracle itre  fferown Rain I  SE 32th St GV  SE Fuller ad  SE Causey A  SEN Millikan  Journ	Hercie son, NV 890 Five Henderson, NV Sham, OR 97080 Portland, OR 972 VE APT 1303 Haffy Way APT 616 Beav Unit 144 Santee,	222 Valley, DR 9708 CA 92071
	163 A 3907 S 11645 S 8640 15258 -U.S. A 8760 Re 2229A N	stand Number  Stiracle itre  fferown Rain I  SE 32th St GV  SE Fuller ad  SE Causey A  SEN Millikan  Journ	Herice Son, NV 890 Five Henderson, NV Sham, OR 97080 Portland, OK 972 Ve APT K303 Haffy Way APT 616 Beav	222 222 Valley, DR 9708 CH 92071

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?

Applicant's initial Page 5

#### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/18-Present	Sunrise Pharmacy 2500 E:	Sawset rd Las Vegas, NV 89120 Name of Supervisor
Title	Description of Duties	Name of Supervisor
Pharmacy Techn.	can compounding Lab	Manager Tamara Angeles  Reason for Leaving moved to
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving moved to
6/12-7/18 Title	Professional Center 205 Description of Duties	harmacy 10000 SE Many 5+ for Name of Supervisor
Pharmacy Techni	cian Compounding has man	neger Krissy Bray
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/12-6/12 Tille	Fred Mexer Pharmacy Port Description of Duties	land, oil Beither Position
Phurmacy Tech	fill frescriptours	JOE
Month and Year	Name/Malling Address of Employer/Business	Reason for Leaving
7/97/-3/11 Title 2	U.S Nav4	Name of Supervisor
Title 2	Description of Duties	
MA 2	Police office	Jake Engiander
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/Malling Address of Employer/Business	Reason for Leaving
Title	Description of Dutles	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial 7240 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 C	Josh Dilinger Home ! NW 2912 of Ridge Seld was 9 years		
Employe	r Business		
Name K	risty Tela Home: SW 5th of Gresham on 97830	8 xea	2/5
Employe	Prestige Thornwoodsusiness Fortland, on 97220		
Name	Rose Chen Home 3 56 89th Aug Portland, or 9724	<	's Kea
Employe	ofrestize Auronacions Portland, or 97220		
Name (	Kensen Northreffiome - Spirack Ave Henderson, NV 89,000	~	68
Employe	r JSMA Business LAS Negas, NV		
Name /	Merlsna wester mome: 3 Clements way murrieta, CA 92963		
Employe	r Business	21 }	tea
10.	Do you have any safe deposit box or other such depository, access to any depository or do you use any other such depository? Yes  No  If yes, complete the following:	her	
Box Nun	nber 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 the following:  Liquor Lawyer Race horse/race dog owner Securities dealer Insuranc Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming Accountant Pilot Sports promoter Trainer or manager Educator Yes \( \square\$ No \( \square\$ \)  If yes, state type, where and years held	e	
12.	Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes \( \text{No.} \) No \( \text{No.} \) 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 Pa	 ge 7	

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No 凶
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 注
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/o controlled substances?  Yes  No IXO
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 PTR
	Page 8

STATE OF NEVADLA
COUNTY OF CLARK
1, 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 of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
May I France
Original Signature of Applicant
1.2.TM SHERRY ROSS
Subscribed and Sworn to before me this day of NOTARY PUBLIC
STATE OF NEVADA  My Commission Expires: 07-20-2022
My Commission Expires. 07-20-2022  Certificate No: 18-3612-1

Applicant's initial Page 9

(seal)

#### ADDITIONAL INFORMATION

***************************************
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Applicant's initial

Page 10

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

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שׁDate :	

#### **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				
Name	and Address of Establishm	ent for Which License	ls Requested	
***************************************	If applicable, Name Unde	or Which It Is Now Op	erated	******************************
1. PERSONAL INFORMATION:	affeu		Soft	
Last Name	First Name		Middle Name	}
Alias(es, Nicknames, Malden Name, Other Na	Day Las	legas	W	8900
Present Residence Address-Street or RFD  SSS S FORM ADE	Dates OS	leas .		ate/Zip
Present Business Address Occupation	Dates 5/08	Resent	Phone:	
Gee	asturi PA	Westmarelan	Residence	Da 791 3800
Date of Birth	Place of Birth (City, C	county, State)		M
Age Social Color of Eyes Color of Hair	al Security Number Complexion	90 Weight	Mediun	Height
Scars, tattoos or distinguishing mark		csDope Ri	ntelbou	Sar
Are you a citizen of the United State	s? Yes ☑ No □ I	f alien, registratio	n No	
If naturalized, certificate No.	**************************************	Date		
Place		(If natura	lized, document	must be verified.)
2. MARITAL INFORMATION:				
Single   Married Separa	ted Divorced	□ Widowed		
· · · · · · · · · · · · · · · · · · ·			Applicant's in	Page

Applicant's initial

Page 2

Applicant's initial

Page 3

Applicant's initial

Page 4

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а	ssociated with	jt as an own	o, business venture, s er, officer, director or lete the following:	ole proprietorship or closely l partner) been a party to a la	held corporation (while yowsuit, arbitration or bankro
	lame of Entity		Type of Entity	Appro	eximate Date(s) of uit/Arbitration/Bankruptcy
13	IAMO OI CHIRO		TAN OF ELLINY		To the state of th
. RES	IDENCES:				
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st all re	sidences you l	nave had for	the last 25 years:		
st all re	sidences you l			City	State or County
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st all re	sidences you l		et and Number  are Cardelphy  ean Lane  history Lane	Las Degras Rella Dista Rella Dista Bella Dista Bella Dista Las Degas	AR AR

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	
Description of Duties Day Manager Servicer- Discording the Day Manager Servicer- Discording the Day Manager Servicer- Servicer Servicer-	
Month and Year  Name/Mailing Address of Employer/Business  Striptone Reason for Leaving  Name of Supervisor  Name of Supervisor  Name of Supervisor	Ti
Month and Year Name/Mailing Address of Employer/Business Name/Mailing Address of Employer/Business Name of Supervisor Name of Supervisor Name of Supervisor Name of Supervisor	0
Month and Year  Name/Mailing Address of Employer/Business  Reason for Leaving  Reason for Leaving  Reason for Leaving  Name of Supervisor  Name of Supervisor  Name of Supervisor  Reason for Leaving  Name of Supervisor  Name of Supervisor  Reason for Leaving	J
Month and Year 1601-3603 Name/Mailing Address of Employer/Business  Title Description of Duties  Name of Supervisor  Name of Supervisor	
Month and Year Name/Mailing/Address of Employer/Business Reason for Leaving Name of Supervisor Page 25 Statistics Name of Supervisor	
Month and Year  Name/Mailing Address of Employer/Business  Coar Geek Animal Hospital Charles Reason for Leaving  Description of Duties  Name of Supervisor  Name of Supervisor	
Month and Year  Name/Mailing Address of Employer/Business  Reason for Leaving  Name of Supervisor  Name of Supervisor	
If additional space is needed, continue on page 10 or provide attachment.	
Applicant's initia	

	List five character reference who have employer or employees.	ve know you five years or more. Do	not include relatives, present
Name o	of Where Employed Street City	State Zip Telephon	Years Known
Name	app Waldia Home Walk	MO 64806	5
Employe	ver HOM/ET HOM MARUSINESS OF I	rivale AR 10 162	No. 14 and 16 an
Name	ar Barbose Home Cos	Leggs DV	
Employe	Ver NO Pharmaca Business CO	s Derns, N	
Name P	Home as	(Polak : DI)	
Employe	DAZRA	Oxeas, DU	-1 0
Name	PROP ANTRUSHOME BOOK	er Cital NU	10
Employe	Taxan I a	Parell	is section of the sec
Λ.	m SmrviOHome Las	Desk	X
Name	MCM	< Deris	<i>a</i>
Employs		S see S	omentumpeent and And Antoniosis, updo of the particular at the particular and the particu
10.	Do you have any safe deposit box o person's depository? Yes □ No □		y depository or do you use any other
	If yes, complete the following:		
Box Nur	imber or Type of Depository Loca	ation City and State	Authorized Users
11.	Have you ever held a privileged, occ	cupational or professional license in a	any state, including but not limited to
	the following:		Securities dealer Insurance
		ce horse/race dog owner al estate broker or salesman	Barber/Cosmetologist Gaming
	Accountant Pilot Spo Yes ☑ No ☐	orts promoter	Trainer or manager Educator
	If yes, state type, where and years h	reld   GC   Dags   Can	in the same
		Las Ugaps, Gar	my license, by lights
		<b>\( \)</b>	$\sim$
		***************************************	
12.	1 141116 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	unty of state business, venture or indi dustry OUTSIDE the State of Nevada	
	If yes, state type, when and where a	nd give names and locations of the b	pusinesses in which you were
	involved, the names and address of venture or industry.	all partners and the agency responsi	ble for licensing said business,
********	venture of industry.		
********		######################################	•••••••••••••••••••••••••••••••••••••••
~ * * * * * * * * * * * *			
		'A	plicant's initial

Page 7

Date of photograph

Applicant's initial

SS.

COUNTY OF

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

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

Subscribed and Sworn to before me this

Notary Public

day

SHERRY ROSS NOTARY PUBLIC STATE OF NEVADA

Original Signature of Applicant

/ Commission Expires: 07-20-2022 Certificate No: 18-3612-1

(seal)

Applicant's initial

Page 9

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Page 10

**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 Pa		D Partnership Pages 126	10 11a9h		
☐ Publicly Traded Corporation - Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b ☐ Sole Owner - Pages 1,2,8,10,11a&b					
GENERAL INFO	RMATION to be completed by a	types of ownership	10,11000		
		, page 3			
Pharmacy Name					
Physical Address: _6330 S Eastern Ave Suite 1A					
City: Las Vegas	State:	NV Zip Code: 89119			
Telephone:	00-959-3457 Fax: <u>8</u> 0	-376-5441	Marie Marie		
Toll Free Number	er:E-n	ail:info@modernrxpharmacy.com			
Website: Not A	Applicable				
Managing Pharn	Managing Pharmacist: _ Tหนหอ มชุนชุลง License Number: _ 14669				
TY	PE OF PHARMACY AND	SERVICES PROVIDED	10,71		
	PE OF PHARMACY AND	SERVICES PROVIDED Yes/No			
Ye	s/No	Yes/No			
Ye:	s/No Retail	Yes/No  ☐ ☐ Off-site Cognitive Services			
Ye:	s/No □ Retail ☑ Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral			
Ye:  X  	s/No □ Retail ☑ Hospital (# beds) ☑ Internet	Yes/No  □ □ □ Off-site Cognitive Services □ □ □ Parenteral □ □ Parenteral (outpatient)			
Ye:	s/No □ Retail □ Hospital (# beds) □ Internet □ Nuclear	Yes/No  □ □ □ Off-site Cognitive Services □ □ □ Parenteral □ □ □ Parenteral (outpatient) □ □ □ Outpatient/Discharge			
Ye:	S/No  ☐ Retail  ☐ Hospital (# beds)  ☐ Internet ☐ Nuclear ☐ Ambulatory Surgery Center	Yes/No  ☐ ☒ Off-site Cognitive Services  ☐ ☒ Parenteral  ☐ ☒ Parenteral (outpatient)  ☐ ☒ Outpatient/Discharge  ☐ ☒ Mail Service			
Ye:	S/No  ☐ Retail ☐ Hospital (# beds) ☐ Internet ☐ Nuclear ☐ Ambulatory Surgery Center ☐ Community	Yes/No  ☐ ☒ Off-site Cognitive Services  ☐ ☒ Parenteral  ☐ ☒ Parenteral (outpatient)  ☐ ☒ Outpatient/Discharge  ☐ ☒ Mail Service  ☐ ☒ Long Term Care			
Ye:	S/No  ☐ Retail ☐ Hospital (# beds) ☐ Internet ☐ Nuclear ☐ Ambulatory Surgery Center ☐ Community	Yes/No  □ □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care □ □ Sterile Compounding	nding		
Ye:	S/No  ☐ Retail ☐ Hospital (# beds) ☐ Internet ☐ Nuclear ☐ Ambulatory Surgery Center ☐ Community ☐ Other:Specialty	Yes/No  ☐ ☒ Off-site Cognitive Services  ☐ ☒ Parenteral  ☐ ☒ Parenteral (outpatient)  ☐ ☒ Outpatient/Discharge  ☐ ☒ Mail Service  ☐ ☒ Long Term Care  ☐ ☒ Sterile Compounding  ☐ ☒ Non Sterile Compounding	ding		

### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the last five	(5) years:					
1)	any interest,	ever been charge	er(s), shareholder(s) or d, or convicted of a fe y of a guilty plea or no	lony or gross	Yes	No	$\square$
2)	Has the corp any interest, registration?	ever been denied	er(s), shareholder(s) of a license, permit or c	r partner(s) with ertificate of	Yes	No	X
3)	interest, eve	r been the subject	er(s), shareholder(s) or of an administrative a to the pharmaceutica	action, board citation,	Yes	No	$\square$
4)	interest, eve	r been found guilty to any offense fede	er(s), shareholder(s) or y, pled guilty or entere eral or state, related to	d a plea of nolo	Yes	No	N
5)	interest, eve	r surrendered a lic	er(s), shareholder(s) or ense, permit or certific than upon voluntary c	cate of registration	Yes		
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							
	Brown		od to odbilit / (ppilod)		ρS		
		orized Person		09/09/2018 Date			
Board	Use Only	Date Processed: _		Amount: <u>600.</u> (			

## APPLICATION FOR NEVADA PHARMACY LICENSE

## OWNERSHIP IS A NON PUBLICY TRADED GORPORATION

State	of Incorpor	ration: Nevada				
Pare	nt Company	y if any:			(5)	
Mailir	ng Address	6330 S Eastern Ave Suite 1	A			
City:	Las Vegas		State: ^{NV}	Zip: ⁸⁹¹¹	9	
		00-959-3657		00-376-5441		
Cont		Aimee Brown				
	387	tion non publicly trade		LLC	_	
1)	List top 4	persons to whom the		by the eorpora	ation?	
	a) Aimee	Brown -100% owner	6330 S Easter	n Ave Suite 1A, Las Ve	gas, NV 89119	
		Name	Business A	ddress		
	b)					
		Name	Business A	ddress		
	c)					
		Name	Business A	ddress.		
	d)	<b>N</b>			··-	74
		Name	Business A	ddress		
2)	Provide the	ne number of shares is	ssued by the corpor	ration. N/A		····
3)	What was	s the price paid per sh	are? N/A			
,						
List a	any physicia	n shareholders and p	ercentage of owner	ship.		
			_	•	%:	
Nam	e				%:	
Hour	s of Opera	tion for the pharmac	<u> Y:</u>			
Mond	day thru Frid	day <u>9:00</u> am <u>5:30</u>	pm	Saturday	N/A am	N/A pm
	Sunday	N/A _amN/A	pm	24 Hours	N/A	
A Ne licens	vada busin se please p	ess license is not requ	ired, however if the	pharmacy has	a Nevada bu	siness

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

I,Almee Brown	
Responsible Person of Modern Rx	
hereby acknowledge and understand that in ac	ddition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, m	ay be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operat	-
I further acknowledge and understand the	hat the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taker	by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corpo	ration.
	hat the corporation's, any owner(s), shareholder(s) macist(s) in said pharmacy to violate any provision s pertaining to the practice of pharmacy.
Original Signature of Person Authorized to Suk	omit Application, no copies or stamps
Aimee Brown	9/12/2018
Print Name of Authorized Person	Date

Case #: _____

Case #: _____

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X

## **Managing Pharmacist**

Pharmacist Name: _	IMUHO	NGUYEN		License #: 12	1889	-
Pharmacy Name:	Modern R	X		***		_
As a managir	ng pharmad	ist of the above ref	erenced pharmacy, I ur	nderstand within 48 ho	ours afte	er I
report for duty as the	e managing	pharmacist, I shall	cause an inventory of a	all controlled substanc	es of th	е
pharmacy according	to the meth	nod prescribed by th	ne provision of 21 CFR	Part 1304; and cause	а сору	of
the inventory to be o	n file at the	pharmacy.				
I understand	that as the	managing pharmad	sist I am responsible fo	r compliance by the pl	harmacı	/=
and its personnel wit	th all state a	and federal laws and	d regulations relating to	the operation of the	pharma	су
and the practice of p	harmacy.	understand my lice	ense can be revoked or	that I can be the sub	ject of	
disciplinary action if	such laws o	r regulations are kr	nowingly violated in the	pharmacy in which I a	am	
managing pharmacis	st.					
I understand	that if I cea	se to be managing	pharmacist of the abov	/e named pharmacy l	will join ¹	tly,
with the new managi	ing pharma	cist, take an invento	ory of all controlled sub	stances.		
5 "					Yes	No
			ncluding alcohol or sub perform the essential fu		e? 🗆	岗
1. been charged, ar	rested or co	onvicted of a felony	or misdemeanor in any	y state?		X
2. been the subject in any state?	of a board	citation or an admir	istrative action whethe	r completed or pendin	ng 🗆	ū

Page 11a

Date: _____

Court: _

3. had your license subjected to any discipline for violation of pharmacy or drug laws in any

State: _____

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

state?

And/or Criminal Action:

Board Administrative Action: State: _____

County

# 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.

the	10/1/18
Signature	Date



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

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

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

Balkers K. Cegewske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180928-1256

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

≨ Date	10/2/2018
~ ~ ~ · · · · · ·	

#### **GENERAL INSTRUCTIONS**

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

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

Application for	Pharmacy Lic	ence	0-0-0-0				
Moder	n Rx Pharmacy	6330 S EAST	re of Lice ERN A	nse VE., LAS VE	GAS, NEVAD	A 89119	
	Name and	Address of Establis	hment for	Which License Is	Requested		
	lf a	applicable, Name U	nder Whic	ch It Is Now Opera	ited		••••
1. PERSONAL INFO	RMATION:						
Last Name Brown		First Na	me Aim	ee	Middle Name	Elizabeth	
Alias(es, Nicknames, Maider	Name, Other Name						
√lansbury St.		Fren	nont		Calif	ornia, 94538	
Present Residence Address-	Street or RFD		City			ate/Zip	
6330 S EASTERN AVE.,		Dates 10/1/2018	LAS \	/EGAS,	N	EVADA, 89119	
Present Business Address		Dates	City	***************************************	Sta	ate/Zip	
Owner/ Operations		Dates TBD					
Occupation					Phone: Residence		
					Business	TBD	
¥	Livoni	a, Michigan			business		
Date of Birth		Place of Birth (City	, County,	State)			
49						Female	
Age	Social Se	curity Number				Sex	
Hazel	Blonde	caucasian		140	Average	5' 7"	
Color of Eyes	Color of Hair	Complexion		Weight	Build	Height	
Scarş, tattoos or disting	guishing marks a	nd/or characteri	stics	Small mole	on chin right s	side	
Are you a citizen of the	United States?	Yes ⊠ No □	If alie	n, registration	No		••••
If naturalized, certificat	e No			Date			
Place				(If naturaliz	ed, document	must be verified.)	
2. MARITAL INFOR	MATION:						
Single □ Married	☐ Separated	□ Divorce	ed 🔯	Widowed [	] Engaged		
					Applicant's in	nitial M	Page 1

#### MARITAL INFORMATION-Continued

•	<b>Current Marr</b>	iage N/A				
			Date City, County and State N/A S.S. No			to
	Date of Birth		Place	of Birth		
	Resident add	ess				
		Street		City	State Zip	
	Telephone: I	Residence		Business		
	Spouse's emi	olover		Occupation		
	Address of er	Street		City	State Zi	0
B. Pr	evious Marria	ges: If ever legal	ly separated, divorced, o	or annulled, indicate	below:	17
		Date of Order	Date of Place	Nature of	City	and State
vame o	of Spouse	or Decree	of Marriage	Action		and State
Paul Bi	rown	1/26/2018	9/19/1992	Divorce	Alameda C	ounty, Fremont, C
*****						
	MILY INFOR					
3. FA A.	Children and	Dependents:	step-children and adopt	ed children and give	the following	information:
	Children and	l Dependents: hildren, including	step-children and adopt te Birth Place	ed children and give R	the following	information:
Α.	Children and List all o	l Dependents: hildren, including		R	esidence Address	information: mont, Ca. 94538
Α.	Child Suppo	rt Information: se mark the approam not subject to a coan approved by the amount owed	San Mateo	port of child.  of one or more chiler public agency en	esidence Address sbury St. Fre	mont, Ca. 94538  n compliance with a der for the repaymen

Name N/A Address Contact person Cont	AMILY	Y INFORMATION-Continue  District attorney or public a		enforcing the child support order:	
Address Contact person  C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, arents- in-law or legal guardian. If retired or deceased, list last address and occupation. Name (Madden) Birth Date Address Jerry Baird Jerry Baird Jerry Baird Jone Drive Lake Havasu, AZ 86406 Retired  Address Addres		• •		_	
Contact person					
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, arents- in-law or legal guardian. If retired or deceased, list last address and occupation.  Name (Malden) Birth Date Address  Occupation  ather  Jerry Baird   Yonder Drive Lake Havasu, AZ 86406 Retired  lother  Sandra Baird Yonder Drive Lake Havasu, AZ 86406 Retired  ather-in-Law  None  D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and their respective spouses.  Amer (Malden) 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 I Germany Retired  Spouse  Raik Droesher Germany Sales  Spouse  A EDUCATION:  Name of School Location Dates Attended Graduate  Spouse  Raik Droesher Marme of School Colorado 1984-1985 Yes © No Dates Note of School Page Office of San Mateo College of San Mateo  College or university where obtained College of San Mateo  College or university where obtained College of San Mateo					
in-law or legal quardian. If retired or deceased, list last address and occupation.  Name (Maiden)  Birth Date Address  Occupation  Address  Jerry Baird  Jerry Baird  Yonder Drive Lake Havasu, AZ 86406  Retired  Tother  Sandra Baird  Yonder Drive Lake Havasu, AZ 86406  Retired  Tother  Sandra Baird  Yonder Drive Lake Havasu, AZ 86406  Retired  Tother  Sandra Baird  Yonder Drive Lake Havasu, AZ 86406  Retired  Tother Sandra Baird  Yonder Drive Lake Havasu, AZ 86406  Retired  Tother Sandra Baird  Yonder Drive Lake Havasu, AZ 86406  Retired  Tother Sandra Baird  Alameda Be Las Pulgas, Belmont, CA 94002  IT Manager  Sopouse  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Junko Droesher  I Germany  Retired  Junko Droesher  I Germany  Retired  Sopouse  Germany  Sales  Tother Red Rocks Elementary  Morrison, CO  1984-1985  Yes X No   Tother Sandra Baird  Yes X No   Tother Sandra Baird  Type of degree obtained, if any High School, AA Degree in Accounting  College or university where obtained  College of San Mateo	C.	Parents:			
Alameda De Las Pulgas, Belmont, CA 94002  Brith Date  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Accountant  Alameda De Las Pulgas, Belmont, CA 94002  Accountant	arents	e Andrew Sanahawa Mara Mara Mara Mara Mara Mara Mara M	funtional as deceased	list lost address and conunction	
Jerry Baird				Address	Occupation
Jerry Baird					
Sandra Baird Yonder Drive Lake Havasu, AZ 86406 Retired  abher-in-Law None  D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and 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 IT Manager  Spouse Permany Retired  Spouse  4. EDUCATION:  Spouse  As EDUCATION:  Name of School Location Dates Attended Graduate  Spouse  A EDUCATION:  Name of School Location Dates Attended Yes X No □  Tammar Red Rocks Elementary Morrison, CO 1980-1984 Yes X No □  Tammar Red Rocks Elementary Morrison, CO 1980-1984 Yes X No □  Tammar Red Rocks Elementary Morrison, CO 1984-1985 Yes X No □  Tammar Cheek High School Colorado 1984-1985 Yes X No □  Tammar Cheek High School San Mateo, CA 1987-2014 Yes X No □  The Cheek High School And Degree in Accounting.  College or university where obtained College of San Mateo  College or university where obtained College of San Mateo		n/ Poird	) Vonde	r Drive Lake Hayasu A7 86406	Datirad
Sandra Baird  Yonder Drive Lake Havasu, AZ 86406  Retired  ather-in-Law None  Cother-in-Law None  D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and their respective spouses.  Name (Malden)  Birth Date Address  Occupation  Jerry Baird  Alameda De Las Pulgas, Belmont, CA 94002  IT Manager  Spouse Cherrise Baird  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Junko Droesher  Germany  Retired  Spouse  4. EDUCATION:  Spouse  Accountant  Name of School  Fermany  Name of School  Fermany  Name of School  Spouse  Accountant  Name of School  Spouse  Accountant  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Acco		Ty Dallu	- Toride	El Dilve Lake Havasu, AZ 00400	Retiled
Ather-in-Law None    D.   Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and their respective spouses. Name (Maiden) Birth Date Address Occupation   Jerry Baird   Alameda De Las Pulgas, Belmont, CA 94002 IT Manager spouse   Alameda De Las Pulgas, Belmont, CA 94002 Accountant		Iro Paird	Vondor	Drive Lake Hayasu AZ 86406	Potirod
None  D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and their respective spouses.  Name (Maiden)  Birth Date Address  Occupation  Jerry Baird  Alameda De Las Pulgas, Belmont, CA 94002  IT Manager  Spouse Cherrise Baird  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Junko Droesher  Germany  Retired  Spouse Raik Droesher  Germany  Sales  Spouse  4. EDUCATION:  Name of School  Frammar Red Rocks Elementary  Morrison, CO  1980-1984  Yes S No   Joilege  Joilege of San Mateo  San Mateo, CA  1987-2014  Yes S No   Type of degree obtained, if any High School, AA Degree in Accounting  College or university where obtained  College of San Mateo			ronder	Dilve Lake Havasu, AZ 00400	Ketiled
D. Brothers and Sisters:   List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and their respective spouses.   Name (Maiden)		-Law			
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and their respective spouses.  Name (Maiden)  Birth Date  Address  Occupation  Alameda De Las Pulgas, Belmont, CA 94002  IT Manager  Spouse Cherrise Baird  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Junko Droesher  I Germany  Retired  Spouse Raik Droesher  Germany  Sales  Spouse  4. EDUCATION:  Arammar  Name of School  Location  Pates Attended  Graduate  Graduate  Trammar  Red Rocks Elementary  Morrison, CO  1980-1984  Yes K No  College of San Mateo  San Mateo, CA  1987-2014  Yes No  Type of degree obtained, if any  High School , AA Degree in Accounting  College or university where obtained  College of San Mateo  College of San Mateo	None				
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and 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  I Germany  Retired  Spouse  Raik Droesher  Germany  Sales  Spouse  4. EDUCATION:  Name of School  Name of School  Colorado  1980-1984  Yes ☒ No ☐  Tigh Bear Creek High School  Colorado  1984-1985  Yes ☒ No ☐  Dither  Type of degree obtained, if any  High School, AA Degree in Accounting  College or university where obtained  College of San Mateo					
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and 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  I Germany  Retired  Spouse  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Spouse  Spouse  4. EDUCATION:  Name of School  Fed Rocks Elementary  Morrison, CO  1980-1984  Yes  No  College of San Mateo  San Mateo, CA  1987-2014  Yes  No  College or university where obtained  College of San Mateo  College of San Mateo  College of San Mateo  College of San Mateo		None			
Name (Maiden)  Birth Date Address  Occupation  Jerry Baird  Alameda De Las Pulgas, Belmont, CA 94002  IT Manager  Spouse Cherrise Baird  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Junko Droesher  Germany  Retired  Spouse Raik Droesher  Germany  Sales  Spouse  4. EDUCATION:  Name of School  Name of School  Red Rocks Elementary  Morrison, CO  1980-1984  Yes X No  College University  College of San Mateo	D.	List names, residence add	dresses, dates of birth	and most recent occupations of bro	
Accountant  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Accounting			Birth Date	Address	Occupation
Cherrise Baird  Alameda De Las Pulgas, Belmont, CA 94002  Junko Droesher  I Germany  Retired  Spouse Raik Droesher  Germany  Sales  Spouse  4. EDUCATION:  Name of School  Name of School  Location  Dates Attended  Graduate  Grammar Red Rocks Elementary  Morrison, CO  1980-1984  Yes No  Julion  Johool  College of San Mateo  San Mateo, CA  1987-2014  Yes No  Type of degree obtained, if any High School, AA Degree in Accounting  College or university where obtained  College of San Mateo  College of San Mateo	Jerry E	Baird	Alamed	la De Las Pulgas, Belmont, CA 94002	IT Manager
Spouse  Spouse  A. EDUCATION:  Name of School  Red Rocks Elementary  Morrison, CO  1980-1984  Yes 🖾 No  High School  College University College of San Mateo  College or university where obtained  College of San Mateo	Spouse Cherris	se Baird	Alameda De Las	Pulgas, Belmont, CA 94002	Accountant
Raik Droesher  Spouse  4. EDUCATION:  Spouse  A. EDUCATION:  Spouse  A. EDUCATION:  Spouse  A. EDUCATION:  Spouse  Name of School  Red Rocks Elementary  Morrison, CO  1980-1984  Yes X No  Identify  School  July Bear Creek High School  July College of San Mateo  San Mateo, CA  1987-2014  Yes No  Type of degree obtained, if any  High School, AA Degree in Accounting  College or university where obtained  College of San Mateo	Junko	Droesher I	Germany	Re	etired
A. EDUCATION:    Name of School   Location   Dates Attended   Graduate	Spouse		Germany	Sa	iles
A. EDUCATION:    Name of School   Location   Dates Attended   Graduate	Raik D	roesher	-		
4. EDUCATION:  Name of School  Red Rocks Elementary  Morrison, CO  1980-1984  Yes ☒ No ☐  India Bear Creek High School  Colorado  1984-1985  Yes ☒ No ☐  College University  College of San Mateo  San Mateo, CA  1987-2014  Yes ☒ No ☐  Type of degree obtained, if any  High School AA Degree in Accounting  College or university where obtained  College of San Mateo	Spouse				
4. EDUCATION:  Name of School  Red Rocks Elementary  Morrison, CO  1980-1984  Yes ☒ No ☐  India Bear Creek High School  Colorado  1984-1985  Yes ☒ No ☐  College University  College of San Mateo  San Mateo, CA  1987-2014  Yes ☒ No ☐  Type of degree obtained, if any  High School AA Degree in Accounting  College or university where obtained  College of San Mateo					
Name of School Location Dates Attended Graduate  Grammar School Red Rocks Elementary Morrison, CO 1980-1984  Yes No Description Bear Creek High School Colorado 1984-1985  College University College of San Mateo San Mateo, CA 1987-2014  Type of degree obtained, if any High School AA Degree in Accounting  College or university where obtained College of San Mateo	Spouse				
Red Rocks Elementary   Morrison, CO   1980-1984   Yes   No   Image: No   Ima	4. E	DUCATION:			
Red Rocks Elementary   Morrison, CO   1980-1984   Yes   No   Image: No   Ima		Name of School	Location	Dates Attended	Graduate
High Bear Creek High School Colorado 1984-1985  Yes X No College University College of San Mateo San Mateo, CA 1987-2014  Type of degree obtained, if any High School AA Degree in Accounting  College or university where obtained College of San Mateo	reconstruction .	•			
School Sc	School High		0.1	1984-1985	
Other  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	School College				Yes LX No L
Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	Universi	ty College of San Mateo	San Mateo, CA	1987-2014	Yes 🛛 No 🗌
Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	Other				Yes □ No □
		of degree obtained, if any	High School , AA Degree	in Accounting	
	• •				
Applicant's initial	_				12
				Applicant's in	nitial P

# 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 arrest	ted for an offense which resulted in summary action, a trial or No  If yes, furnish details on page 10. (List all incidents
В.	Have you registered for the draft? Yes $\ \square$	No ⋈
	CountyState	Date registered
6. A	RRESTS, DETENTIONS, LITIGATIONS AND AR	BITRATIONS: (Include those arrests in which you were
A.	violation for any reason whatsoever, regardless Yes □ No ☒ If yes, give details in space provi	
Date of	Arrest Age Charge Location-	City and State Deposition/Date Arresting Agency
В.	arrested or in which you were named as an unir	aint ever been returned against you, but for which you were no adicted co-party? Yes □ No 🏋 If yes. furnish details on
C.	page 10. Have you ever been questioned or deposed by	a city, state, federal or law enforcement agency, commission
D.	or committee? Yes □ No ☒ Have you ever been subpoenaed to appear or to commission? Yes □ No ☒	estify before a federal, state or county grand jury, board or
E.	Have you ever been subpoenaed to testify for a  Yes □ No ☒	ny civil, criminal or administrative proceeding or hearing?
F.	Have you ever had a civil or criminal record exp	ounged or sealed by a court order? Yes  No  output  city, county and state
G.	Have you ever received a pardon or deferred pr If yes when?	city, county and state Secution for any criminal offense? Yes □ No ☒ city, county and state
H.	Has any member of your family or of your spous If you answer to any of the above questions (B	se's tamily ever been convicted of a letony? Tes Linko &
Name	Relationship	Charge Location Date
		Applicant's initial

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

1.	part to a laws Yes □ No	suit as either a p (Other than o	plaintiff or defendant divorces)	or an arbitration as	either a daima	f a corporation. ever been ant or respondent?
	It yes, give a	etails below. Li	st all cases without e	exception, including	bankruptcies:	
	Defendant or t/Respondent	Date Filed	Court and Case Number	City, County :	and State	Disposition/Date
		****				
J.	associated w	ith it as an own	, business venture, ser, officer, director or ete the following:	sole proprietorship o	or closely held a	corporation (while you were, arbitration or bankruptcy
	Name of Entity		Type of Entity		Approximate Lawsuit/Arb	e Date(s) of itration/Bankruptcy
	ESIDENCES: residences yo	u have had for t	the last 25 years:			
nonth a	nd Year -To)	Stree	et and Number	City	S	tate or County
1994 t	o Present		Mansbury St	Fremont	Cal	lifornia
1992-	1994	Port Walk Place	ce, Redwood Shores, (	CA .		

#### 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 Gd	oTo Foster City, CA	Stayed at home with child
Title	Description of Duties	Name of Supervisor
Office Manger/Acco	ounting 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	Telephon	Θ	Years Kn	iown
Name Dyan V	assallo	Brecon Co Home	urt Redw	ood City C	A 94062 ,			30	<del> </del>
Employer Splu	ink	Business	270 Bre	annan Stre	et, San Francisco	o, CA	415-848-8400		
Christir Name	na Valdez	Home	Pennsy	Ivania Ave	., #15 Fremont, C	CA 94536		2 9	
Employer Prax	kair	Business 41	1446 Chr	isty Street,	Fremont, CA 94	538 510-	438-6734		
Name Leah C		Home	Calico (	Ct, Morgan	Hill, CA 95037			22	
Employer Stu	dent	Business							****
Name Linda F	olan	Home	Clifton A	Avenue, Sa	n Carlos, CA 940	070	2.	26	
Employer Re	etired	Business							
Name Judy	Weber	Home	Mansb	ury Street,	Fremont, CA 94	538		24	
Employer Stay	at home mom	Business							
pers	ou have any so on's depository es, complete th	/? Yes □ I	No 🗵	other such	depository, acc	cess to ar	ny depository	or do you ι	use any other
Box Number or	Type of Depositor	/	Locatio	on	City and State		Authorized Use	rs	
the f Liqu Doc Acc Yes	following: or Lav	wyer ntractor ot	Race Real Sport	horse/rac estate bro s promote	r professional li e dog owner ker or salesma er	n	Securities de Barber/Cosn Trainer or m	ealer netologist anager	not limited to Insurance Gaming Educator
inter If ye invo	rest in a license s, state type, w	ed business then and wh s and addre	or indu	stry OUTS d give nam	business, vent SIDE the State ones and location and the agency	of Nevada ns of the l	a? Yes □ No businesses in	vhich you	were
						Ap	oplicant's initia	al 💭	₩ Page

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No ☒
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ⊠
If yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No ☒
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ☒
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  Yes □ No ☑
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes □ No ⊠
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  Yes □ No ☒
*********	
*********	
	10/2/10
	Date of photograph \0\3\18  Applicant's initial
	Applicant's Initial Page

STATE OF California	
SS.	
COUNTY OF GIGMEC19	
1 AIMEE BROWN	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the standard contain a full and true account of the information requested; that misrepresentation or failure to reveal information requested material a manufacturer license; that I am voluntarily submitting this applications of the application of permit if the holder or applicant "Has obtained and of an application, or any record, affidavit or other information in further, that I have familiarized myself with the contents of Nevertical Content	t I executed this statement with the knowledge that y be deemed sufficient case for denial or revocation of lication with full knowledge that Nevada Revised cation of any person for a certificate, license, by certificate, certification, license or permit by the filing support thereof, which is false of fraudulent," and ada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of	
promulgated thereunder and agree, if licensed, to abide thereb	
I hereby expressly waive, release and forever discharg	
agents from any and all manner of action and causes of action	whatsoever which i, my administrators of executors
can, shall or may have against the State of Nevada, the licensi	ng agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	Original Signature of Applicant
Subscribed and Sworn to before me this 3 md day	Of Automotive Control of the Control
October 2018	A. A.
Juana Micheaude Notary Public	
	(seal)

TVANA NICHKAWDE
COMM. #2175533
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My Comm. Exp. Dec. 15, 2020

Applicant's initial

## ADDITIONAL INFORMATION

Applicant's initial Page 10

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

Date 11/2/18

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for		Modern	RX					
633	0 5	Eastern  Address of Business f	Pharmacy of	or Wholesaler	Les	veges.	NV 8	9119
	Name and	Address of Business fo	or Which Des	ignated Repr	esentati	ve Is Requested		
***************************************		If applicable, Nam	e Under Whi	ch It Is Now 0	Operated	j		
1. PERSONAL INF	ORMATION:							
MGUYEN Last Name		TH	Name			Middle Name		
		11131	- Ivaille			Wildule Name		
Alias(es, Nicknames, Maide				•		D 11 4	3011	. 1
Present Residence Address	Se Abber	1 PI La)	s Veges			<b>∼</b> V State	89/4	-1
~ ~ A	s-otreet or IVI III	Data	Спу			State	:/ZIP	
Present Business Address		Dates	City			State	e/Zip	Parameter Control of the Control of
NA		Dates	3					
Present Position with the P	harmacy or Who	lesaler				Phone: Residence	<del>_</del>	.R.j
1 /		Davie		ETNA	911	Business		
Date of Birth		Da Nand Place of Birth (	ty, County,	State)	. ,			
45		_					M	
Age	So	cial Security Number	1 0		A -		Sex	
Brown	Black	Medi	m The	147	165	mediu	- 5'	8
Color of Eyes	Color of Hair	Complexion	-	Weight		Build	Height	
Scars, tattoos or distir	nguishing mar	ks and/or characte	eristics	Na	rl			
Are you a citizen of the	e United Stat	as? Vas W No I		registratio	on No		••••	
If naturalized, certifica	te No			Date	1/14	+ 12001		
Place Las I	legis,	NV		(If natura	alized,	document mu	ust be verifie	ed.)
2. MARITAL INFOR	V							
		-1 -1		) A / ! = ! =		Forman 1 5		
Single   Married	Separ	ated L. Divor	cea 🗆	vvidowed	Ц	Engaged [		1
					Αp	oplicant s initia	al <i>11</i>	7
								' Page

MARIT	AL INFORMATIO	N-Continued		,		
Α.	Current Marria	ge 5/7	.008	Les veges, C	ark , NV ty, County and State	
	Spouse s full na	me (Maiden)	to THUY A	GUYEN S	sy, County and State S. No.	- ]
	Date of Birth		Place o	f Birth Sair	Gon - VIET	NAM
	Resident addres	Street	lesse Abbeypl	Les V.eyes	Gon - VIETA NV 8914 State Zip	1
	Telephone: Re	sidence , -	0,5	Business $\Lambda$	I/A	
	Spouse s emplo	yer walk	uen	Occupation ph	ermauist	
	Address of emp	loyer 6650 E	Lake mead DI	rel Lasveyas	I/A ermanist NV 89156 State Zip	(-
B. Pı			eparated, divorced, or			
Name	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State	ė
	Y NGUYEN	21. 2	Lasvens, NI		,	
	List of names of	urrent address and	telephone numbers	of previous spouse	s:	
	Name	Street	City	State	Zip Telephone	
THU	y NGUYEN	Me	pose Abbagli	LV NV	89141	
Marie Carlo y pp N N N no species	and the state of t					
3. FA	MILY INFORMA Children and D					
	List all child	dren, including step	-children and adopted Birth Place	d children and give	the following information	<u>on:</u>
>			Las viger, n	V	melpose Abben	Pl, Lu, NV
S	lena NGuy ter NGuy	EN	Lesvens	, NU	melrose no	by pl Lu, M
						/
В.	Child Support	Information:				
		mark the appropria	te response:			
	☑ I am	not subject to a co	urt order for the supp	ort of child.		
	plan	approved by the di	order for the support of strict attorney or othe rsuant to the order; or	r public agency enf	lren and am in complia orcing the order for the	nce with a repayment
	the c	order or a plan appr	roved by the district at	torney or other pub	lren and NOT in compli	ance with e order for
	the r	epayment of the ar	mount owed pursuant	Appli	cant s initial (1)	Page 2

FAMIL		RMATION-Continu	ied agency responsible	for enforcing the	child support orde	or.		
					orma aapport orat	01.		
		s	n / /n					
		t person	7 - 7 - 7 - 7 - 1					
C.	Parent							
parent		mes, residence ad	dresses, dates of bir	th and most recer	nt occupations of	parents, step	-parents,	
parent	in-law o		If retired or decease		and occupation.			
	Name (M	laiden)	Birth Date	Address		Оссі	ıpation	
Father		1	-1 1	Decesed		Phan	ma cist	
	NGI	)4 EN	6 6 *				,	
Mother	1	_	/ /	- 6	relic Hilly	. 1.,	R	etired
HAN Father-in	· •	0		, 00	ieuc rang	S LU, NV 8	1141	
1	Ucas		_ 1 ,	Decesse	201			
Mother-i			1 1 - 1	peccese	4			
			•					
D. THUN	List nar their re Name (M	spective spouses.	dresses, dates of bir	Address Mood	ave Fuller	Occi	pherna	ist
Spouse	+	Duncan		: Mod	dy are try	lefn, cA	phone	ec. 57
TRO	36	NGUYEN		Dog	wood (Tw	estamin (KL	IA phr	merist
Spouse			1.7.	1 0	Tand for 1/	e Ctue - Cte	CA RE	merist gisked Nurse
ricto		JOUYEN		1709	D = 14	1 /	1 (0 0)	harmer i'A
Spouse	G N	OUYEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	parch	Dr, Huntin	ythe lead	4, CA P	hermanist
VY	NO	MYEN			Dr, Hunting			
NGA Spouse	NN	GUYEN		Southern	Highland, La	5 vges, No	) neg	strod Nursi
Vale	0,00	N/But 1	,	Loge	6 was 100	Ell Dan	a Den	rel assisted
Fatu	190	rvobyer	· · · · · · · · · · · · · · · · · · ·	wzge	7200,00	1 20 8(1)	4)	•
4. E	DUCATIO	ON:						
		Name of School	Locati	on Dates A	ttended	Grad	duate	
Gramma School	ar 					Yes	□ No □	
High School	Pho	m chan Thi	nh Dana	y, Viet ovan	8/1988-5/	/991 Yes	V No □	
College Universit	ty The	university a	1 New mexi	CO	5/9, -5	/ga Yes	No 🗆	
Other			A1500	urdul, NM	7/14	Yes	□ No □	
Туре о	f degree	obtained, if any		ears+				
College	e or univ	ersity where obtair	ned Backel	r 4	20	ince	at Uni	mish of
					/		New	mixi CV
-					Applicant	s initial	M	 age 3
							1 , 0	-3

#### 5 MILITARY INFORMATION:

e of separation  ng at separation  le in the military ser  cial or general court  ardless of where the  e you registered for  inty	vice were you e t martial? ey occurred-fore the draft? State	ver arrested for Yes □ No □ gn or domestic.)	of dischargeSerial number an offense which If yes, furnish	h resulted in summa	ry action, a trial or
ng at separation le in the military ser cial or general court ardless of where the e you registered for inty	vice were you e t martial? ey occurred-fore the draft?	ver arrested for Yes □ No □ gn or domestic.) Yes □ No ☑	Serial number an offense which If yes, furnish	h resulted in summa	ry action, a trial or
le in the military ser cial or general court ardless of where the e you registered for anty	vice were you e t martial? ey occurred-fore the draft? State	ver arrested for Yes □ No □ gn or domestic.) Yes □ No ☑	an offense which If yes, furnish	h resulted in summa	ry action, a trial or
cial or general court ardless of where the e you registered for anty TS, DETENTIONS, convicted.)	t martial? by occurred-fore the draft? State	Yes □ No □ ign or domestic.)  Yes □ No ☑	If yes, furnish	h resulted in summa details on page 10.	ry action, a trial or (List all incidents
TS, DETENTIONS,	State_				
TS, DETENTIONS,					
convicted.)	LITICATIONIO		Date ı	registered	
convicted.)	LITIGATIONS	AND ARBITRA	ΓΙΟΝS: (Includ	le those arrests in	which you were
e you ever been ari	whatsoever, re	gardless of the d	lisposition of the	d to answer for any e event? (Except mir es without exception	or traffic citations.)
Age	Charge	Location-City and	State	Deposition/Date A	rresting Agency
sted or in which you	ent, information of were named a	or complaint eve s an unindicted	r been returned co-party? Yes	against you, but for ☐ No ☑ If yes. fur	which you were no
		osed by a city, s	tate, federal or l	law enforcement age	ency, commission
e you ever been su	bpoenaed to ap	pear or testify be	efore a federal,	state or county gran	d jury, board or
e you ever been su	bpoenaed to tes				,
re vou ever had a ci	vil or criminal re	cord expunded	or sealed by a c	ourt order? Voc 🗆	
e you ever riad a or		city o	ounty and state	outtorder? res 🗆	No 🖭
es, when? re vou ever received	d a pardon or de	ferred prosecuti	on for any crimi	nal offense? Yes □	No 🖳
es, when? e you ever received es when? any member of vol	d a pardon or de	ferred prosecution city, control city, control city, control spouse s fam	ounty and state on for any crimin ounty and state oily ever been co	nal offense? Yes   ponvicted of a felony?  the details on page 10	No ☐ Yes ☐ No ☐
	a criminal indictme sted or in which you e 10. e you ever been quommittee? Yes a mission? Yes Ne you ever been su	Age Charge  Age Charge  a criminal indictment, information of sted or in which you were named at e 10. e you ever been questioned or deprommittee? Yes  No e you ever been subpoenance to approximate to the state of	Age Charge Location-City and a criminal indictment, information or complaint ever sted or in which you were named as an unindicted of e 10.  e you ever been questioned or deposed by a city, sommittee? Yes  No  e you ever been subpoenaed to appear or testify be a mission? Yes  No  e you ever been subpoenaed to testify for any civil,	□ No  let yes, give details in space provided below. List all case  Age	□ No   □ If yes, give details in space provided below. List all cases without exception  Age   □   □   □   □   □   □   □   □   □

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

1.	part to a laws		laintiff or defendant o	nip, or owner, director or ran arbitration as either		
	If yes, give de	etails below. Li	st all cases without ex	ception, including bankr	ruptcies:	
	/Defendant or nt/Respondent	Date Filed	Court and Case Number	City, County and Sta	te	Disposition/Date
J.	associated w	ith it as an owne		ole proprietorship or clos partner) been a party to		
	Name of Entity		Type of Entity		Approximate Date( Lawsuit/Arbitration,	
					***************************************	
7 0	ESIDENCES:					
		u have had for t	he last 25 years:			
Month a	and Year n-To)	Stree	t and Number	City	State or	County
2011	- presen	1	melpose Abbe	upl Las vegos,	NV	8914)
2010	1- 5/2011	110 79	s correl br	lily by less	1915 NU	89178
	9 0/2		os Togri			2 (17 0
					<del>*************************************</del>	
W-64-54 managad varf-or-f-for-fabr annual managad same tall serious						- /
				Арр	licant s initial	Page

#### 8. EMPLOYMENT:

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

5/2008- present	CVC Pharmaey- Las Veges, NV	over 10,000 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
pharmaurst	All Dufice of a phormacist	Tody Lewis
Title	Description of Duties	Name of Supervisor
5/2006-5/2008	Walcreln, Las vieges, NV	about 3000 hour!
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
rasmanst in charge	All of Dufies of a pharmanist of PIC	Matt Forster
Title	Description of Duties	Name of Supervisor
2/2008-12/2009	Amex pharmacy, Las Veges, NV	1 about 800 hour
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
() Wher	Allbakes of Owner of phormain	Owner
Title	Description of Duties	Name of Supervisor
3/2004-5/2006	CVS phermacy. Las Veges, NV	about 3000 how
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
armaust In Charg	Typing, production, Inventory	Chad Luebski'
Title	Description of Duties	Name of Supervisor
6/2002-3/2004	walfreen, Chico, CA	about 2000 hou
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
phermalist	All butter of a Full time phonis.	t Collins bogg
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business  Description of Duties	Number of Employed Hours  Name of Supervisor
Title	Description of Duties	Name of Supervisor
Title Month and Year	Description of Duties  Name/Mailing Address of Employer/Business	Name of Supervisor  Number of Employed Hours
Title  Month and Year  Title	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties	Name of Supervisor  Number of Employed Hours  Name of Supervisor  Number of Employed Hours
Title  Month and Year  Title	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties	Name of Supervisor  Number of Employed Hours  Name of Supervisor
Title  Month and Year  Title  Month and Year	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties  Name/Mailing Address of Employer/Business	Name of Supervisor  Number of Employed Hours  Name of Supervisor  Number of Employed Hours

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

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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.
	Where Employed Street City State Zip Telephone Years Known
Name \$	
	rkaiser Business Karser permanente, Colifornia
Name H	723
	10.40
	rinengloyned Business Whemployment
	ony chu Home . E camelia pr. Alhandra 14 91801 10 ya
•	Walten Business Working for Waltern in California
	Rung NGUYEN Home Hencleson, NV 11 years
	CVS pharmay Business work for CVS at 1825 E warn spring LV, NV 89119
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 Doctor Contractor Real estate broker or salesman Accountant Pilot Sports promoter  Yes \( \subseteq \text{No \( \subseteq \)} \) If yes, state type, where and years held
11.	Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes   No   No   If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
	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 ☐
f yes to	o the above, state where, when and for what reason:

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14.		s or industry license or related finding of suitabi n denied a business or industry license or relate	
15.	Have you or any person with whom you administrative action or proceeding rela	u have been a participant in any group been the ating to the pharmaceutical industry?	subject of an Yes □ No Ū
16.	Have you or any person with whom you guilty or entered a plea of nolo contend controlled substances?	u have been a participant in any group ever bee lere to any offense, federal or state, related to p	en found guilty, plead rescription drugs and/or Yes □ No 🕡
17.	Have you or any person with whom you permit or certificate of registration relating upon voluntary close of a wholesaler	u have been a participant in any group ever suri ing to the pharmaceutical industry voluntarily or	rendered a license, otherwise (other than Yes   No
18.	Do you have any relatives within the fo pharmaceutical or drug related industry	urth degree of consanguinity associated with or	employed in the Yes □ No □
19.	Will you be actively involved in and away wholesaler?	are of the daily operation of the pharmacy or	Yes   ▼ No □
20.	Will you be employed fulltime with the p	pharmacy or wholesaler?	Yes ☑ No □
21.	Will you be present at the site of the phoperating hours?	narmacy or wholesaler during its normal	Yes ☑ No □
		ATTACH PHOTOGE	RAPH
		TAKEN WITHIN L	AST
		30 DAYS HERE	
		Date of photograph i	1/18
	11	Applicant s initia	· ·
		Approant o mile	Page 8

STATE OF NEVER OF SS.
SS.
COUNTY OF
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 case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or
permit if the holder or applicant. Has obtained any certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this Znd day of
November 2018 Villou
D. P. P. C.
Notary Public
(0001)
(seal)
DARIAN R. ROBINSON NOTARY PUBLIC
STATE OF NEVADA  My Commission Expires: 01-03-2022
Certificate No: 18-2727-1
Applicant a initial TM
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#### ADDITIONAL INFORMATION

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