6
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BAM HEALTHCARE LVIC LLC

Physical Address: 8930 SUNSET RD. SUITE 120

City: LAS VEGAS State: NEVADA Zip Code: 89148

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

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

Website: BAMHEALTHCARE.COM

Managing Pharmacist: JARED KOHN License Number: 19641

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ Retail</td>
<td>☑ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
<td>☑ Parenteral</td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td>☑ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☑ Mail Service</td>
</tr>
<tr>
<td>☑ Community</td>
<td>☑ Long Term Care</td>
</tr>
<tr>
<td>☑ Other: Infusion Pharmacy</td>
<td>☑ Sterile Compounding</td>
</tr>
<tr>
<td></td>
<td>☑ Non Sterile Compounding</td>
</tr>
<tr>
<td></td>
<td>☑ Mail Service Sterile Compounding</td>
</tr>
<tr>
<td></td>
<td>☑ Other Services: Infusion Pharmacy</td>
</tr>
</tbody>
</table>

All boxes must be checked For the application to be complete
APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?
   Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?
   Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?
   Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?
   Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?
   Yes ☐ No ☑

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

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

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

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

ROBIN WIDROFF
Print Name of Authorized Person

2-20-19
Date

Board Use Only
Date Processed: Amount: $500.00

Page 2
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: _____________________________________________

Mailing Address: 180 RARITAN CENTER PARKWAY SUITE 204

City: EDISON State: NJ Zip: 08837

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

Contact Person: ROBIN WIDROFF

For any corporation non publicly traded, disclose the following:

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

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

   b) ETHAN B WELWART 180 RARITAN CENTER SUITE 204, EDISON, NJ 08837
      Name  Business Address

   c) _____________________________________  Name  Business Address

   d) _____________________________________  Name  Business Address

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

3) What was the price paid per share? __________________

List any physician shareholders and percentage of ownership.

Name: ___________________________________________________ %: ________

Name: ___________________________________________________ %: ________

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am  6 pm  Saturday   ___am   ___pm

Sunday   ___am   ___pm  24 Hours   ___

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: __________________
STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, ROBIN WIDROFF

Responsible Person of BAM HEALTHCARE LVIC LLC

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

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

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

[Signature]

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

ROBIN WIDROFF
Print Name of Authorized Person

2-26-19
Date
Managing Pharmacist

Pharmacist Name: Jared Kohr  
License #: 18641  
Pharmacy Name: BFM Healthcare LLC

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

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

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

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

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

<table>
<thead>
<tr>
<th>Board Administrative Action:</th>
<th>State: _____</th>
<th>Date: _________</th>
<th>Case #: _________</th>
</tr>
</thead>
<tbody>
<tr>
<td>And/or Criminal Action:</td>
<td>State: _____</td>
<td>Date: _________</td>
<td>Case #: _________</td>
</tr>
<tr>
<td></td>
<td>County</td>
<td>Court:</td>
<td></td>
</tr>
</tbody>
</table>
PHARMACY MANAGER’S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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

[Signature]

[Date] 2/27/2019
Organization Structure

Elan Yaish
Owner

Ethan Welwart
Owner

Robin Widroff
Director of Operations

Paul Munroe
Pharmacist in Charge

Jennifer Basnight
Pharmacy Technician

BAM Healthcare
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 a legal document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

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

Application for Pharmacy

Nature of License: Affleck Healthcare LLC

Name and Address of Establishment for Which License is Requested:
8930 Sunset Rd Suite 120 Las Vegas Nevada 89145

If applicable, Name Under Which It is Now Operated:

1. PERSONAL INFORMATION:

   last Name: Ethan
   First Name: Middle Initial: B

   Aliases (e.g., Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise):
   Joseph Ave

   Present Residence Address-Street or RFD: Staten Island
   City: NY
   State/Zip: 10304

   Present Business Address:
   Director:

   Occupation: dates current

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

   Date of Birth:

   Social Security Number:

   Age:

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

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

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

   If naturalized, certificate No.: Date:

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

2. MARITAL INFORMATION:

   Single ☑ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

   Applicant's initial: 

Page 1
A. **Current Marriage**

- **Spouse's full name (Maiden):**
- **Date:**
- **Place of Birth:**
- **S.S. No.:**
- **City, County and State:**

- **Date of Birth:**

- **Resident address:**
  - Street:
  - **City:**
  - **State:**
  - **Zip:**

- **Telephone:**
  - **Residence:**
  - **Business:**

- **Spouse's employer:**
- **Occupation:**

- **Address of employer:**
  - **Street:**
  - **City:**
  - **State:**
  - **Zip:**

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City County and State</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
</table>

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

**B. Child Support Information:**

Please mark the appropriate response:

☑️ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial: [Signature]
C. **Parents:**
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>William Welwart</td>
<td>Joseph Ave</td>
<td>Staton Island NY 10314</td>
</tr>
<tr>
<td>Mother</td>
<td>Judith Welwart</td>
<td>Joseph Ave</td>
<td>Staton Island NY 10314</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. **Brothers and Sisters:**
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Nadyne Welwart</td>
<td>Lenington Ave</td>
<td>Edison NJ, 08817</td>
</tr>
<tr>
<td>Spouse</td>
<td>Jonathan Teitelbaum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>Jeremy Welwart</td>
<td>Southfield, NY 48034</td>
<td>Chatsford Circuit Doctor</td>
</tr>
<tr>
<td>Spouse</td>
<td>Lesley Patterson</td>
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</tr>
</tbody>
</table>

4. **EDUCATION:**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>JFS</td>
<td>Staton Island, NY 9/1995 - 6/2003</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>High School</td>
<td>RKYSHS</td>
<td>Livingston, NJ 9/2003 - 5/2007</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>College University</td>
<td>University at Buffalo</td>
<td>Buffalo, NY 9/2007 - 5/2011</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any... **Business Administration**

College or university where obtained... University at Buffalo

Applicant's initial... ACW
5. MILITARY INFORMATION:

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

Branch_________________________________________ Date of entry-active service______________________________

Date of separation________________________________ Type of discharge______________________________

Rating at separation_____________________________ Serial number_____________________________________

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

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

County________________________ State________________________ Date registered____________________________

6. ARRESTS, DETentions, LItIGATIONS ANd ARBITRATIONS: (Include those arrests in which you were not convicted.)

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

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
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<tbody>
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</table>

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

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

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

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

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑

H. Has any member of your family or of your spouse’s family ever been convicted of a felony? Yes ☐ No ☑

If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
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Applicant’s initial ____________________________
I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes □ No □ (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
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<tbody>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1994 - current</td>
<td>Joseph Ave</td>
<td>Staten Island</td>
<td>NY</td>
</tr>
<tr>
<td>1/2002 - current</td>
<td>Allary Way</td>
<td>North Brunswick</td>
<td>NJ</td>
</tr>
</tbody>
</table>

Applicant's initial: [Signature]
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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2016</td>
<td>Apecse Bio-Pharm 180 Varian Center Pkwy STE 101</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Director of Ops</td>
<td>Oversees Day to Day Operations</td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>10/2013</td>
<td>Sushi K Express 627 Kings Hwy Brooklyn NY</td>
<td>Compensation</td>
</tr>
<tr>
<td></td>
<td>Manager</td>
<td>Oversees Day to Day Operations</td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>7/2007</td>
<td>Simply Sushi 33 Curtis Ave West Orange NJ</td>
<td>Compensation</td>
</tr>
<tr>
<td></td>
<td>Manager</td>
<td>Oversees Day to Day Operations</td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
</tbody>
</table>

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

Applicant's initial: ❀

Page 6
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Lamberti</td>
<td>Home</td>
<td>Victorian Or Old Bridge</td>
<td>NJ</td>
<td>08657</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>Employer: Self-Employed Business</td>
<td></td>
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</tr>
<tr>
<td>Jeremy Blumenthal</td>
<td>Home</td>
<td>6 years</td>
<td></td>
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<tr>
<td>Employer: Self-Employed Business</td>
<td></td>
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</tr>
<tr>
<td>David Hirsch</td>
<td>Home</td>
<td>5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer: Self-Employed Business</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Kenneth Larien</td>
<td>117 57th Street Brooklyn, NY 11219</td>
<td>5 years</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Employer: Self-Employed Business</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Gary Takhat</td>
<td>Home</td>
<td>5 years</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Employer: Self-Employed Business</td>
<td></td>
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</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person’s depository? Yes □ No X

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
</table>

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

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

Yes □ No X

If yes, state type, where and years held

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

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

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

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

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

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

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

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

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

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

My Father William Jelks owns a pharmacy.
My Sister is a pharmacist and my brother is a doctor.

My Date of photograph.

Applicant’s initial.
STATE OF NEW JERSEY ss.
COUNTY OF MIDDLESEX

I, Ethan Weichert, 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 1st day of MARCH 2019

Notary Public

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

(seal)

Applicant’s initial
APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

GENERAL INSTRUCTIONS

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

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

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

Application for PHARMACY

BAM HealthCare, LLC

Name and Address of Business for Which Designated Representative is Requested

5930 Sunset Rd, Suite 120 Las Vegas, Nevada 89148

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Keoh
First Name: Jared
Middle Name: Scott

Aliases, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise

Present Residence Address-Street or RFD
City: Las Vegas
State/Zip: NV 89119

Dates: 01/2017 - Present

Present Business Address
City: Las Vegas
State/Zip: NV 89119

Dates: 02/27/19

Present Position with the Pharmacy or Wholesaler

Phone:
Residence:
Business:

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

31 YO.

St. Louis, St. Louis County, Missouri

Age
Social Security Number
Sex

Brown
Black
Fair
155 lbs
Athletic
Skin
5'10"

Color of Eyes
Color of Hair
Complexion
Weight
Build
Height

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☑ No ☐

If alien, registration No.

If naturalized, certificate No.

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial: JK
MARITAL INFORMATION—Continued

A. Current Marriage

- **Date**: 4/18/2016
- **City, County**: Las Vegas, Clark County, Nevada
- **Spouse's full name ( Maiden)**: [Redacted]
- **Date of Birth**: [Redacted]
- **Place of Birth**: [Redacted]
- **Resident address**: [Redacted]
- **Telephone**: Residence: [Redacted] Business: [Redacted]
- **Spouse's employer**: [Redacted]
- **Address of employer**: P.O. Box 19697, Las Vegas, NV 89137

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initia: [Redacted]
FAMILY INFORMATION—Continued

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

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

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leonard Kahn</td>
<td></td>
<td></td>
<td>Clerk, Ed. Math teacher, MO. Business Owner</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lonice Lansing Kahn</td>
<td></td>
<td></td>
<td>Teacher, Ed. Math teacher, MO. Teacher</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chava Schaar (Rovner)</td>
<td></td>
<td></td>
<td>ike, Salinas, Mexico Field Manager</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Vesa Flores</td>
<td></td>
<td></td>
<td>Retires, Salinas, Mexico Self-employed</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebecca Kahn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jacob Kahn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Soldier St. Louis High School, Chesterfield, MO.</td>
<td>1973-1979</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>High School</td>
<td>Parkway Central Middle-Park High School</td>
<td>1979-2006</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>College</td>
<td>University Missouri St. Louis, MO</td>
<td>2009-2013</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Other University</td>
<td>Beech University, Henderson, NV</td>
<td>2014-2017</td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: Pharmacy

College or university where obtained: Pennsylvania University of Health Sciences

Applicant's initial: R
5 MILITARY INFORMATION:
A. Have you ever served in any armed forces? Yes ☐ No ☑

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

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

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

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

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

County St. Louis County...... State Missouri...... Date registered 2006

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
not convicted.)
A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or
violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)
Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Applicant's initial ☑ Page 4
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2017-Present</td>
<td>2602 East Drive</td>
<td>Las Vegas, NV</td>
<td></td>
</tr>
<tr>
<td>05/2016-01/2017</td>
<td>1200 Cardinal Park Unit 201</td>
<td>Las Vegas, NV</td>
<td></td>
</tr>
<tr>
<td>08/2015-05/2016</td>
<td>5864 Mountain View # 1071</td>
<td>Las Vegas, NV</td>
<td></td>
</tr>
<tr>
<td>08/2014-08/2015</td>
<td>6275 Boulder Hwy # 2032</td>
<td>Las Vegas, NV</td>
<td></td>
</tr>
<tr>
<td>01/1999-08/2014</td>
<td>13650 Clayton Rd, Chesterfield, Missouri</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant’s initial: [Signature]
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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title</td>
<td>Description of Duties</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of Supervisor</td>
</tr>
</tbody>
</table>

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

Applicant's initial: 

Page 6
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Richman</td>
<td>Home</td>
<td>St. Louis, Missouri</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewish Community Center</td>
<td>Business</td>
<td>St. Louis, Missouri</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aaron Rosa</td>
<td>Home</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penny Mac</td>
<td>Business</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Home</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ernie Titto</td>
<td>Home</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MGM</td>
<td>Business</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Home</td>
<td>St. Louis, Missouri</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shalom Gaga</td>
<td>Home</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karen Feldman</td>
<td>Home</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
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<tr>
<td>Real estate agent</td>
<td>Business</td>
<td>Las Vegas, NV</td>
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</tbody>
</table>

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

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

If yes, state type, where and years held:

Pharmacist in Nevada # 19644  Licensed date: 7/31/2017

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

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

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

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

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

Applicant's initial: JC
14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  
   Yes □ No ☒

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

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

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

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

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

20. Will you be employed fulltime with the pharmacy or wholesaler?  
   Yes ☒ No □

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?  
   Yes ☒ No □

Date of photograph: 2/27/19

Applicant's initial: JK
STATE OF Nevada ss.
COUNTY OF 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 cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false 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 27th day of February 2019

Ana Priscilia Salinas Flores, Notary Public

(seal)
N/A
GENERAL INSTRUCTIONS

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

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

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

Application for ________________________________________________________________
Nature of License ____________________________
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

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

Sunrise Highway #1-315 Rockville Center NY 11570
Present Residence Address-Street or RFD City State/Zip

180 Raritan Center Parkway Suite 204 Edison NJ 08837
Present Business Address City State/Zip

Resident Dates ____________________________
Occupation ____________________________ Phone: ____________________________
Residence ____________________________ Business ____________________________

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

Male ____________________________
Age ____________________________
Social Security Number ____________________________

Brown ____________________________ Black ____________________________ Olive ____________________________
Color of Eyes Color of Hair Complexion

185 ____________________________ Medium ____________________________ 5'8"
Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics ______________________________________________

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No. ____________________________
If naturalized, certificate No. ____________________________ Date ____________________________
Place ____________________________ (If naturalized, document must be verified.)

Place: ____________________________

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial ____________________________
A. Current Marriage

Date: June 22, 1997

Name: Rachel Shabec

Date of Birth: Place of Birth: Israel

Resident Address: Service Highway 135, Rockville Ctr, NY 11570

Telephone: Residence N/A, Business N/A

Spouse’s employer: Homemaker, Occupation: Homemaker

Address of employer: N/A

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:
A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shavuot Yash</td>
<td>3/8/1995</td>
<td>NY</td>
<td>Service Highway Rockville Ctr 11570</td>
</tr>
<tr>
<td>Netanel Yash</td>
<td>4/15/1997</td>
<td>NY</td>
<td>Service Highway Rockville Ctr 11570</td>
</tr>
<tr>
<td>Eli Yash</td>
<td>5/20/1998</td>
<td>NY</td>
<td>Service Highway Rockville Ctr 11570</td>
</tr>
<tr>
<td>Elia Yash</td>
<td>6/30/1999</td>
<td>NY</td>
<td>Service Highway Rockville Ctr 11570</td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant’s Initial: [Signature]
FAMILY INFORMATION—Continued

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

Name: ____________________________________________________________

Address: _______________________________________________________________________________________________________

Contact person: ________________________________________________________

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

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
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<tr>
<td>Spouse</td>
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<tr>
<td>Spouse</td>
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</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Yeshiva Tora Emes Brooklyn, NY 1976-1983</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>Joseph S. Grass High Brooklyn, NY 1983-1987</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>College or University</td>
<td>Sy Syms School of Business NY NY 1987-1992</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: BS Accounting

College or university where obtained: Sy Syms School of Business of Yeshiva University

Applicant's initial: ____________________
5 MILITARY INFORMATION:

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

   Branch ........................................................................ Date of entry-active service ..............................................................
   Date of separation ......................................................... Type of discharge .................................................................
   Rating at separation .................................................... Serial number .................................................................

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

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

   County ............................................................... State ..... NY ................................ Date registered .................. 1987

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

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

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

      ___________________________________________________________

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

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2015</td>
<td>Sunrise Highway 1-315</td>
<td>Rockville Center</td>
<td>NY</td>
</tr>
<tr>
<td>2006-2007</td>
<td>Southwoods Drive, Unit E-10</td>
<td>Monticello</td>
<td>NY</td>
</tr>
<tr>
<td>2009- Present</td>
<td>Hadal Street, Haasmonaim, Israel</td>
<td>7312700</td>
<td></td>
</tr>
<tr>
<td>1999-2000</td>
<td>515 Cedarwood Drive</td>
<td>Cedarhurst</td>
<td>NY</td>
</tr>
<tr>
<td>1997-1999</td>
<td>3555 Oxford Avenue</td>
<td>Bronx</td>
<td>NY</td>
</tr>
<tr>
<td>1979-1997</td>
<td>441 Foster Avenue</td>
<td>Brooklyn</td>
<td>NY</td>
</tr>
</tbody>
</table>

Applicant's initial
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/7 - 7/17</td>
<td>ACLEE BIO-PHARM 180 RARITAN CENTER II</td>
<td>CURRENTLY EMPLOYED</td>
</tr>
<tr>
<td></td>
<td>NYAY EDISON NJ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRESIDENT</td>
<td>BEN WELNAK</td>
</tr>
<tr>
<td></td>
<td>EXECUTIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Supervisor</td>
<td></td>
</tr>
<tr>
<td>7/17 - 8/17</td>
<td>SUNRAYCER 29 WEST 305 STREET</td>
<td>BETTER OPPORTUNITY</td>
</tr>
<tr>
<td></td>
<td>CFO</td>
<td>SHUMLIK WEISS</td>
</tr>
<tr>
<td></td>
<td>FINANCIAL EXECUTIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Supervisor</td>
<td></td>
</tr>
<tr>
<td>OCT 2012 - JAN 2015</td>
<td>RIT TECHNOLOGIES HABERZEL STREET ISRAEL</td>
<td>BETTER OPPORTUNITY</td>
</tr>
<tr>
<td></td>
<td>CFO</td>
<td>YAHIM LEIFERMAN</td>
</tr>
<tr>
<td></td>
<td>FINANCIAL EXECUTIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Supervisor</td>
<td></td>
</tr>
<tr>
<td>5/2010 - 9/2012</td>
<td>CDTI LTD, 7 ATER YEHA, ISRAEL ISRAEL</td>
<td>BETTER OPPORTUNITY</td>
</tr>
<tr>
<td></td>
<td>CFO</td>
<td>SHLOMO BEN HAM</td>
</tr>
<tr>
<td></td>
<td>FINANCIAL EXECUTIVE</td>
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<tr>
<td></td>
<td>Description of Duties</td>
<td></td>
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<tr>
<td></td>
<td>Name of Supervisor</td>
<td></td>
</tr>
<tr>
<td>JAN 2006 - MAY 2010</td>
<td>FAS ASSOCIATES LTD 195 CEDARWOOD PLACE</td>
<td>SELF EMPLOYED</td>
</tr>
<tr>
<td></td>
<td>PRESIDENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FINANCIAL ADVISOR</td>
<td>SELF</td>
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<tr>
<td></td>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Supervisor</td>
<td></td>
</tr>
<tr>
<td>9/2003 - DEC 2005</td>
<td>MANCHESTER TECHNOLOGIES HAVANAKE NY</td>
<td>BUSINESS SOLD</td>
</tr>
<tr>
<td></td>
<td>CFO/VP FINANCE/ASSIST SECRETARY/</td>
<td>BARRY STEINBERG</td>
</tr>
<tr>
<td></td>
<td>FINANCIAL EXECUTIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Supervisor</td>
<td></td>
</tr>
<tr>
<td>FEB 2000 - SEP 2002</td>
<td>CONVERSE TECHNOLOGY WOODRAY NY</td>
<td>BETTER OPPORTUNITY</td>
</tr>
<tr>
<td></td>
<td>ASST VP FINANCE/ASSIST SECRETARY/</td>
<td>DAVID KREUZBERG</td>
</tr>
<tr>
<td></td>
<td>FINANCIAL EXECUTIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Supervisor</td>
<td></td>
</tr>
<tr>
<td>SEP 1996 - JUN 2000</td>
<td>TRANS RESOURCES INC. 9 WEST 57 STREET</td>
<td>LACKER COMPANY</td>
</tr>
<tr>
<td></td>
<td>VP FINANCE/CONTROLLER</td>
<td>LES YOUNER</td>
</tr>
<tr>
<td></td>
<td>FINANCIAL EXECUTIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.
9. CHARACTER REFERENCES:

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ROBERT HUNGER</td>
<td>PERRY ROAD, EDISON NJ 08817</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40 yrs.</td>
</tr>
<tr>
<td>Employer: HUNGER</td>
<td>HOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name: MICHAEL PINTER</td>
<td>5000 VINTAGE WAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35 yrs.</td>
</tr>
<tr>
<td>Employer: PINTER</td>
<td>HOME</td>
<td></td>
<td></td>
<td></td>
<td>REAL ESTATE OWNER &amp; MANAGER</td>
<td></td>
</tr>
<tr>
<td>Name: JOSHUA SCHURER</td>
<td>LOCUST TERRACE, WEST HEMPSTEAD NY 11552</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 yrs.</td>
</tr>
<tr>
<td>Employer: SCHURER</td>
<td>HOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name: LAZER KAMENIK</td>
<td>ENSOLO AMERICA, TEESCE NT 07605</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25 yrs.</td>
</tr>
<tr>
<td>Employer: KAMENIK</td>
<td>HOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name: JOEL SCHRINER</td>
<td>DARTMOUTH LANE, ROYAL Ace NY 1598</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40 yrs.</td>
</tr>
<tr>
<td>Employer: SCHRINER</td>
<td>HOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person’s depository? Yes ☐ No ☒

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Licensure Category</th>
<th>License Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor</td>
<td>Race horse/race dog owner</td>
</tr>
<tr>
<td>Doctor</td>
<td>Real estate broker or salesman</td>
</tr>
<tr>
<td>Accountant</td>
<td>Sports promoter</td>
</tr>
<tr>
<td>Lawyer</td>
<td>Securities dealer</td>
</tr>
<tr>
<td>Contractor</td>
<td>Barber/Cosmetologist</td>
</tr>
<tr>
<td>Pilot</td>
<td>Trainer or manager</td>
</tr>
<tr>
<td>Yes ☒ No ☐</td>
<td>Educator</td>
</tr>
</tbody>
</table>

If yes, state type, where and years held

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

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

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

Applicant's initial: ___________________________
13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No □

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

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

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

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

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

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

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

COUNTY OF Palm Beach

I, Clan Vois, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant “has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false 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 February 2019

Notary Public

(seal)

ROBIN WIDROFF
Notary Public - State of Florida
Commission # GG 257655
My Comm. Expires Oct 15, 2022
Bonded through National Notary Assn.

Applicant’s initial
Section 6.0

I was subpoenaed to testify before a grand jury with respect to a financial case against the CEO of Converse Technologies while I worked for 2000-2002. The subpoena was revoked and I was not needed to testify and never appeared before the grand jury.

Section 8

Senior Advisor, M&A Services, N.Y.C., Seattle

2007 - 2009 China Broadband
Director, BD/Activities

2007 - 2011 General International Holding Group
Director, Board Activities

Applicant's initial
6B
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EastSide Pharmacy LLC
Physical Address: 5835 S Eastern Ave STE 100
City: Las Vegas State: NV Zip Code: 89119
Telephone: 844-334-1010 Fax: 833-861-0209
Toll Free Number: 844-334-1010 E-mail:ryan@EASTSIDERXLV.COM
Website: N/A
Managing Pharmacist: Jeffery Lang License Number: 17503

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>☒ ☐ Retail</td>
</tr>
<tr>
<td>☐ ☒ Hospital (# beds ___)</td>
</tr>
<tr>
<td>☐ ☒ Internet</td>
</tr>
<tr>
<td>☐ ☒ Nuclear</td>
</tr>
<tr>
<td>☐ ☒ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☐ ☒ Community</td>
</tr>
<tr>
<td>☐ ☐ Other: ________________</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

All boxes must be checked
For the application to be complete

Page 1
APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes □ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes □ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes □ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes □ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes □ No ☒

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

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

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

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

[Name] [Signature]
Print Name of Authorized Person Date

[Signature]
Board Use Only Date Processed: _______ Amount: $500.00

Page 2
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 5835 S Eastern Ave STE 100

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
      Name:
      Business Address:

   b) ____________________________
      Name:
      Business Address:

   c) ____________________________
      Name:
      Business Address:

   d) ____________________________
      Name:
      Business Address:

2) Provide the number of shares issued by the corporation: LLC

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

List any physician shareholders and percentage of ownership.

Name: N/A %: __________

Name: ____________________________ %: __________

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm  Saturday _____am _____pm

Sunday _____am _____pm  24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: __________________
STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, [Signature: Ryan L. Ross]
Responsible Person of [Business Name: Eastside Pharmacy LLC]

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

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

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

[Signature: Ryan L. Ross]
Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

12/11/18
Managing Pharmacist

Pharmacist Name: Jeffrey S. Long License #: 17503

Pharmacy Name: Eastside Rx

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

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

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

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

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

<table>
<thead>
<tr>
<th>Administrative Action</th>
<th>State</th>
<th>Date</th>
<th>Case #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>And/or Criminal Action</td>
<td>State</td>
<td>Date</td>
<td>Case #</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 11a
PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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

Signature

Date 12/10/18

Pag11b
Eastsde Pharmacy list of managing members

Ryan Ross Managing member 100%
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

GENERAL INSTRUCTIONS

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

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

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

Application for........................................................................................................................................
Nature of License
.............................................................................................................................................................

Name and Address of Establishment for Which License Is Requested
...............................................................................................................................................................
If applicable, Name Under Which It Is Now Operated
..............................................................................................................................................................

1. PERSONAL INFORMATION:

Last Name                     First Name                      Middle Name
Ross                         Ryan                           Lee

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

Present Residence Address-Street or RFD             City                     State/Zip
833 W. Third Ave                  Henderson                   NV 89012

Present Business Address             City                     State/Zip
Pharmacy Tech.                        Las Vegas                   NV 89105

Date of Birth
4/1/1974

Place of Birth (City, County, State)
Springfield, OR Lane County

Age                     Social Security Number
40                      123-45-6789

Sex
M

Color of Hair         Complexion          Hair Height
Blond                   Light                  5' 7"

Weight                  Build                        Height
170                     170                      71"

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

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

If naturalized, certificate No. Date

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

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant’s initial

Page 1
A. Current Marriage: 3/17/07

Spouse's full name (Maiden): Alyceen Martinez
S.S. No.:

Date of Birth: Place of Birth: Brook, NY
Resident address: Calle Halife Sanchez, Las Piedras, PR 00771
Street: City: State: Zip:

Telephone: Residence: Business: N/A
Spouse's employer: N/A Occupation: Homemaker
Address of employer: N/A
Street: City: State: Zip:

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariela Westerman</td>
<td>12/05</td>
<td>12/99</td>
<td>Dissolution</td>
<td>San Diego, CA</td>
<td></td>
</tr>
</tbody>
</table>

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

Name: Mariela Westerman
Street: ;
City: ;
State: ;
Zip: ;
Telephone: ;

3. FAMILY INFORMATION:

A. Children and Dependents:
List all children, including step-children and adopted children and give the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosalina Hommeck</td>
<td></td>
<td></td>
<td>Spirit Ave, Riverside, NV 89002</td>
</tr>
<tr>
<td>Marianne Ross</td>
<td></td>
<td>Portland, OR</td>
<td>Clements Way, Murrieta, CA 92563</td>
</tr>
<tr>
<td>Gabriella Ross</td>
<td></td>
<td></td>
<td>Calle Halife Sanchez, Las Piedras, PR 00771</td>
</tr>
</tbody>
</table>

B. Child Support Information:
Please mark the appropriate response:

☐ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial: R
**C. Parents:**

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

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Father</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delbert Ross</td>
<td></td>
<td></td>
<td>Clerk</td>
</tr>
<tr>
<td><strong>Mother</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathleen Strang</td>
<td></td>
<td></td>
<td>25th Most NW, Minneap, MN</td>
</tr>
<tr>
<td><strong>Father-in-Law</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raymond Martinez</td>
<td></td>
<td></td>
<td>Retired</td>
</tr>
<tr>
<td><strong>Mother-in-Law</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maria Diaz</td>
<td></td>
<td></td>
<td>Retired</td>
</tr>
</tbody>
</table>

**D. Brothers and Sisters:**

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eric Ross</td>
<td></td>
<td>NE Hickory St, Vancouver, WA</td>
<td>Clerk</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janice Thorlindson</td>
<td></td>
<td></td>
<td>Nurse</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clifford Ross</td>
<td></td>
<td>Watford City, ND</td>
<td>Clerk</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chita Ross</td>
<td></td>
<td>Glendale, AZ</td>
<td>Nurse</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenneth Darné</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. EDUCATION:**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Rangeley Elementary, Rangeley, CO</td>
<td>8/83-6/88</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>High School</td>
<td>Rangeley High, Rangeley, CO</td>
<td>8/84-5/94</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>College</td>
<td>Grandham University, Lenexa, KS</td>
<td>8/12-4/15</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: BS Business Management

College or university where obtained: Grandham University

Applicant's Initial: [Signature]
5 MILITARY INFORMATION:

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

Branch: NAVY Date of entry-active service: 7/31/95

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

Rating at separation: MA Serial number:

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

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

County: Clark State: WA Date registered: 6/18/94

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

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

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: [Signature]

Page 4
I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/18 - Present</td>
<td>Miracle Ave, Henderson, NV 89002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/18 - 9/18</td>
<td>163 Afternoon Ave, Henderson, NV 89002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/16 - 6/18</td>
<td>2915 SE 32nd St, Gresham, OR 97080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/13 - 7/16</td>
<td>11645 SE Fuller Rd, Portland, OR 97222</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/12 - 3/13</td>
<td>8640 SE Causer Ave, APT 16303, Happy Valley, OR 97086</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/11 - 3/12</td>
<td>15258 SW Millikan Way, APT 16, Beaverton, OR 97006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/1 - 2/11</td>
<td>U.S. Navy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/08 - 2/11</td>
<td>8760 Redwood Dr, UNIT 144, San Jose, CA 95127</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/05 - 6/08</td>
<td>2229 A McMillen Dr, Santa Rita, CA 96915</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/02 - 5/05</td>
<td>San Diego, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/98 - 4/02</td>
<td>Manama, Bahrain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: [Signature]
## 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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/18 - Present</td>
<td>Sunrise Pharmacy 2506 e sunset st las vegas, nv 89120</td>
<td>amma Angeles</td>
<td>Tamara Angeles</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>Compounding Lab manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/12 - 7/18</td>
<td>Professional Center 205 Pharmacy 1000 se main st portland, or 97216</td>
<td>moved to vegas</td>
<td>Krissy Bray</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>Compounding Lab manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/12 - 6/12</td>
<td>Fred Meyer Pharmacy Portland, or Better Position</td>
<td></td>
<td>Joe</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Pharmacy Tech</td>
<td>Fill prescriptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/97 - 3/11</td>
<td>U.S. Navy</td>
<td>Tenure</td>
<td>Jake Englander</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>MA 2</td>
<td>Police officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
<td>Name of Supervisor</td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Employer</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Name</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
</table>

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

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

If yes, state type, where and years held

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

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

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

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

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

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

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

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

Date of photograph 12/11/18

Applicant's initial [Signature]
STATE OF Nevada ss.
COUNTY OF Clark

I, 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 cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false 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.

[Signature]

Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of December, 2018

[Signature]

Notary Public

Sherry Ross

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

(seal)

Applicant's initial

Page 9
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 unsuitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for.................................................................................................................................
Nature of License
........................................................................................................................................................
Name and Address of Establishment for Which License Is Requested
.........................................................................................................................................................
If applicable, Name Under Which It Is Now Operated
........................................................................................................................................................

1. PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lang</td>
<td>Jeffrey</td>
<td>Scott</td>
</tr>
</tbody>
</table>

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

Villa De Carlo Way, Las Vegas, NV 89106

Present Residence Address - Street or RFD

5835 S. Eastern Ave, Las Vegas, NV 89119

Present Business Address

Thompson, Dates 5/08 - Present

Occupation

Pharmacist

Telephone Residence Business

Greensburg, PA 72171.3300

Date of Birth

Place of Birth (City, County, State)

4-1

Age

Social Security Number

Sex

Brown

Black

Light

910

Medium

Weight

Build

6'0"

Height

Color of Eyes

Color of Hair

Complexion

Scars, tattoos or distinguishing marks and/or characteristics

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant’s Initials
**A. Current Marriage**
- **Date:** 7/15/93
- **Place of Birth:** Panama City, FL
- **Residence Address:** Villa De Carlo Way, Las Vegas, NV 89109
- **Telephone:** Home: 777-880-0880
- **Spouse's Employer:** MGM Grand
- **Spouse's Address:** 3777 S. Las Vegas Blvd, Las Vegas, NV 89109

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Lang</td>
<td>1/15/10</td>
<td>4/1/04</td>
<td>Divorce</td>
<td>Newton, NC</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Lang</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28613</td>
</tr>
</tbody>
</table>

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophie Lang</td>
<td></td>
<td>Las Vegas, NV</td>
<td>Newton, NC</td>
</tr>
<tr>
<td>Jefferson Lang</td>
<td></td>
<td>Rogers, AR</td>
<td>Las Vegas, NV</td>
</tr>
<tr>
<td>Robby Lang</td>
<td></td>
<td>Las Vegas, NV</td>
<td>Las Vegas, NV</td>
</tr>
<tr>
<td>Hogan Lang</td>
<td></td>
<td>Las Vegas, NV</td>
<td>Las Vegas, NV</td>
</tr>
</tbody>
</table>

**B. Child Support Information:**
- Please mark the appropriate response
  - [ ] I am not subject to a court order for the support of a child.
  - [X] I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
  - [ ] I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial: [Signature]
C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diron Roy Lang</td>
<td>Unknown</td>
<td>Greensburg, PA</td>
<td>Unknown</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracie Taylor</td>
<td>1955 Jan 3</td>
<td>Charleston, SC</td>
<td>1970 Retired</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Taylor</td>
<td>1955 Jan 4</td>
<td>Charleston, SC</td>
<td>1970 Retired</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ryan Taylor</td>
<td></td>
<td>Atlanta, GA</td>
<td>Engineer</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dawn Lang</td>
<td></td>
<td>Charlotte, NC</td>
<td>Engineer</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>Orange County, Orange, VA</td>
<td>8/98 - 6/98</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>College University</td>
<td>North Carolina @ Charlotte</td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Other</td>
<td>University of Southern Nevada</td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: BS Biochemistry, PharmD

College or university where obtained: ONCE, ONS

Applicant's initial: [Signature]
A. Have you ever served in any armed forces? Yes ☑ No ☐
   Branch USAF  Date of entry-active service 7/92-6/96
   Date of separation USAF  Type of discharge Honorable
   Rating at separation E-4  Serial number

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

B. Have you registered for the draft? Yes ☑ No ☐
   County Orange  State VA  Date registered 6/92

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

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deportation Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

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

Applicant’s initial ____________________________

Page 4
I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes □ No □ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
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</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/17 - Current</td>
<td>Villa Peceneda</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>6/1-12/17</td>
<td>3 Duncan Lane</td>
<td>Bella Vista</td>
<td>AR</td>
</tr>
<tr>
<td>6/1-6/4</td>
<td>4 Alabey Circle</td>
<td>Bella Vista</td>
<td>AR</td>
</tr>
<tr>
<td>7/1-6/11</td>
<td>5 Eupam Lane</td>
<td>Bella Vista</td>
<td>AR</td>
</tr>
<tr>
<td>5/8 - 11/0</td>
<td>3 Paloma Lane</td>
<td>Bella Vista</td>
<td>AR</td>
</tr>
<tr>
<td>3/1-5/8</td>
<td>3172 Modern Circle</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>8/1-8/10</td>
<td>Eacfield Dr</td>
<td>North Augusta</td>
<td>SC</td>
</tr>
<tr>
<td>8/1-8/10</td>
<td>Atlanta, CA</td>
<td>Atlanta</td>
<td>GA</td>
</tr>
<tr>
<td>9/9-5/11</td>
<td>South</td>
<td>Charlotte</td>
<td>NC</td>
</tr>
<tr>
<td>9/9-9/8</td>
<td>Wichita</td>
<td>Wichita</td>
<td>KS</td>
</tr>
<tr>
<td>8/9-2/94</td>
<td>Monterey, CA</td>
<td>Monterey</td>
<td>CA</td>
</tr>
</tbody>
</table>

Applicant's initial: [signature]

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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Title</th>
<th>Description of Duties</th>
<th>Reason for Leaving</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/17</td>
<td>Partell Pharmacy 5335 S. Eastern Ave Las Vegas, NV 89119</td>
<td>PHC</td>
<td>Managing the pharmacy</td>
<td>Name of Supervisor</td>
<td>Robert Seik</td>
</tr>
<tr>
<td>11/16 - 12/17</td>
<td>Rishi De Tanti Bldg Springdale, AR 72762</td>
<td>Pharmacist</td>
<td>Overnight Pharmacy</td>
<td>Josh R. F.</td>
<td></td>
</tr>
<tr>
<td>06/16 - 10/17</td>
<td>CVS 200 S Thomas St Springdale, AR 72764</td>
<td>Pharmacist</td>
<td>Overnight Staff Pharmacist</td>
<td>Robin Green</td>
<td></td>
</tr>
<tr>
<td>06/16 - 10/16</td>
<td>Walgreens 4200 W New Hope Road Rogers AR 72756</td>
<td>Pharmacist</td>
<td>Staff &amp; Overnight Pharmacist</td>
<td>Rob Walker</td>
<td></td>
</tr>
<tr>
<td>04/16</td>
<td>C.R. Chemicals 400 N. Market St, Charlotte, NC</td>
<td>Chemist</td>
<td>Filling Ammoniacal Drugs</td>
<td>Naqib</td>
<td></td>
</tr>
<tr>
<td>06/16 - 09/20</td>
<td>Circle K Charlette, NC</td>
<td>Gas Station Attendant Cashier</td>
<td></td>
<td>Jeff S.</td>
<td></td>
</tr>
<tr>
<td>08/16 - 09/20</td>
<td>Clear Creek Animal Hospital Charlotte, NC</td>
<td>Vet Tech</td>
<td>Animal surgeries, care, etc</td>
<td>Dr. Steve</td>
<td></td>
</tr>
</tbody>
</table>

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

Applicant's initials

Page 6
5. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier Pharmacy</td>
<td>Home</td>
<td>Jane, MO</td>
<td>64856</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Moe Barnes</td>
<td>Business</td>
<td>Spring, AR</td>
<td>72762</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Steve Johnson</td>
<td>Business</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>George Andrews</td>
<td>Business</td>
<td>Boulder, CO</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Ann Johnson</td>
<td>Business</td>
<td>Las Vegas, NV</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person’s depository? Yes ☐ No ☐

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor</td>
</tr>
<tr>
<td>Lawyer</td>
</tr>
<tr>
<td>Race horse/race dog owner</td>
</tr>
<tr>
<td>Securities dealer</td>
</tr>
<tr>
<td>Insurance</td>
</tr>
<tr>
<td>Doctor</td>
</tr>
<tr>
<td>Contractor</td>
</tr>
<tr>
<td>Real estate broker or salesman</td>
</tr>
<tr>
<td>Barber/Cosmetologist</td>
</tr>
<tr>
<td>Gaming</td>
</tr>
<tr>
<td>Accountant</td>
</tr>
<tr>
<td>Pilot</td>
</tr>
<tr>
<td>Sports promoter</td>
</tr>
<tr>
<td>Trainer or manager</td>
</tr>
<tr>
<td>Educator</td>
</tr>
</tbody>
</table>

If yes, state type, where and years held

Las Vegas, Gaming license... 6 years

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

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

Applicant's initial: [Signature]
14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No □

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

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

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

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

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

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

Date of photograph: 12/11/15
Applicant's initial: [Signature]
STATE OF __________________________________________ ss.

COUNTY OF __________________________________________, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false 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
December, 2018

________________________________________
Notary Public

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

(seal)

Applicant's initial: __________________________________________
Page 9
6C
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

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

Pharmacy Name: Modern Rx

Physical Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip Code: 89119

Telephone: 800-959-3457 Fax: 800-576-5441

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

Website: Not Applicable

Managing Pharmacist: Thuan Nguyen License Number: 14664

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ Retail</td>
</tr>
<tr>
<td>☐ Hospital (# beds ___)</td>
</tr>
<tr>
<td>☐ Internet</td>
</tr>
<tr>
<td>☐ Nuclear</td>
</tr>
<tr>
<td>☐ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☑ Community</td>
</tr>
<tr>
<td>☐ Other: Specialty</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

All boxes must be checked
For the application to be complete
APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes □ No □

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes □ No □

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes □ No □

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes □ No □

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes □ No □

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

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

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

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

Aimee Brown
Print Name of Authorized Person

09/09/2018
Date

Board Use Only

Date Processed: ________________
Amount: $600.00

Page 2
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: 

Mailing Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip: 89119

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

Contact Person: Aimee Brown

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Aimee Brown 100% owner 6330 S Eastern Ave Suite 1A, Las Vegas, NV 89119
      Name Business Address
   b) 
      Name Business Address
   c) 
      Name Business Address
   d) 
      Name Business Address

2) Provide the number of shares issued by the corporation. N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:30 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

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

Page 4
I, Aimee Brown

Responsible Person of Modern Rx

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

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

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

Aimee Brown
Print Name of Authorized Person 9/12/2018 Date

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

Pharmacist Name: Thuo Nguyen
License #: 14009
Pharmacy Name: Modern Rx

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

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Board Administrative Action: State: ____ Date: _________ Case #: ________
And/or Criminal Action: State: ____ Date: _________ Court: ________
County: ________________ Case #: ________

Page 11a
PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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

Signature  

Date  

Pag11b
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 sole, 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.

[Signature]
Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180928-1256
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date, 10/2/2018

GENERAL INSTRUCTIONS

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

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

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

Application for: Pharmacy Licence

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

Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Brown</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Aimee</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Elizabeth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mainsbury St.</th>
<th>Fremont</th>
</tr>
</thead>
<tbody>
<tr>
<td>California, 94538</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present Residence Address-Street or RFD</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>6330 S EASTERN AVE.,</td>
<td>LAS VEGAS,</td>
</tr>
<tr>
<td>Present Business Address</td>
<td>State/Zip</td>
</tr>
<tr>
<td>Owner/Operations</td>
<td>NEVADA, 89119</td>
</tr>
<tr>
<td>Date</td>
<td>10/1/2018</td>
</tr>
<tr>
<td>Occupation</td>
<td>City</td>
</tr>
<tr>
<td>Phone:</td>
<td>State/Zip</td>
</tr>
<tr>
<td>Residence</td>
<td>California, 94538</td>
</tr>
<tr>
<td>Business:</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Livonia, Michigan

Date of Birth: 49

Sex: Female

Age: Social Security Number: Hazel

Sex: Blonde

Race: caucasian

Weight: 140 Average

Height: 5' 7"

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

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No.:

If naturalized, certificate No.: Date:

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

2. MARITAL INFORMATION:

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

Applicant's initial: [Signature]

Page 1
MARITAL INFORMATION-Continued

A. Current Marriage
   N/A
   ____________________________ N/A ____________________________
   Date                      City, County and State

   Spouse's full name (Maiden) ____________________________ S.S. No. ______
   ____________________________
   Date of Birth            ____________________________ Place of Birth ____________________________

   Resident address
   ____________________________ Street ____________________________ State Zip
   City

   Telephone: Residence        ____________________________ Business ____________________________

   Spouse's employer
   ____________________________ Occupation ____________________________

   Address of employer
   ____________________________ Street ____________________________ State Zip
   City

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City County and State</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Brown</td>
<td>Beethoven Common Apt 306</td>
<td>Fremont</td>
<td>Ca.</td>
<td>94538</td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:
A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haley Brown</td>
<td></td>
<td>San Mateo</td>
<td>Mansbury St. Fremont, Ca. 94538</td>
</tr>
</tbody>
</table>

B. Child Support Information:

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

   Applicant's initial: [Signature]
FAMILY INFORMATION—Continued

District attorney or public agency responsible for enforcing the child support order:
Name: N/A
Address:
Contact person:

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jerry Baird</td>
<td></td>
<td>Yonder Drive Lake Havasu, AZ 86406</td>
<td>Retired</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sandra Baird</td>
<td></td>
<td>Yonder Drive Lake Havasu, AZ 86406</td>
<td>Retired</td>
</tr>
<tr>
<td>Father-In-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry Baird</td>
<td></td>
<td>Alameda De Las Pulgas, Belmont, CA 94002</td>
<td>IT Manager</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>Alameda De Las Pulgas, Belmont, CA 94002</td>
<td>Accountant</td>
</tr>
<tr>
<td>Junko Droesher</td>
<td></td>
<td>Germany</td>
<td>Retired</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td>Sales</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red Rocks</td>
<td>Morrison, CO</td>
<td>1980-1984</td>
<td>Yes ✗ No ☐</td>
</tr>
<tr>
<td>High School</td>
<td>Bear Creek High School</td>
<td>Colorado</td>
<td>1984-1985</td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>College of San Mateo</td>
<td>San Mateo, CA</td>
<td>1987-2014</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: High School, AA Degree in Accounting

College or university where obtained: College of San Mateo

Applicant's initial: [Signature]
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No ☒
   Branch................................................. Date of entry-active service.................................................
   Date of separation........................................ Type of discharge.....................................................
   Rating at separation.................................... Serial number....................................................

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

B. Have you registered for the draft? Yes □ No ☒
   County.................................................. State.......................................................... Date registered..........................................

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

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

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Disposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial ...................................
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS—Continued

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

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994 to Present</td>
<td>Mansbury St</td>
<td>Fremont</td>
<td>California</td>
</tr>
<tr>
<td>1992-1994</td>
<td>Port Walk Place, Redwood Shores, CA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: [Signature]
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.

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

If additional space is needed, continue on page 10 or provide attachment.
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyan Vassallo</td>
<td>Brecon Court Redwood City CA 94062</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Splunk</td>
<td>270 Breannan Street, San Francisco, CA</td>
<td>415-848-8400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christina Valdez</td>
<td>Pennsylvania Ave., #15 Fremont, CA 94536</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Praxair</td>
<td>41446 Christy Street, Fremont, CA 94538</td>
<td>510-438-6734</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leah Gregg</td>
<td>Calico Ct, Morgan Hill, CA 95037</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda Folan</td>
<td>Clifton Avenue, San Carlos, CA 94070</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judy Weber</td>
<td>Mansbury Street, Fremont, CA 94538</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
</table>

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- Liquor
- Lawyer
- Race horse/race dog owner
- Securities dealer
- Insurance
- Doctor
- Contractor
- Real estate broker or salesman
- Barber/Cosmetologist
- Gaming
- Accountant
- Pilot
- Sports promoter
- Trainer or manager
- Educator

Yes ☒ No ☐

If yes, state type, where and years held Real Estate in the state of California 2006-2010

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

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

Applicant's initial: 

Page 7
13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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

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

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

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

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

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

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

Date of photograph: 03/13/18
Applicant's initial: [Signature]
STATE OF California ss.

COUNTY OF Alameda

I, Aimee Brown, being duly sworn, deponent 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of October, 2018.

[Signature]
Notary Public

TYANA NICKKAWDE
COMM. #2176533
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY

Applicant's initial: [Initial]
APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

GENERAL INSTRUCTIONS

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

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

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

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

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: NGUYEN  
First Name: THUHO
Middle Name:
Aliases, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise:
Melrose Abbey  
LAS VEGAS NV 89141
Present Residence Address-Street or RFD  
City:
State/Zip:

Present Business Address:
City:
State/Zip:

Present Position with the Pharmacy or Wholesaler:

Place of Birth (City, County, State):
DANANG, VIETNAM

Date of Birth:

Social Security Number:

Sex: M

Color of Eyes:

Color of Hair:

Complexion:

Weight:

Build:

Height:

Scars, tattoos or distinguishing marks and/or characteristics:

None

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

If naturalized, certificate No.:

Date: 9/14/2001

Place: Las Vegas NV

(If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial: TH

Page 1
MARITAL INFORMATION—Continued

A. Current Marriage

Date: 5/2008
City, County and State: Las Vegas, Clark, NV

Spouse’s full name (Maiden): THUY NGUYEN
S.S. No.

Date of Birth: 11/10/76
Place of Birth: Saigon, Vietnam

Resident address: MeRose Abbey Pl Las Vegas NV 89141
Street
City
State
Zip

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

Spouse’s employer: 6650 E. Lake Mead Blvd Las Vegas NV 89156
Address of employer
Street
City
State
Zip

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>THUY NGUYEN</td>
<td>3/2003</td>
<td>Las Vegas, NV</td>
<td>Divorced</td>
<td>Las Vegas, NV</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>THUY NGUYEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>XENA NGUYEN</td>
<td></td>
<td>Las Vegas, NV</td>
<td>MeRose Abbey Pl, LV, NV 89141</td>
</tr>
<tr>
<td>STEF NGUYEN</td>
<td></td>
<td>Las Vegas, NV</td>
<td>MeRose Abbey Pl, LV, NV 89156</td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

☐ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial: [Signature]
FAMILY INFORMATION—Continued

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

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

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

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Giao Nguyen</td>
<td></td>
<td></td>
<td>Deceased, pharmacist</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hanh Vo</td>
<td></td>
<td>Gaelic Hills, Luj, NV 89141</td>
<td>Retired</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lien Cao</td>
<td></td>
<td></td>
<td>Deceased</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thunhi Duncan</td>
<td></td>
<td></td>
<td>Moody Ave, Fullerton, CA, pharmacist</td>
</tr>
<tr>
<td>Kent Duncan</td>
<td></td>
<td></td>
<td>Moody Ave, Fullerton, CA, pharmacist</td>
</tr>
<tr>
<td>Trac Nguyen</td>
<td></td>
<td></td>
<td>Dogwood St, Westminister, CA, pharmacist</td>
</tr>
<tr>
<td>Victoria Nguyen</td>
<td></td>
<td></td>
<td>Dogwood St, Westminister, CA, registered nurse</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luong Nguyen</td>
<td></td>
<td></td>
<td>Patch Dr, Huntington Beach, CA, pharmacist</td>
</tr>
<tr>
<td>VY Nguyen</td>
<td></td>
<td></td>
<td>Patch Dr, Huntington Beach, CA, pharmacist</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ngan Nguyen</td>
<td></td>
<td>(Southern Highlands, Las Vegas, NV)</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Katerina Nguyen</td>
<td></td>
<td></td>
<td>Loggetta Way, Luj, NV 89141</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>Pham Chau Thinh</td>
<td>Danang, Vietnam</td>
<td>8/988-5/991</td>
</tr>
<tr>
<td>College University</td>
<td>The University of New Mexico</td>
<td>Albuquerque, NM</td>
<td>5/94-5/99</td>
</tr>
<tr>
<td>Otherwise</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: Pharmacist

College or university where obtained: Bachelor of Science at University of New Mexico

Applicant's initial: [Signature]

Page 3
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No □
   Branch............................................ Date of entry-active service...................................
   Date of separation................................ Type of discharge..........................................
   Rating at separation................................ Serial number.............................................
   While in the military service were you ever arrested for an offense which resulted in summary action, a trial or
       special or general court martial? Yes □ No □ If yes, furnish details on page 10. (List all incidents
       regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes □ No □
   County........................................... State............................................... Date registered.......

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
   not convicted.)
   A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or
       violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)
       Yes □ No □ If yes, give details in space provided below. List all cases without exception.

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

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

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

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

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

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

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

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

   Name........................................... Relationship........................ Charge........................ Location........ Date......

   Applicant's initial...............................
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2011 - present</td>
<td>Melanie Abbey Pl, Las Vegas, NV 8914</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/2010 - 5/2011</td>
<td>1425 Corral Dr, Las Vegas, NV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/2007 - 6/2010</td>
<td>7903 Sleeping Lily Dr, Las Vegas, NV 89178</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: [signature]
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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2008-present</td>
<td>CVS pharmacy, Las Vegas, NV</td>
<td>over 10,000 hours</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>All Duties of a pharmacist</td>
<td>Judy Lewis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2006-5/2008</td>
<td>Walgreens, Las Vegas, NV</td>
<td>about 3000 hours</td>
</tr>
<tr>
<td>Pharmacist in charge</td>
<td>All Duties of a pharmacist &amp; PTC</td>
<td>Matt Forster</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/2008-12/2009</td>
<td>Amerex pharmacy, Las Vegas, NV</td>
<td>about 800 hours</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>All Duties of owner of pharmacy</td>
<td>Owner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist in charge</td>
<td>All Duties of a Full time pharmacist</td>
<td>Chad Lebski</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
</table>

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

Applicant's initial: [Signature]
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Labib</td>
<td></td>
<td>Norwalk, CA</td>
<td>92880</td>
<td></td>
<td></td>
<td>10 years</td>
</tr>
<tr>
<td>Hoa Leung</td>
<td>Inverlochy St, Las Vegas, NV 89110</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6 years</td>
</tr>
<tr>
<td>Tinh Hue</td>
<td>5 Muscard Way, Las Vegas, NV 89141</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10 years</td>
</tr>
<tr>
<td>Tony Chu</td>
<td>E Camelia Dr, Atlantic City, NJ 9801</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10 years</td>
</tr>
<tr>
<td>Thuy Nguyen</td>
<td>Henderson, NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11 years</td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- Liquor
- Lawyer
- Race horse/race dog owner
- Securities dealer
- Insurance
- Doctor
- Contractor
- Real estate broker or salesman
- Barber/Cosmetologist
- Gaming
- Accountant
- Pilot
- Sports promoter
- Trainer or manager
- Educator

Yes ☐ No ☑

If yes, state type, where and years held

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

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

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

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

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

Applicant's initial: [M] Page 7
14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  
   
   Yes ☐ No ☑

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

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

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

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

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

20. Will you be employed fulltime with the pharmacy or wholesaler?  
   
   Yes ☑ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?  
   
   Yes ☑ No ☐

ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph: 1/1/18
Applicant's initial: [Blank]
STATE OF Nevada ss.
COUNTY OF Clark

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

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

[Signature]

Original Signature of Applicant

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

[Seal]

Applicant's Initial: TH

Notary Public
N/A