#### **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 ☐ Ownership Change	e ☐ Name Change ☐ Location Change t license number if making changes: PH_O 2 ₽₽/ )
(Flease provide current	t license number if making changes.
Publicly Traded Corporation – Pages 1,2,3,7,8a  Non Publicly Traded Corporation – Pages 1,2,4  Please check box for type of ownership	
GENERAL INFORMATION to be completed by	by all types of ownership
Pharmacy Name: LC VIP	LLC
Physical Address: 6875 RUSSEL	LLC L RD. # 100, LAS VEGAS NY 89,
Mailing Address: /30 CROSSWAYS	PARK DR. STE 101
City: WOODBURY State	e:
Telephone: 702-944-7446	Fax: 702-998-9492
Toll Free Number://	
E-mail: info@lindercare.com	Website:/a
Managing Pharmacist: Ralph Fia	Website:
Hours of Operation:	
Monday thru Fridayam6_pm	こんらむ Satyrdayampm
(LO(E)	1/4
Sundayampm	24 Hours
TYPE OF PHARMACY	SERVICES PROVIDED
	8
☐ Retail	☐ Off-site Cognitive Services
☐ Hospital (# beds)	☐ Parenteral
□ Internet	☐ Parenteral (outpatient)
☐ Nuclear	☐ Outpatient/Discharge
☐ Out of State	☐ Mail Service
☐ Ambulatory Surgery Center	☐ Long Term Care

This page must be submitted for all types of ownership.

Within the	last five	(5)	years:
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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 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 ☑
attache	answer to questions 1 through 5 is "yes", a signed statement of explanation ed. Copies of any documents that identify the circumstance or contain an cer disposition may be required.	must be rder, agreement,
under	y certify that the answers given in this application and attached documentation are stand that any infraction of the laws of the State of Nevada regulating the operation zed pharmacy may be grounds for the revocation of this permit.	e true and correct. on of an
penaity hereby any inv	read all questions, answers and statements and know the contents thereof. I here of perjury, that the information furnished on this application are true, accurate an authorize the Nevada State Board of Pharmacy, its agents, servants and employestigation(s) of the business, professional, social and moral background, qualification, as it may deem necessary, proper or desirable.	d correct. I ees. to conduct
Origina	al Signature of Person Authorized to Submit Application, no copies or stamp	os
<	Just D. Kanton 3-15-2017	_
Print N	ame of Authorized Person Date	
Board (	Jse Only Received: 4 · 17 · 17 Amount: \$500.00	

## OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada	
Parent Company if any: LL ACQUISITION (DTD. I)C.	
Corporation Name: LC VIP LLC	
Corporation Name: LC VIP LLC  Mailing Address: 130 Crossways Park Dr. Ste. 101  City: Woodbury State: NY Zip: 117-97-	
City: Woodbury State: NY Zip: 117-97	
Telephone: 5/6 22/ 7600 Fax: 5/8 308 4339	
Contact Person: Steve Labreca	
For any corporation non publicly traded, disclose the following:	
List top 4 persons to whom the shares were issued by the corporation?	
a) LC Acquisition Corp, Inc. 130 Crossways Park Dr. Ste. 101, Name Address	6000
	NY
b)	11+
Name Address	
o) n/a n/a	
Name Address	
d) n/a	
Name Address	
NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the documents for all types of businesses.	i
2) Provide the number of shares issued by the corporation	
3) What was the price paid per share?	
4) What date did the corporation actually receive the cash assets?	,
5) Provide a copy of the corporation's stock register evidencing the above information // /	1=
List any physician shareholders and percentage of ownership.	
Name:	
Nama: 1/4	

## STATATEMENT OF RESPONSIBILITY - Pharmacy For Corporations, Partnership or Sole Owners

Scott D. Kantor
Responsible Person of LC VIP, 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 company.
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 or
operation of a pharmacy in Nevada.
I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.
3-15-2017
Original Signature, no stamps or copies Date

#### Statement of Responsibility

# Managing Pharmacist License #: 08487

Pharmacy Name: LC VIP, LLC

Pharmacist Name:

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

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

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

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

#### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

#### **APPLICATION FOR NEVADA PHARMACY LICENSE**

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

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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			☐ Name Change ☐ Location Change number if making changes: PH)	
☐ Publicly Traded Co ☑ Non Publicly Trade Please ch	ed Corporation - Pag	es 1,2,4a,4b,7,8	☐ Partnership - Pages 1,2,5,7,8a,8b Ba,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b Implete correct part of the application.	
GENERAL INFORM	IATION to be com	pleted by all ty	ypes of ownership	
Pharmacy Name: _	West Valley P	harmacy		
Physical Address:	6125 West Sa	ahara Avenue	e, Suite 1A	
Mailing Address:	(same as abo	ve)		
			Zip Code: <u>89146</u>	
Telephone: 702	257 0508	Fax:	N/A	
Toll Free Number:	N / A			
E-mail:		Websi	ite: N/A	
Managing Pharmac	ist: Jayzle Joy	Alviar Boyd	License Number:19506	
Hours of Operation	<u>1:</u>			
Monday thru Friday	8 am 8	pm	Saturday <u>8</u> am <u>8</u> p	om
Sunday	8 am 8	pm	24 Hours X	
TYPE	OF PHARMACY		SERVICES PROVIDED	
<b>⊠</b> Reta	ail		☐ Off-site Cognitive Services	
☐ Hos	pital (# beds)		☐ Parenteral	
□ inte	rnet		☐ Parenteral (outpatient)	
□ Nuc	lear		☐ Outpatient/Discharge	
□ Out	of State		☐ Mail Service	
□ Amb	ulatory Surgery Center		☐ Long Term Care	

This page must be submitted for all types of ownership.

Withi	n 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 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 X
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 X
attach	answer to questions 1 through 5 is "yes", a signed statement of explanation ed. Copies of any documents that identify the circumstance or contain an cer disposition may be required.	must be order, agreement
i unde	by certify that the answers given in this application and attached documentation are rstand that any infraction of the laws of the State of Nevada regulating the operation of this permit.	e true and correct. on of an
penalty nereby any inv	read all questions, answers and statements and know the contents thereof. I here of perjury, that the information furnished on this application are true, accurate an authorize the Nevada State Board of Pharmacy, its agents, servants and employ restigation(s) of the business, professional, social and moral background, qualification, as it may deem necessary, proper or desirable.	d correct. I ees, to conduct
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	os
	ph Balous Jame of Authorized Person  Date	~
Board	Use Only Received: 3 30 17 Amount: \$500.00	
u	Amount:	

## OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorpora	ation: _	Nevada				
	t Company						
Corpo	ration Nam	e:	West Valley	Pharmacy L	LC		
	g Address:		0105111			te 1/	A
	_	-		State: NV	Z	ip: _	89146
-			7 0508				
Conta	ct Person:	Josep	h Balous				
For an	ny corporati	on non p	oublicly traded,	disclose the fo	llowing:		
1)	List top 4	persons	to whom the sha	ares were issu	ed by the	e corp	poration?
	a) Wynlo	us Spe	ndthrift Trust.	1425 Astron	nomy Ci	r., La	as Vegas, NV 89128
	u) <u>-1131c</u>	Name		Address			
	b)	Name		Address			
		Name		Address			
	c)	Name		Address			
	arx	ranio	8	7144.000			Let.
	d)	Name		Address			
record	d form. Do	wnload	are stockhold the form from th ocuments for all	e website und	er the "N	omp lew A	lete a personal history polications" tab. The forms
2)	Provide th	e numbe	er of shares issu	ed by the corp	oration.	100	% Membership Interes
3)	What was	the price	e paid per share	\$ 20.00 p	oer unit	(100	units = \$ 2000.00 total
4)							3/29/2017 - estimated date the bank account will be opened and funded.
5)							he above information
List ar	ny physicia	n shareh	olders and perc	centage of owr	nership.		
Name	: <u>N/A</u>						%:
Name							%:

## **NEVADA STATE BOARD OF PHARMACY**

431 W PLUMB LANE - RENO, NV 89509 - (775) 850-1440

This application cannot be returned by fax or email. We must have an original signature and fee to process.

#### CHANGE OF MANAGING PHARMACIST FORM Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

\*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

**General Information** 

General Information	<u>on</u>	**Nevada Ph	armacy Board	License #	<b>‡</b> :		
	×	**(Do not use y	our RPH, NPI or	DEA numbe	er. Number beg	ins with a PH	, IA, IB)
Pharmacy Name:	Nest.	Valles	Pharm.	51.	Store	.4.	
Address: 6\2	-5 V	U. Sal	Dera A	10	_ 30076	· #	
city: Las	Venas			Ctata	* 611 / 71	CG III	1
Telephone:	)				* NV Zip:	8919	6
New Managing Phar	macist Name	o. 11.	1- 0	Fax:			
License #: \\	I C L	e: Alexi		pecer	COLA		
cicense #;	101	-	_ Date :	Started:	4/15/1-	7	
Lundoueten del :		_			100)		
i understand that i	l cease to	be managing	pharmacist of	f the abo	ve named pł	narmacy I w	vill iointly
with the new man		Macist, take ai	n inventory o	f all contr	olled substa	nces.	
with the new mana	igirig þliatt	, di	in in circuity o				
	Suig bridit						
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#### **Notification of Change in Employment**

J Boyd [jayzlejoy@gmail.com] Sent: Thursday, April 20, 2017 2:14 PM To: Pharmacy Board

Good Afternoon,

I would like to notify the Board of Pharmacy that I, Jayzle Joy Boyd license #19506, will no longer be employed by:

**Spring Valley Pharmacy** 

2725 S. Jones Blvd, Ste 101, Las Vegas, NV 89146

I would also like to request termination of consideration as Designated Representative for a Pharmacy application for the following:

West Valley Pharmacy

6125 W. Sahara Ave., Ste 1A, Las Vegas, NV 89146

Please do not approve any application with my name as the Pharmacy Manager. My final date of employment is April 28, 2017.

Thank you for your time and consideration regarding this matter.

Best regards,

Jayzle Joy Boyd, Pharm.D. License # 19506