10A

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 curred Check box below for type of ownership and complete all recorporation or Partnership. □ Publicly Traded Corporation – Pages 1,2,3,10,11a&b Non Publicly Traded Corporation – Pages 1,2,4,10,11a&GENERAL INFORMATION to be completed by all to	equire	d forms. **If LLC use Non Public ☐ Partnership - Pages 1,2,6,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b
Pharmacy Name: <u>CMH Phaemacy</u>	11	C
Physical Address: (78h) MANNY 1930 UNG		
City: LAS VEGAS State: No	V_	Zip Code: ⋬ �़ाउं ⊈
Telephone: <u>102-460-3/39</u> Fax: <u>N/</u>	A	
Toll Free Number: N/A E-mai	1: <u>Re</u>	INELY @ CIMHMAIL: Com
Website: 773b		
Managing Pharmacist: Alysum McMana	21	License Number: _/8590
TYPE OF PHARMACY AND	SEF	RVICES PROVIDED
Yes/No	Yes	/No ,
□ If Retail		Off-site Cognitive Services
☐ ☑ Hospital (# beds)		☑ Parenteral
☑ □ Internet		Parenteral (outpatient)
□ ☑ Nuclear		☑ Outpatient/Discharge
☐ M Ambulatory Surgery Center		
☐ ☑ Ambulatory Surgery Center		☐ Mail Service
☐ ☑ Ambulatory Surgery Center ☐ ☑ Community		
	Ø	☐ Mail Service
□ ☑ Community		☐ Mail Service ☑ Long Term Care
□ ☑ Community		☐ Mail Service ☑ Long Term Care ☑ Sterile Compounding
☐ ☑ Community ☐ ☑ Other:		☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ☐ Non Sterile Compounding

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

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

1)	Has the corporation, any owner(s), shareholder(s) or 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?	
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 ☑
Copie	answer to question 1 through 5 is "yes", a signed statement of explanations of any documents that identify the circumstance or contain an order, agaition may be required.	
correc	by certify that the answers given in this application and attached docume ct. I understand that any infraction of the laws of the State of Nevada reg tion of an authorized pharmacy may be grounds for the revocation of this	ulating the
under correct emplo backg	read all questions, answers and statements and know the contents ther penalty of perjury, that the information furnished on this application are tot. I hereby authorize the Nevada State Board of Pharmacy, its agents, so eyees, to conduct any investigation(s) of the business, professional, social round, qualification and reputation, as it may deem necessary, proper or all Signature of Person Authorized to Submit Application, no copies or states.	rue, accurate and ervants and al and moral desirable.
Print N	Robert L LIVELY TR 12/12/20 Name of Authorized Person Date	018
Board	Use Only Date Processed: Amount: 500.(20

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership:	General	Limited X			
List names of 4 largest partners and p	percentage of owner	ship:			
Name: ROBERT LEE LIVELY	ITR.		_ %:	100	
Name:					
Name:					
Name:		· 4+ · · · · · · · · · · · · · · · · · ·	_ %:		
Partnership Name: <u>CMH PHA</u> Mailing Address: <u>1930 (June</u> City, State Zip Code: <u>LAS VEM</u> Telephone Number: <u>703-400-313</u> Contact Person: <u>ROBERT LIV</u>	GE CENTER C 45 NN 8 29 Fax Num	100/e 3-104 19134 1ber: <u>N/A</u>	/		_
List any physician shareholders and p	ercentage of owner	ship.			
Name: NonE	•	•	% :		_
Name:					
Name:					
Hours of Operation for the pharmac	<u>ey:</u>				
Monday thru Fridayam	pm	Saturday		am	pm
Sundayam	pm	24 Hours	X		
A Nevada business license is not requirense please provide the number:	uired, however if the	pharmacy has	a Nev	ada business	

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

1. ROBERT L LIVELY TR.
Responsible Person of CMH PHARMACY LIC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.
Original Signature of Person Authorized to Submit Application, no copies or stamps
Print Name of Authorized Person State

Managing Pharmacist

Pharmacist Name:	Alysha McMahon	License #: 18590
Pharmacy Name: _	CMH Pharmacy, 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.

	'es	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?		Ď(
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		×
had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		凶
If you marked YES to any of the numbered questions above, please include the following information	on	
Board Administrative Action: State: Date: Case #:		
And/or Criminal Action: State: Date: Case #:		

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

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

| 12/11/18 | Date |

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

≱'Date	12/11	118

GENERAL INSTRUCTIONS

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

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

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

Application	for Pharmacy	A 67 E-1			
CMH	Pharmacy, l Name and A	Nature of Pha	armacy or Wholesaler	irale Swite 3:	-104 Las NV 89134
NIA	Name and A	dress of Business for W	hich Designated Repre	esentative Is Requeste	ed veges
		If applicable, Name Ur			
1 DED90	ONAL INFORMATION:			•	
McMa	NON	Alysno		Leilar	ì
Last Name		First Nar	ne	Middle Name	9
Alias(es, Nickr	names, Maiden Name, Other Na	ame Changes, Legal or C	Otherwise)		ME STATE OF THE
	Pro Tour Ct L	as vegas		NV 89141	
Present Reside	ence Address-Street or RFD	8-8-13	City		ate/Zip
	Lake Mead Pkwy	Dates to present	Henderson	VU	89015
Present Busine			City		ate/Zip
Pharm		Dates 8-8-13	to Present		
Present Position	on with the Pharmacy or Whole	saler		Phone: Residence	
		Honolulu, Ho	noiulu HT	Business	CVS
Date of Birth		Place of Birth (City.			
29		, , , , , , , , , , , , , , , , , , , ,			Female
Age	Socia	al Security Number			Sex
Green	Brown	Fair	140	Athletic	5'4
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tatto	os or distinguishing mark	s and/or characteris	tics round s	scar above	right knee
Are you a ci	tizen of the United States	s? Yes X No □	If alien, registration	on No) 4
	d, certificate No				
Place	1010				
2. MARIT	AL INFORMATION:				,
Single □	Married X Separa	ted Divorced	d □ Widowed	□ Engaged	
	- Johana		THOMEG		
				Applicantis in	itial
					Page

MARITAL INFORMATION-Continued

A.	Current Marriage	114118		Las	vegas, Cli	ark, NV
	Spouseis full name (M	aiden) DUSTi	n Lively	1	City, County en	A Ctata
	Date of Birth		Place o	of Birth Las	Vegas, 1	JV
	Resident address	Pro To	ur Ct La	s Vegas 1	VV State	79141
	Telephone: Residence					-
	Spouse s employer					
	Address of employer	9275 West				
B. Pr	revious Marriages: If e	Street		City	State	Zip
Name (of Order Decree	Date of Place of Marriage	Natur Acti		nty and State
AIC.			<u>or marriago</u>	Aou	011 000	nty and State
NIA						
NIA						
	List of names, current	address and telep	hone numbers	of previous spo	ouses:	
NIA	Name	Street	City	State	Zip	Telephone
NIA						
NIA						
3. FA A.	MILY INFORMATION: Children and Depend List all children, in	cluding step-child		d children and		
N/A	Name	Birth Date	Birth Place		Residence Add	ress
NIA						
NIA		_ = = =				
B.	Child Support Inform Please mark ti	ation: ne appropriate res	ponse:			30
	I am not su	bject to a court or	der for the supp	ort of child.		
	plan approv	et to a court order red by the district unt owed pursuant	attorney or othe	r public agency	children and an	n in compliance with a order for the repayment
	the order o	et to a court order a plan approved ent of the amount	by the district at	torney or other to the order.	public agency	OT in compliance with enforcing the order for
				A	Applicantis initia	al CCC Page

FAMIL	Y INFORMATION-Conting District attorney or public	ued c agency responsible for enforcing the child support order:	
	Name NA		
	Address NIA		
	Contact person NIA		
C.	Parents: List names, residence a	ddresses, dates of birth and most recent occupations of parents	
parents	j-	If retired or deceased, list last address and occupation.	
	Name (Maiden)	Birth Date Address	Occupation
Father	, Mc Haron	1 Lloyd George Dr Henderson NV 89052 (Corporate Buisiness Consultant
Mother Susc	in McUahen	, Lloyd George Dr Henderson NV 89052	Retired
Father-in	-Law + Lively	; conough lane las vegas NV 89149 Real De	Estate veloper
Mother-in	-Law y Clifton		Estate
D.	Name (Maiden)	Birth Date Address	Occupation
Spouse	sa McMahon	Tomessa St Las Vegas NV 89141	Nuise (KN)
	Holmes	Tomessa St Las Vegas NV 89141 Per	rsonal Trainer
NA			
Spouse			
NIA			
Spouse			
NA		and the second s	
Spouse			
4. ED	UCATION:		
Grammar	Name of School	Location Dates Attended	Graduate
		Kediu Dr. Kailua HI 94734 8/1/94 - 5/30/03	Yes 🕅 No 🗆
School College	e Jardin Academy 917 Eniversity of Nevada	Kalaniana'ole Dr. Kailua HI 8/1/03 - 5127/07 96734 Peno 1664 N. Virginia St 8/1/07 - 6/1/10	Yes X No □
Oniversity		FE110 NV 89557	Yes□ No 🙇
Other K	oseman University	1 Sunset way Handerson NV 89014 8/1110 - 6/7/13	Yes X No 🗆
Type of	degree obtained, if any	Doctor of Pharmacy, Pharm D	***************************************
College	or university where obtai	ned Roscman University	

5 MILITARY INFORMATION: Have you ever served in any armed forces? Yes □ No 🕅 NIA Date of entry-active service DIA Branch Date of separation ~ 113 Type of discharge NIA NIA 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.) Have you registered for the draft? Yes □ No 🕱 County NIA State NIA Date registered NIA 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were 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 D No If yes, give details in space provided below. List all cases without exception. Date of Arrest Age Charge Location-City and State Arresting Agency Deposition/Date NIA NIA NIA 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 Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes □ No 🕱 Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No 🛛 Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? E. F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No X If yes, when? NA city, county and state NIA Have you ever received a pardon or deferred prosecution for any criminal offense? Yes \(\subseteq \) No \(\subseteq \) G. If yes when? NA city, county and state NIA H. Has any member of your family or of your spouseis 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

NIA
NIA

Applicantis initial...

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Yes No A (Other than	member of a partnership, or owner, or plaintiff or defendant or an arbitration divorces) ist all cases without exception, include	nas either a claiman	a corporation. ever beer t or respondent?
Plaintiff/Defendant or Claimant/Respondent Date Filed	Court and Case Number City, Cou	inty and State	Disposition/Date
NIA	Oity, Odd	nity and State	Dispositionipate
NIA			
NIA		W 122 123 1 5 10	
J. Has any general partnership associated with it as an owr Yes □ No 🏝 If yes, comp	o, business venture, sole proprietorsher, officer, director or partner) been a lete the following:	nip or closely held co a party to a lawsuit, a	proration (while you we
Name of Entity	Type of Entity	Approximate Lawsuit/Arbitra	Date(s) of ation/Bankruptcy
NIA			
NIA			
NIA			
7. RESIDENCES:			
List all residences you have had for	the last 25 years:		
Month and Year (From-To) Stre	et and Number City	Stat	e or County
	Auki St Kailva		HI
	terprise Rd Reno		NV
6/10-6/16 924 Lloy	yd George Dr Henderso	20	NV
	tolland Hills St Las Veg		NV
	Pro Tour Ct Las Vego		NV
		T. (1)	
	7,276		
			0110
		Applicantis initi	al CVV Page

8. EMPLOYMENT:

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

8/13 CVS 350	W. Lake wead Pkwy Henderson NV 89015	10,000
Month and Year	Name/Mailing Address of Employer/Pusiness	Number of Employed Hours
Pharmaust, Staff	Float, Full Time Prepare, process, check, counsel dispense medication/prescription	Mike Natale
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title NI A	Description of Duties	Name of Supervisor
Month and Year い(A)	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title NIA	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title NIA	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title NIA	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title U A	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title N A	Description of Duties	Name of Supervisor
Month and Year N A	Name/Mailing Address of Employer/Business .	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year ルト	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title <i>い</i> \A	Description of Duties	Name of Supervisor

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

Applicant is initial Page

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present Name of Where Employed Street City State Zio Telephone Years Known Name Laura Houk 25 1 AULUL ST Kailua HI 96734 Home Business University of Hawaii Manoa Employer Student (HO) 10 Name Keegen Walsh - W. university Blvd Udoile AL 30688 Employer Student (PA) Business University of South Alabama Name Chery I Sherman Home · Awinala Rd Kailua HI94734 29 Employer The Green Comb Business 1297 Egoiotani BIVD HENOLULU HZ 96814 Name Robin Taber Wind Drift Boca Lector FL 33433 \$ Business 777 Grades Rd Boca Ratin FL 33431 Florida Atlantic Name Lobert Handley Home 2 Holland Hills St Las Vegas N 89113. Employer Smith & Nephew Business 3945 W. Reno Ave Las Veggs NV 89118 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 Sports promoter Trainer or manager Educator Yes X No □ If yes, state type, where and years held octor of Pharmaci 818 icensed present 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 Do 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. NIA NIA NIA 12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes

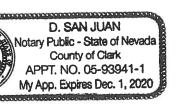
No Ki 13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 🕱 If yes to the above, state where, when and for what reason:

Applicantis initial	an
	Page 7

14.	Have you ever been refused a business or ind participant in any group which has been denies uitability?	d a business or industry license	or related finding	g of

	Have you or any person with whom you have l administrative action or proceeding relating to ਨ। ਨ	been a participant in any group k the pharmaceutical industry?	Yes	□ No X
16.	Have you or any person with whom you have to guilty or entered a plea of noto contendere to a controlled substances?	peen a participant in any group e	ever been found ated to prescription	guilty, plead on drugs and/or
17.		peen a participant in any group one pharmaceutical industry volun	ever surrendered starily or otherwis Yes	l a license, se (other than □ No 🗖
18.	Do you have any relatives within the fourth deq pharmaceutical or drug related industry?	gree of consanguinity associated	with or employed	ed in the
	Will you be actively involved in and aware of the wholesaler?		cy or	⊠ No □
20.	Will you be employed fulltime with the pharmac	cy or wholesaler?	Yes	X No □
21.	Will you be present at the site of the pharmacy operating hours?	or wholesaler during its normal		⊠ No □
		Date of photograph	1217/18	
********	***************************************		********	011
		Applican	ıtıs initial	Page 8

STATE OF NEVAda ss.	
SS.	
COUNTY OF CLARK	
I, AlySha McUahon , 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	f
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 thas 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, Land further, the	at
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	J
be a designated representative for a pharmacy or wholesaler in the State of Nevada.	
Original Signature of Applicant	
State or M. bunty of Clark	
Subscribed and Sworn to before me this day of December 2018	
by Alysha L. McMahan -	
J & J	
Notary Public	



Applicant(s initial______

ADDITIONAL INFORMATION

***************************************	••••••

	• • • • • • • • • • • • • • • • • • • •

	•••••

***************************************	******

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/12/2018

GENERAL INSTRUCTIONS

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

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

Application for Pll	ARMACY			***************************************	
Application for FIT	MY LLC 1930	Nature of ULCAGE CEN	of License TER CIR.3-1	104 las Vega	5 NU 89134
11/0		Address of Establishme	ent for Which License	Is Requested	,
	If a	applicable, Name Unde	Which It Is Now Ope	erated	
1. PERSONAL INF	ORMATION:				
Last Name LIVELY	-TR	First Name	r.T	Middle Name	
LIVELY Alias(es, Nicknames, Maid	len Name, Other Name (Changes, Legal or Othe	erwise)		
NONE					
Present Residence Addres	ss-Street or RFD	Ci	ty	State/Z	p CC - c-
Present Business Address Work Remport	LANE	Dates 2005 - P/e.	sent las V	EGAS, NV	87149
Present Business Address	a di T	Ci	ty	State/Z	p GGUGE
4105. Komport	slud ste390	Dates 2010 - Pr	esent las	VEGAS, NV	87195
Occupation				Phone: Residence	
				Business 712	-583-6188
Date of Birth		Place of Birth (City, Co	ounty, State)		1 1
				, CALIFORNI	
, Age	Social Se	curity Number	under -	, UNITORIO	Sex
En		· · · · · · · · · · · · · · · · · · ·			MAIF
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BROWN	Brown	FAIR	185	AVERAGE	510"
Scars, tattoos or disti	inguishing marks ar	nd/or characteristic	s CROSS TI	ATTOO LEFT I	IPPER ARM
Are you a citizen of the	ne United States?	Yes M2 No □ If	alien, registration	No	
If naturalized, certific	ate No		Date		***************************************
Place		•••••	(If naturali	zed, document mus	t be verified.)
2. MARITAL INFO	RMATION:				
Single Married	d 🛭 Separated	☐ Divorced	☐ Widowed	☐ Engaged □	,

A.	Current Marriage	MRY 2,	1981	LASV	ELAS, CLARK County and State	NV
	Spouse's full name (N	Dafe laiden) <i>KEUL</i>	EY TAY CLIFT	ON City, S.S	County and State	~
	Date of Birth		Place of E			
	Resident address s	- Cow.ou.	gh LANE LA	City S	VV 89149 State Zip	7
	Telephone: Residence	ce,	´ <u>;</u> E	Business <i>702-5</i>	83-6188	
	Spouse's employer Be					
	Address of employer	105 Ramf Street	PART BING STESTO	LASVELAS A	1 <i>V</i> 89145 state Zip	•••••
B. Pi	revious Marriages: If e	ever legally sep	parated, divorced, or a	nnulled, indicate be	elow:	
Name		of Order Decree	Date of Place of Marriage	Nature of Action	City County and Stat	e
	ONE	200100	or warrage	7.00011	Oddity and Glat	<u> </u>
///	21462			Matthew to discretize a loss of the section of the		
3. FA A.	AMILY INFORMATION: Children and Depend List all children, i	dents:	children and adopted o		e following information	on:
OBEI	RUSSELL LIVE		1.			Vegas NV 2
	LEELIVELY.		AS VEGAS, NV			
SHLE	EY TRY LIVERY	1 4	Vasas NV. T	ENOUGH LANE !	ASVEGAC NV 8	39149
B.	Child Support Inform	nation: he appropriate	response:		, , ,	
	☑ I am not so	ubject to a cou	rt order for the suppor	t of child.		
	plan appro	ved by the dist	der for the support of trict attorney or other p uant to the order; or			
	the order of	or a plan appro	der for the support of ved by the district atto bunt owed pursuant to	rney or other public the order.	agency enforcing th	
				Applica	ent s initial	//Page 2

				rt order:
	Name		8 9 9	
	Address		FE III .	
	Contact person			
C.		esses, dates of l	birth and most recent occupation	ons of parents, step-parents,
parent		retired or deces	sed, list last address and occur	nation
	Name (Maiden)	Birth Date	Address	Occupation
ather			AEACEFUL POND	SELF-EMPRYED
Romi	ERT LEE LIVELY SE.	7 4	45 VEGAS, NV 89131	July - 211. 17. 10/2 5
/lother			PEACEFUL F 21 LAS VELAS NV 89	
ather-i	TRUN JEAN LIVELY (RYD)		PhRANKA AVE	FLOORING
	ES TAY CLIFTUN		VEGAS, N 89107	INITALLER
Mother-i	· · · · · · · · · · · · · · · · · · ·		· CEUTA	
NA	icy Louise Day	1 LA	S VEGAR NV 89143	ELERICAL
TEA Spouse EAR	N LEE LIVERY LAIPH RUSK		CREENWOOD IN 461	1 46143 BANKING
Spouse				
pouse				
Spouse	DUCATION:			
Spouse 4. E	News of Oaksel	Lo	cation Dates Attended	Graduate
4. E	News of Oaksel	AVENUEL	cation Dates Attended 3 9005 1972	
4. E. Gramma	Name of School ar Mifthell Boulder	DAVENUEL CILY NV8 MSTEELT ET CILY NO	3 9005 1972 V 85005 1975-1978	/
Gramma School High School College	Name of School AT M. Fishell Boulder Boulder City Bould UNLY 4505 4. M	DAVENNE E CILY NV 8 MSTEET LEY CILY NI	3 9005 1972 V 85005 1975-1978	Yes No O
4. E Gramm School High School College Jnivers	Name of School AT M. Fishell Boulder Boulder City Bould UNLY 4505 4. M	ONEME E City NV 8 The State For Ler City No DAY/AND RE	3 9005 1972 N 85005 1975-1978 NY 1979-1983	Yes No O
4. E Gramm School High School College Jnivers	Name of School AT MITCHELL BOULDER BOULDER CITY BOULD INVENTED TO SEE THE S	ONEME E City NV 8 The Street er City NI AN/AND PER	3 9005 1972 N 85005 1975-1978 NY 1979-1983	Yes No O
Gramm. Gchool High School College Jnivers	Name of School AT MITCHELL BOULDER BOULDER CITY BOULD IT WILL HOUSE LAG V 29, A	PREMIE EN 8 City NV 8 The STEET EY CITY NO BAY/AND PER S, NV 891	3 9005 1972 N 85005 1975-1978 NY 1979-1983	Yes No No Yes No No Yes No
Spouse 4. E Gramm. School High School College Univers Other	Name of School ar M. fishell Boulder Boulder City Bould ity UNIV 4505 5. M LAS Veg A-	PUENNER City NV 8 TASTEET EY CITY NO BAY/AND BE	3 9005 1972 N 85005 1975-1978 NY 1979-1983 54	Yes No D Yes No No D Yes No No D
Grammond School High School College Univers	Name of School ar M. fishell Boulder Boulder City Bould ity UNIV 4505 5. M LAS Veg A-	PUENNER City NV 8 TASTEET EY CITY NO BAY/AND BE	3 9005 1972 N 85005 1975-1978 NY 1979-1983 54	Yes No D Yes No No D Yes No No D

5 MILITARY INFORMATION: Yes □ No Ⅳ Have you ever served in any armed forces? 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.) Yes № No 🗆 Have you registered for the draft? County Clark State NEVASA Date registered 4/1979 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception. Date of Arrest Charge Location-City and State Deposition/Date Arresting Agency 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 C. Have you ever been questioned for deposed by a city, state, federal or law enforcement agency, commission or committee? Yes □ No ☑ Have you ever been subpoenged 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? 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 _____ Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ___ No ____ If yes when? _____city, county and state Has any member of your family or of your spouse s family ever been convicted of a felony? Yes □ No ☑ Η.

ame	Relationship	Charge	Location	Date

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

Applicant s initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part Yes	to a law No	suit as eithe □ (Other th		ndant c	or an arbitration	n as eithe	r a claima			
If ye	es, give c	letails below	List all cases wit	hout ex	cception, includ	ding bank	ruptcies:			
Plaintiff/Defend Claimant/Responder		Date Filed	Court and Ca Number	ase	City, Cou	unty and Sta	ate		Disposition/	Date
DEFENDAM		5-14-2009	A-09-59	033/C	LASVEGAS.	Clank	NV	/.	ISMISS	AL
DEFENSA		3-14-2000	DA447	178	LASVEGAS	Uprk,	NV	1	15m155	AL
DEFENDAM	1 3	-30-200	00A4169	55	LAS VELAS	. CLARK	NV	DK	MISSA	_
asso	ociated v	vith it as an o	ship, business ven owner, officer, dire mplete the followi	ctor or						
Nam	e of Entity		Type of Entit	Y			Approximat Lawsuit/Art		s) of Bankruptcy	
RL Hom	ES W	2	limited lin	BILIT	Y CompANI		7-23-	-200	2S	
RL Home	•		limited lin	ABJ CI	ry Compan	14	3-18	-20	08	
7. RESIDI List all resid Month and Yea (From-To)	ences yo	*	for the last 25 yea	rs:	City		ξ	State or	County	
8/2005 -Pi	resent		- CONOUGH C		LASVe	SAS		W.	CLARK	
i[1993 - 8]		7784	W. ROSABA	hhy	LAS VO	945	/	VV,	Clark	K_
		X				<u> </u>	2 <u>2 2 2</u>			-
						Ap	pplicant s i	nitial_		Page 5

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business BETTER BULDING TECHNOOLIES	Reason for Leaving
5/2010 - Present	GETTER BULDING TECHNOOLIES	- 1/1
Title	410 S. RAMPATTBUD STE 390 LAS VOSAS, NV, 8914.	5 70/#
Parising	Description of Duties Daily OPERATIONS, BUSINESS FRANK	Name of Supervisor
PEINCIPAL	CONTRACTS, FINANCIAL	NA
B.A. (I.).		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2008-2010	RETIRES	MA
Title	Description of Duties	Name of Supervisor
NA	managed Pengonal AGSETS	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001 - 2008	RI HomE, UC	BUSINESS CLOSES
Title	Description of Duties 1 Programmes	Name of Supervisor
PRINCIPAL	Daily OPENATIONS FORWARD MANNING	Name of Supervisor
FRINCH-AC	Description of Duties' Darly OPENATIONS FORWARD PLANNING CONTRACTING, FINANCING	NH
Manth and V	News (MA-Stan Address of Fredham)	
Month and Year	Name/Mailing Address of Employer/Business Americant Premient Homes 1 DEV.	Reason for Leaving
<u> 1996 — 2001</u> Title	LAS VEGAL NV	STAPTED PLHOMES
Title	Description of Duties	Name of Supervisor
MANAGING MEMBA	R BRINDPERATION, CONVACTING, DEVELOPE	MENT NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving BUSINGS DOWN SIZING
1993-1996	FAICON HOMES	BUST-VERS DOWN HAM
Title	Description of Duties	Name of Supervisor
VP CONSTRUCTION	Munaged ConsTRUCTION DEPARTMENT	MARK DOPPEY
VI CONSIGNED TON	primaged constructions - primage	VIII
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1 at = 199	Name/Mailing Address of Employer/Business	OFFERED MANAGEMENT
1992-1993	Description of Duties	Name of Supervisor
Title	Description of Duties	
Superintentant	MARRIED DAILY SIFE PORSTYMETTON	DO NOT RECALL
, - ,		
Month and Year	Name/Mailing Address of Employer/Business LIVELY CONSTENCTION * DEV	Reason for Leaving Business Slowdawn
1989-1992	CAS VEGAS NIV	13113111 035 31000 1100
Title	Description of Duties	Name of Supervisor,
OWNER	MANAGED ALL HSPECTS OF GENTERAL CONTYAG	ING NIA
		10///
Month and Year	Name/Mailing Address of Employer/Business METROPOUTHN HOMES	Reason for Leaving
1984-1989	METROPOUTEN HOMES	BUSINCES CLOSED IN
//0/-//0/ Title	Description of Duties	Name of Supervisor
LONSTRUCTION,	MANNER CONSTRUCTION TVALES	
SupEnin fenderj	Contracts HOMEDWINEY WHITANLY	DAN MANCHIN
•		

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

Applicant s initial

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees. Name of Where Employed Telephone Years Known Street DEER SPITINGS - WI Name PAT BERTHER VESAS NV 8913 Home 15 Busines owls 8 Home NTER DR. Suite 100 20 CA 92648 Home Hun Business (158 Employer LI Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes □ No ☑ If yes, complete the following: Box Number or Type of Depository City and State Authorized Users Location 11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Race horse/race dog owner Securities dealer Insurance Liquor Lawyer Real estate broker or salesman Barber/Cosmetologist Gaming Doctor Contractor Accountant Pilot Sports promoter Trainer or manager Educator Yes ☑ No □ If yes, state type, where and years held 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	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No □
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No □
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes □ No □
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No No
•••••	
••••••	
•••••	Date of photograph 12/15/2618 Applicant's initial Page

STATE OF NEVALA
SS.
COUNTY OF CIRCLE
I, ROBERT L CIVELY IR , 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 iHas 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.
Rau Signature of Applicant
Subscribed and Sworn to before me this 15 th day of DENSE HARTGROVE

(seal)

Applicant s initial Page 9

ADDITIONAL INFORMATION

SECTION 6 (I	5)	***************************************		***************************************
DEFEADART	11-26-1997	97.438/725	LASVEGAS, NV	Clark DISMISSAL
DEFENDENT	1999		LAS VEGAS, N	v Clare Dismissal
SECTION 8	Employmeni			
1980-1984 PA	PASEE CONSTRUCT	OU LAS VEGAS	NV OFFERE	S ALWANCEMENT VOULED WITH TON OF
METROPOLILAN	DEV 1951ST	ANT SupERI	VIENDANT, L	VONER WITH
Single An	d Multifa	mily Hom	ES_	
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***************************************	***************************************			
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•••••	***************************************			
••••••			••••••	

Applicant's initial_____

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application (Only required if providing internet services)

GENERAL INFORMATION
Name of Nevada license pharmacy: <u>CMH PHARMACY</u> , UC
Nevada license number:
Websites in use or intended to be used: TRD
Affiliated websites (websites that link to or otherwise direct users to your website):
VIPPS CERTIFICATION
Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes No Yes
If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.
PHARMACIES LACKING VIPPS CERTIFICATION
 Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes □ No ⊡

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2.	Does the pharmacy maintain and enforce policies and procedures that ensure the following:	
	A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives?	Yes ☑ No □
	B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy?	Yes ☑ No □
	C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy?	Yes ☑ No □
	D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner?	Yes No □
	E) That the prescriptions will be filled in compliance with all applicable federal and state laws?	Yes ☑ No □
	F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription?	Yes ☑ No □
	G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver?	Yes ☑ No □
	H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy?	Yes ☑ No □
	I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device?	Yes ☑ No □
	J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices?	Yes ☑ No □
3.	Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes?	Yes ☑ No 🗆

4.	Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides?	Yes ☑ No □
5.	Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents?	Yes ☑ No □
6.	Does the pharmacy comply with applicable federal and state laws regarding the following:	,
	A) To the dispensing of prescription drugs?	Yes ☑ No 🗆
	B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs?	Yes No ロ
	C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs?	l Yes ☑ No □
7.	Does the pharmacy ship prescriptions to a patient using secure and traceable means?	Yes ☑ No □
8.	Does the pharmacy ship prescriptions to a patient using packagin or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the <i>United States Pharmacopoeia</i> , 25 th edition, 2002, which is hereby adopted by reference?	g Yes ☑ No □
	PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCE	DURES.
The si	gnature below certifies that the answers provided in this application tand complete.	n are true,
///	Mut Im	/2~ E
Signat	ture of Owner Date	<u> </u>

10B

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 □ Sole Owner – Pages 1,2,8,10,11a&b			
GENERAL INFORMATION to be completed by all t			
Pharmacy Name: East Side Pharmacy LLC			
Physical Address: 5835 S Eastern Ave	STE 100		
City: Las Vegas State: NI	✓ Zip Code: <u>₹9//9</u>		
Telephone: 844-334-1010 Fax: 833	-861-0249		
Toll Free Number: 844-334-1010 E-mail: TYAN @ EASTSIDER XLV. (On1			
Website: N/A			
Managing Pharmacist: <u>Jeffery Lang</u> <u>License Number: 17503</u>			
TYPE OF PHARMACY AND SERVICES PROVIDED			
Yes/No Yes/No			
⊠ □ Retail	☐ ☑ Off-site Cognitive Services		
□ ဩ Hospital (# beds)	□		
□ 및 Internet	□ ဩ Parenteral (outpatient)		
□ ⊠ Nuclear	□		
☐			
_ + ,	□ ☑ Mail Service		
□ □ Community	□ ☑ Mail Service □ ☑ Long Term Care		
□ া Community	□ S Long Term Care		
□ া Community	□ ष्ट Long Term Care □ ष्ट Sterile Compounding		
□ I⊉ Community □ □ Other:	□ ष Long Term Care □ t Sterile Compounding ☑ Non Sterile Compounding		

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last fiv	e (5)) years:
--------	-----	----------	-------	----------

Board	Use Only Date Processed:	Amount: 500,0	D_
	Name of Authorized Person	Date	
5	an Signature of Person Authorized to Submit Ap	12/11/18	JS
Origin	ALL FUNDAMENTAL AND ALL SUBMITS APPLIES AND ALL SUBMIT	nlication no conies or stam	
	yees, to conduct any investigation(s) of the busi round, qualification and reputation, as it may de		
under correc	penalty of perjury, that the information furnished t. I hereby authorize the Nevada State Board or	d on this application are true f Pharmacy, its agents, serv	, accurate and ants and
•	read all questions, answers and statements and	·	
correc	by certify that the answers given in this applications. I understand that any infraction of the laws of the five tion of an authorized pharmacy may be grounds.	the State of Nevada regula	ting the
Copie	answer to question 1 through 5 is "yes", a signed so of any documents that identify the circumstand sition may be required.	•	
5)	Has the corporation, any owner(s), shareholder interest, ever surrendered a license, permit or ovoluntarily or otherwise (other than upon volunt	ertificate of registration	Yes □ No 🖒
4)	Has the corporation, any owner(s), shareholder interest, ever been found guilty, pled guilty or excontendere to any offense federal or state, rela substances?	ntered a plea of nolo	Yes □ No ◯
3)	Has the corporation, any owner(s), shareholder interest, ever been the subject of an administra site fine or proceeding relating to the pharmace	tive action, board citation,	Yes □ No 🖎
2)	Has the corporation, any owner(s), shareholder any interest, ever been denied a license, permiregistration?	. , .	Yes □ No 🛭
1)	Has the corporation, any owner(s), shareholder any interest, ever been charged, or convicted o misdemeanor (including by way of a guilty plea	f a felony or gross	Yes □ No 🕱

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Mailing Address: 5835 S Eastern Ave STE 100
City: Las Vecas State: NV Zip: 89119
Telephone: 844-334-1010 Fax: 833-861-0249
City: Las Vegas State: NV Zip: 89119 Telephone: 844-334-1010 Fax: 833-861-0249 Contact Person: Ryan L Ross
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Ryan L Ross 5835 S Eastern Ave Ste 100 Name Business Address
Name Business Address
b)
Name Business Address
C)
Name Business Address
d) Name Business Address
220 1001
3) What was the price paid per share?
List any physician shareholders and percentage of ownership.
Name: <u>V (A</u> %:
Name:%:
Hours of Operation for the pharmacy:
Monday thru Fridayamp
Sundayampm 24 Hours
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

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

1, Kyan L ROSS
Responsible Person of <u>East-Side</u> flurmacy LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.
nyant Pross
Original Signature of Person Authorized to Submit Application, no copies or stamps
Ryan L Ross Print Name of Authorized Person Date
Print Name of Authorized Person Date

	Managing Pharmacist		
Pł	parmacist Name: License #:		3
Pł	parmacy Name: Easts: de RX		
ph	As a managing pharmacist of the above referenced pharmacy, I understand within 48 hour port for duty as the managing pharmacist, I shall cause an inventory of all controlled substances armacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a inventory to be on file at the pharmacy.	of th	е
ar di: m	I understand that as the managing pharmacist I am responsible for compliance by the pharmacist personnel with all state and federal laws and regulations relating to the operation of the pharmacist of the pharmacy. I understand my license can be revoked or that I can be the subject sciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I amanaging pharmacist. I understand that if I cease to be managing pharmacist of the above named pharmacy I with the new managing pharmacist, take an inventory of all controlled substances.	armad	су
B	een diagnosed or treated for any mental illness, including alcohol or substance abuse, or	Yes	No
ph	ysical condition that would impair your ability to perform the essential functions of your license?		ø
1.	been charged, arrested or convicted of a felony or misdemeanor in any state?		Ø
2.	been the subject of a board citation or an administrative action whether completed or pending in any state?		Ø
3.	had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		ø
lf	you marked YES to any of the numbered questions above, please include the following informat	ion	
В	pard Administrative Action: State: Date: Case #:		-
Ar	nd/or Criminal Action: State: Date: Case #:		_

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

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

Ecstside Pharmacy List of Muniging members

Reger Ross Mangging member 100%.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

∌ Date	ž		
She done may 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 hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for	~~~	Natur	of License		*******************************
	~~~~	~~~		1- Dominal J	
	Name an	d Address of Establish	ment for Which Licens	e is Requested	
4 to to 10 to to 10 to 10 to 4 to		f applicable, Name Un	der Which It Is Now Op	perated	
1. PERSONAL INFOR	RMATION:	1710	7	Lee	-
Last Name		First Nam	e	Middle Name	
Alias(es, Nicknames, Maiden	Name, Other Nam	e Changes, Legal or O	therwise)		
Present Residence Address-S  2560 Sanset P  Present Business Address	le Ave	He.	ideison	N	1 89002
Present Residence Address-S	Street or RFD		City	Sta	ate/Zip
2560 sunset 1	-d	Dates Lo	S Veers	N	V 89120
					ate/Zip
Pharmacy Tech	in. c. in	Dates Jul	2018-fre	5-2-7	
Occupation				Phone: Residence	2
/		Fring Field	OR lane		702-581-8331
Dale of Birth		Place of Birth (City,	County, State)		
40				i y	, N
Age /	Social :	Security Number			Sex
Green	Block	Complexion	170	med	71"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or disting	juishing marks	and/or characteris	tics To How	gut shoul	as left are
Are you a citizen of the	United States?	Yes k No □	If alien, registration	on No.	
If naturalized, certificate	e No	******************	Date	* * * * * * * * * * * * * * * * * * *	
Place	~~~***	······································	(If natura	alized, document	must be verified.)
2. MARITAL INFORM	MATION:				
Single □ Married	□ Separate	ed 🕅 Divorce	d □ Widowed	□ Engaged	720
				Applicant's in	nitial HR

MARITAL INFORMATION	-Continued				
A. Current Marriage	3/17/07	*******************************	Santa	Rita, Gu	
Spouse's full name	o (Maiden) Ayle	en Martine	City, Cou S.S. N	Rifa, Gu	
				······································	
	Oli eet		Only	95, PR 00771	
Telephone: Resi	dence		Business <i>N/A</i>		
Spouse's employe	or NIA		occupation Home	ryker	
Address of emplo	yer <u>/V//</u>		City Stat	e Zip	
B. Previous Marriages					
	ate of Order	Date of Place	Nature of	City	
Name of Spouse	or Decree	of Marriage	Action	County and State	
Merlina Westerma	n 12/05	12/99	Dissolution	San Siego, CA	1
List of names, cu	rrent address and t	telephone numbers of	previous spouses:		
Name	Street	City	State	Zip Telephone	
Merline Westerm	an 3 9	Clements Way	Murrieta, Ct	1 92563	
3. FAMILY INFORMAT	ION:				
A. Children and De	pendents:	aliduan and adapted	shildren and aire the	following information:	
LIST AIT CHILD! Name	Birth Date	children and adopted Birth Place	Resider	nce Address	
Rosalina Hamma	de	Lemoore, C	A Spire	icle Ave Henderson, was murrieda, CA	NV 890
Marianne Ross		Portland, or	. clements	way murrieta, CA	92563
Sahriella Ross	_/	Calle Holpita San		dias, PR 08771	
B. Child Support Ir	eformation:				
	ark the appropriate	e response:			
□ I am r	not subject to a cou	urt order for the suppo	rt of child.		
plan a	pproved by the dis			and am in compliance with ng the order for the repaym	
the or	der or a plan appro	order for the support of oved by the district attornount owed pursuant to	orney or other public a	and NOT in compliance wit	th for

FAMILY INFORMATION-Continued  District attorney or public agency responsible for enforcing the child support order:	
Name California Separtment of Child Support Services	
Address P.D. BOX 419064 Rancho COrdova, CA 95741  Contact person Cleric of the Court	• * * • • • •
C. Parents:	
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	ı
in-law or legal guardian. If retired or deceased, list last address and occupation.	***************************************
Name (Maiden) Birth Date Address Occupation	
Father 2	
Delbert Ross unquer :	tc—
Kathleen Shrauger , 25th m st NW Arnegard,	
Raymond Martinez Los Piedras, FR Retired	L
Maria Diaz Las Piedras, PR Zetin	<u>ed</u>
<ul> <li>D. Brothers and Sisters:         List names, residence addresses, dates of birth and most recent occupations of brothers and sisters a their respective spouses.     </li> </ul>	ınd of
Name (Maiden) Birth Date Address Occupation	93482
Spoilse	with country
Spouse Janice Therkildson	
Clifford Ross Watford City, ND Clerk Spouse	deski de
Chathia Ross Glendale, AZ Nurse	
Keneth Dame	Name of the Addition of the Ad
Spouse	MATA PARTICULAR PROPERTY AND
4. EDUCATION:	**************************************
Name of School Location Dates Attended Graduate	***************************************
Grammar Rosselly Classification Posselle Classification	]
School Rangely High Zangely, CD \$141-5/94 Yes No 8	
School Rangell Grantham University Lenexa, 16 8/12-4/15 Yes 18 No [	
Other Yes No [	
Type of degree obtained, if any BS Business management	
College or university where obtained Caranham university	

Applicant's initial Page 3

#### 5 MILITARY INFORMATION: A. Have you ever served in any armed forces? Yes ₩ No □ Branch Navy Date of entry-active service 7/3/195 Date of separation 4/21/11 Type of discharge Honorable MA^{2_} Serial number_____ Rating at separation 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.) 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.) 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 Charge Location-City and State Arresting Agency 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, R. No 💢 If yes, furnish details on page 10. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes No S. 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 _____ Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No ☒ ... G. 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.

Applicant's initial R42

Charge

Relationship

Name

Location

Date

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

1.	part to a laws	an individual, nuit as either a p (Other than o	laintiff or defendant of	hip, or owner, director or or an arbitration as eithe	or officer of er a claimar	a corporation. ever been a it or respondent?
	If yes, give do	etails below. Lis	st all cases without ex	ception, including ban	kruptcies:	
	Defendant or /Respondent	Date Filed	Court and Case Number	City, County and S	tate	Disposition/Date
and the second						
J.	associated w	ith it as an own	, business venture, s er, officer, director or ete the following:	ole proprietorship or clo partner) been a party t	osely held coo a lawsuit,	orporation (while you were arbitration or bankruptcy?
	Name of Entity		Type of Entity		Approximate Lawsuit/Arbi	Date(s) of tration/Bankruptcy
***************************************						
		ar emphasia and an annual				
	ESIDENCES: residences vo	ou have had for	the last 25 years:			
Month a	nd Year			Cit.	C	ata an Cauchi
	- 12.25ent		Stiracle ItVE	City 2 Herele Sara, N		ate or County
	- 9/18	163 A	Heronor Rum	2 Herite Son, N Ave Henderson Vesham, OR 9	1, NV	89002
7/16	-6/18	3907 S	E 30th St G	reshand, of 9.	7080	
3/13	- 7/16			Portland, or		
3/12	- 3/13	8640	SE Causer 1	tre APT 16303	Haffy Vi	alley, DR 97086
2/11 -	3/12					ien, DR 97006.
767	2/11/R	-45. A	Jav Pr			
6/08	-2/11	8760 RE	dwood Dr	unit 144 Sa	ster, c	A 92071
	-6/28	2229A N	1c Millen br	Santa Rita,	Gu	96915
1/03	-5/05	73	rego, CA			
2/98	- 4/02		na, Bahrail	1		
			/ 300.0 500	***		

Applicant's initial Page 5

#### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/18-Present	SUNTISE PharMack 2500 & Souset Description of Duties	-rd Las Vegas, NV 89120
Title	Description of Duties	Name of Supervisor
Pharmacy Techn	cian Compounding Lab Manag	ier Tamara Angeles
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving moved to VE
6/12 - 7/18 Title	Name/Mailing Address of Employer/Business  Professional Center 205 /harm  Description of Duties	Name of Supervisor 972
Phermacy Techn.	ician Compounding Las manager	Krissy Bray
8.8 48 13.2	A1 (A2 (B) A 1 (B) C (B) (B) (B) (B) (B)	Danas for Landau
4/12-4/12 Title	Fred Mexer Pharmacy Portland, Description of Duties	Name of Supervisor
	fill frescriptions	JOE
Month and Year	Name/Malling Address of Employer/Business	Reason for Leaving
7/97/-3/11		
7/97/-3/11 Title 2	Description of Duties	Name of Supervisor
MA2	Police office	Jake Engigniler
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
		A

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

Applicant's initial 7240 Page 6

#### 9. CHARACTER REFERENCES:

	List five charact		ho have know you five	years or more. D	o not include rela	atives, pre	sent
Name of	Where Employed	Street	City State Zip	Teleph		Years Kn	OWII
Name C	Josh Dilinge	Home	1 NW 291 2 3/	Ridge Seld ,	WA 98642	9 years	· · · · · · · · · · · · · · · · · · ·
Employe	r	Business					
Name K	right Tela	Home ·	SW 5th of	Gresham on	9 2830		8 X
Employe	prestage Than	www.Business	fortland, or 9				
Name	Rose Chen	Home	3 56 89th Au	· Portland	or 9726	6	
Employe	frestige the	enackBusiness	Portland or	97270			
	Kanven Work		- Spiracle Au	- Henderson	NV 89000		
	r JSMA	•	45 Negas, N				
Name /	Merlma wes		3 Slewer	Ls way mu	meta.cag	92963	
Employe		Business					21
10.	Do you have ar person's depos	itory? Yes	box or other such dep No 50 g:	ository, access to	any depository o	r do you u	se any other
Box Nun	ber or Type of Depo	sitory	Location City	and State	Authorized Users	3	
11.	Have you ever the following: Liquor Doctor Accountant Yes \( \) No	Lawyer Contractor Pilot	ed, occupational or pro Race horse/race do Real estate broker of Sports promoter ears held	g owner	Securities dea Barber/Cosm Trainer or ma	aler etologist	ot limited to Insurance Gaming Educator
12.	interest in a lice If yes, state typ	ensed business e, when and wl ames and addre	ty, county of state bus or industry OUTSIDE here and give names a ess of all partners and	the State of Neva	da? Yes □ No e businesses in v	which you	were

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 口 No 図							
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ⊠							
If yes t	o the above, state where, when and for what reason:							
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No 这							
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?							
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer  Yes  No							
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  Yes □ No ☒️							
**********								
******								
**********								
**********								
	Date of photograph 12/11/18							
	Applicant's initial Page 8							

STATE OF NEVADA
COUNTY OF CLARK
1, Ryan L Ross , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this /2 7/1 day of OCCUMBLY COMMISSION Expires: 07-20-2022  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

(seal)

the

#### ADDITIONAL INFORMATION

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Applicant's initial 12 \$18

## PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

<b>⋑Date</b>		
P Date	 	

#### **GENERAL INSTRUCTIONS**

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

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

Application for	Nature	of License		***************************************
Name	and Address of Establishm	nent for Which Licens	e Is Requested	######################################
	If applicable, Name Und			~ ~ ~ ~ 6 ~ 6 ~ 6 ~ 6 ~ 6 ~ 6 ~ 6 ~ 6 ~
	if applicable, Name Ond	at Avuicit it is 140m of	and a contract of	
1. PERSONAL INFORMATION:	defear		Soft	
Last Name	First Name		Middle Nam	е
Alias(es, Nicknames, Malden Name, Other Na	rme Changes, Legal or Oth	nerwise)	$\mathcal{W}$	RADD
Present Residence Address-Street or RFD	Dates CS	Paas	N) s	89119
Present Business Address		Pesent	S	tate/Zip
Occupation			Phone: Residence	
Ger	astron PA	Westmarelan	Business	OD 791 3500
Date of Birth	Place of Birth (City, C	County, State)		M
Ray Black Soci	al Security Number	90	Medium	601
Color of Eyes Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or distinguishing mark	s and/or characterist	cs Done Ri	ant elbou	) Sar
***************************************	<i>I</i>			
Are you a citizen of the United State	s? Yes ☑ No □	lf alien, registration	on No	
If naturalized, certificate No	***************************************	Date		*****************
Place		(If natura	alized, document	t must be verified.)
2. MARITAL INFORMATION:				
Single   Married   Separa	ted Divorced	☐ Widowed	□ Engage	d 🗆 🔾
/			Applicant's i	nitial Pag

MARIT	AL INFO	ORMA HON-Continued	
A.	Curren	t Marriage 7/15/13 LOS Vego	s, Clark County, NV
	Spouse	o's full name (Maiden) Holly C ANGUS	City, County and States S.S. No.
	Date of	Birth Place of Birth AND W	u.C.A
	Reside	nt address , Villa De Carbe Way Las Vo	95 NV 89100 State Zip
	Telepho	one: Residence Business	7 880 0880
	Spouse	e's employer M6M 6000 Occupation 80	prace Dept
	Addres	s of employer 3799 5, Las Veax Blw Las Veax	S DY 89109
		Street City	State Zip
B. Pi	evious l	Marriages: If ever legally separated, divorced, or annulled, indica	
Name	of Spous	Date of Order Date of Place Nature se or Decree of Marriage Action	
Jenni	for	one 1/15/10 4/1/04 Divorce	e Nanta NC
CAN	<del>-     -   -   -   -   -   -   -   -   -</del>	10/10/10/10/10/10/10/10/10/10/10/10/10/1	
Section States		t di anno di provincio provinci provincio provincio provincio provincio provincio provincio prov	DOS:
	List of	names, current address and telephone numbers of previous spou	Zip Telephone
Jen 1	litor	Lancy Nauton NC	28613
3. FA		NFORMATION:	
.A.		en and Dependents: st all children, including step-children and adopted children and gi	ve the following information:
Fact	_	Name Birth Date Birth Place	Residence Address
oom	e L	Dogge MO	och Parc N
THE STATE OF THE S	(50)	LOUIS ARS	as 1000 10
Kapa	10	KODOS AZ	25 Jans 1)
LIGBG	child	Support Information: LOSUGOS V Please mark the appropriate response LOSUGOS V	US VEGAS, N.V.
reg	Larg	. 0	to copo,
J		☐ I am not subject to a court order for the support of child.	
	/	Tam subject to a court order for the support of one or more of plan approved by the district attorney or other public agency of the amount owed pursuant to the order; or	hildren and am in compliance with a enforcing the order for the repayment
		☐ I am subject to a court order for the support of one or more c the order or a plan approved by the district attorney or other p	hildren and NOT in compliance with public agency enforcing the order for
		the repayment of the amount owed pursuant to the order.  Application of the amount owed pursuant to the order.	oplicant's initial Page
			/ \ Page

FAMILY INFORMATION-Continued
District attorney or public agency responsible for enforcing the child support order:
Maille III III III III III III III III III
Address to Charles of the Country of
Contact person CRK & TR COUL
<ul> <li>Parents:</li> <li>List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,</li> </ul>
parents-
in-law or legal quardian. If retired or deceased, list last address and occupation.  Name (Maiden)  Birth Date  Addless  Occupation
Name (Walderr)
Dane Rulan Onkman Greature PA Chkorun
Mother - Robbilla Wat and
Marce Talla Popal and SC 31/08 Ketiles
Father-in-Law Tollar Dollar Dollar
Mother-in-Law / Card Clay Control Rolling
Mother-li-Law
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of
their respective spouses.  Name (Maiden)  Birth Date Address  Occupation
De la la la Lange
Spouse Alaria DA LIGHTON
Jain Land (Northe NY Enviren
Spouse
Spouse
Spouse
4. EDUCATION:
Name of School Location Dates Attended Graduate
Grammar School Yes No No
School Orane Carty Orane A 8/88-6/90 Yes No [
College College
Other MURSHU & SOUTH SECOND YES NO [
Type of degree obtained, if any DIXNOMSTU
College or university where obtained
Applicant's initial
Page 3

A.	Have you ever served in any armed forces?  Yes No   763
	Branch Date of entry-active service 70-070
	Date of separation Type of discharge HOOVIDE
	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 \Boxed No \Boxed 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?  County  State  Date registered
6. AF	RESTS, 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 A	Arrest Age Charge Location-City and State Deposition/Date Arresting Agency
B.	Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details on
C.	page 10.  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 \( \sqrt{No} \sqrt{\sqrt{D}} \)
E.	Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing?  Yes  No  No
F.	
G.	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No ☑  If yes, when?  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No ☑
H.	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐ If yes, when?
H. Name	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \( \subseteq \) No \( \subseteq \)  If yes, when?
	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \( \text{No } \equiv \)  If yes, when?
	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \( \text{No } \equiv \)  If yes, when?
	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \( \text{No } \equiv \)  If yes, when?
	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \( \text{No } \equiv \)  If yes, when?

S MILLIAKT HYPOKWATION:

Applicant's initial

#### AKKES 13, DETENTIONS, LITIGATIONS AND ANDITRATIONS CONTINUED

	part to a lawsui	t as either a pla (Other than div	intiff or defendant orces)	or an arbitration as either a conception, including bankrupt	
	//Defendant or nt/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
iaiiiai	IVRESPONDENT	Date i ned	(VSIIIVS)	GIJ, GOLII, S.I.	
		·			
	`			and the same of the first the stangers that the stangers that the standard	
J.	associated with	al partnership, b it as an owner If yes, complet	officer, director or	ole proprietorship or closely partner) been a party to a la	held corporation (while you we awsuit, arbitration or bankruptcy
	N		Type of Entity		roximate Date(s) of suit/Arbitration/Bankruptcy
	Name of Entity		Type of Entity	Laws	sult/Arbiti alion/ bankrupicy
		Andrew Commence of the Inc.			
				the description of the second	
7. R	RESIDENCES:				
	Il residences you	have had for the	e last 25 vears:		
	and Year	THE PART OF MA	, idd: 20 , od: 5.		
	m-To)	Street	and Number	City	State or County
1/41	17-conent	1 Wha	recordellay	Las vegas	100.
10	1-12/17	3 Dire	In lane	tela Vita	AR
/12	R-6/4	4 11/10	uarde	Bela Vista	AR
117		111910			
11	1-6/11	6 ELDA	are have	Rela Osta	AA.
8	-1/10	6 ELON	are lone	Bella Osta	AR AR
8	)-6/11 -1/10	6 ELON 5 RH 3472 M	ne lane	Bella Osta Bella Osta Las Deors	AR AR
8	- 6/11 - 1/10 - 3/08	5 RH 3472 M	nte have votan lare votan Circle	Bella Osta Bella Osta Las Vegas Dorth Armeta	AR AR NU
01	- 6/11 - 1/10 - 3/08 - 2/03	6 ELON 5 RH 3-172 M	nte have votan Lare votan Circle eld Dr	Bella Osta Bella Osta Las Vegas Dorth Acousta	AR AR NU SL
801	50x -1/02 -8/01	5 RH 3472 M Eneri Ala	ne lane votan lane wera Circle ela Dr ta, GA		AR AR INU SL GA
8 ON ON PROPERTY	5/08 -1/02 -1/02 -1/02 -5/01	5 RH 3472 M Eneri Alan Sh	ne lane votan Lane Wena Circle eld Dr Ta, GA		AR AR INU SZ GA
8 01 01 91	5/08 -2/02 -2/02 -2/02 -5/01 -9/96	5 RH 3472 M Engli	ne lane vota lane vota Circle ela Dr ta, GA		AR AR NU SZ GA KS
8 61 PM	5/08 -1/02 -2/02 -2/02 -5/01 -3/94	5 RANGER	ote lane votan lane when Circle eld Dr ta, GA		AR AR INU SZ GA KS CA
100 00 00 00 00 00 00 00 00 00 00 00 00	5/08 -2/02 -2/02 -2/02 -5/01 -3/94	5 RAN 3472 M Energy Alan Sh	ote lane vota lane vota Circle ela Dr ta, GA	Porth Acousta Atlanta Chartotle Wynita Montaey	AR A

#### 8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other	
business ventures with which you have been associated as an officer, director, stockholder or related capacity.  Month and Year , Name/Mailing Address of Employer/Business Reason for Leaving	
Description of Dutles Description of Description of Dutles Description of Description	
Month and Year  Name/Mailing Address of Employer/Business  Name of Supervisor  Name of Supervisor  Name of Supervisor  Name of Supervisor	100
Month and Year  Name/Mailing Address of Employer/Business  Name/Mailing Address of Employer/Business  Name/Mailing Address of Employer/Business  Reason for Leaving  Reason for Leaving  Reason for Leaving  Name of Supervisor  Name of Supervisor	50
Month and Year  Name/Malling Address of Employer/Business  Reason for Leaving  Reason for Leaving  Reason for Leaving  Name of Supervisor  Name of	r (l
Month and Year Of 2000 Name/Mailing Address of Employer/Business  Title Description of Duties Name of Supervisor  Name of Supervisor	
Month and Year Name/Mailing/Address of Employer/Business Reason for Leaving Name/Mailing/Address of Employer/Business Reason for Leaving Name of Supervisor Name of Supervisor	
Month and Year  Name/Mailing Address of Employer/Business  Car Get Hill Hospital Churche, Reason for Leaving  Order Control Control Churches  Description of Duties  Name of Supervisor  Name of Supervisor	ァ ノ
Month and Year Name/Mailing Address of Employer/Business Reason for Leaving Name of Supervisor Name of Supervisor	
If additional space is needed, continue on page 10 or provide attachment.	
Applicant's initial Page 6	

#### 9. CHAKACTEK KEFEKENGES:

	List five character reference who have know you five years or more. Do not include employer or employees.	relatives, present
Name of	of Where Employed Street City State Zip Telephone	Years Known
Name	Caper Waldred Home Care, MO 64856	5
Employer	Idania tolorial proposal (1)	
Name	the Barbose Home LOB Vegas DV	1
Employer	Ver SPATRICKA Business LOS PERES, NO	2
Name	as (bas)	
Employe	MCM ( Dedas M)	
Name	POTOR ANTRUSHOME BOX NOT CITULOU	10
Employe	yer MSM Business LOX COAS AU	
Name	Secure las leissi	1
Employe	MCM Dearts	9
10.	Do you have any safe deposit box or other such depository, access to any depository person's depository? Yes   No	y or do you use any other
	If yes, complete the following:	
Box Num	umber or Type of Depository Location City and State Authorized U	sers
<del></del>		
11,	Have you ever held a privileged, occupational or professional license in any state, in	cluding but not limited to
	the following:	_
	Liquor Lawyer Race horse/race dog owner Securities  Doctor Contractor Real estate broker or salesman Barber/Co	dealer Insurance smetologist Gaming
	Accountant Pilot Sports promoter Trainer or	
	Yes ☐ No ☐ If yes, state type, where and years held ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	1
	The years state type, where and years held Las UCOPS, Garning III	onse, busing
**********		
**********		******************************
12.	Have you ever applied for a city, county of state business, venture or industry licens	
	interest in a licensed business or industry OUTSIDE the State of Nevada? Yes 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 licer	
* * * • • n # p m # # = -	venture or industry.	***************************************
* * * * * * * * * * * * * * * * * * * *	***************************************	
~ * * * * * * * * * * * * * * * * * * *		<u> </u>

Applicant's initial

,	any reason whatsoever? Yes □ No ☑	Samuel State of the State of th
14.	. Have you ever been denied a personal license, permit, or professional activity? Yes ☐ No ☑	certificate or registration for a privileged, occupational
If yes t	to the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry licer participant in any group which has been denied a busine suitability?	ise or related finding of suitability or been a ess or industry license or related finding of Yes   No
16.	Have you or any person with whom you have been a paradministrative action or proceeding relating to the pharm	rticipant in any group been the subject of an acceutical industry?
17.	Have you or any person with whom you have been a parguilty or entered a plea of nolo contendere to any offension controlled substances?	rticipant in any group ever been found guilty, plead e, federal or state, related to prescription drugs and/or Yes ☐ No ☐
18.	Have you or any person with whom you have been a par permit or certificate of registration relating to the pharma upon voluntary close of a manufacturer	ticipant in any group ever surrendered a license, ceutical industry voluntarily or otherwise (other than Yes   No
19.	Do you have any relatives within the fourth degree of corpharmaceutical or drug related industry?	nsanguinity associated with or employed in the
********		
********		
		Date of photograph
		Applicant's initial Page 8

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

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

Subscribed and Sworn to before me this / 2 +

Notary Public

dould

SHERRY ROSS NOTARY PUBLIC STATE OF NEVADA

Original Signature of Applicant

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

(seal)

Applicant's initial

#### ADDITIONAL INFORMATION

***************************************
***************************************
***************************************
***************************************
***************************************
***************************************

Applicant's initial

#### **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 t	ypes of ownership				
Pharmacy Name: Modern Rx					
Physical Address: 6330 S Eastern Ave Suite 1A					
City: Las Vegas State: NV Zip Code: 89119					
Telephone: 800-959-3457 Fax: 800-	376-5441				
Toll Free Number:E-mai	info@modernrxpharmacy.com				
Website: Not Applicable					
Managing Pharmacist:					
TYPE OF PHARMACY AND	SERVICES PROVIDED				
<u>TYPE OF PHARMACY</u> AND Yes/No	SERVICES PROVIDED Yes/No				
Yes/No	Yes/No				
Yes/No ☐ Retail	Yes/No □ ဩ Off-site Cognitive Services				
Yes/No ☐ Retail ☐ ☑ Hospital (# beds)	Yes/No □ ဩ Off-site Cognitive Services □ ဩ Parenteral				
Yes/No  ☐ Retail ☐ ☑ Hospital (# beds) ☐ ☑ Internet	Yes/No □ ဩ Off-site Cognitive Services □ ဩ Parenteral □ ဩ Parenteral (outpatient)				
Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear	Yes/No  □ ☒ Off-site Cognitive Services □ ☒ Parenteral □ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge				
Yes/No  ☐ Retail ☐ I Hospital (# beds) ☐ I Internet ☐ I Nuclear ☐ I Ambulatory Surgery Center	Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service				
Yes/No  ☐ Retail ☐ I Hospital (# beds) ☐ I Internet ☐ I Nuclear ☐ I Ambulatory Surgery Center ☐ Community	Yes/No  ☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral ☐ ☒ Parenteral (outpatient) ☐ ☒ Outpatient/Discharge ☐ ☒ Mail Service ☐ ☒ Long Term Care				
Yes/No  ☐ Retail ☐ I Hospital (# beds) ☐ I Internet ☐ I Nuclear ☐ I Ambulatory Surgery Center ☐ Community	Yes/No  ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding				
Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community ☐ Other:Specialty	Yes/No  ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ☐ ☐ Non Sterile Compounding				

#### 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 09/09/2018 Print Name of Authorized Person Date Amount: <u>500.00</u> Board Use Only Date Processed:

# APPLICATION FOR NEVADA PHARMACY LICENSE

## OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorpor	ation: Nevada				
Parei	nt Company	if any:			05)	
Mailir	ng Address:	6330 S Eastern Ave Suite 1	A			
City:	Las Vegas		State: ^{NV}	Zip: ⁸⁹¹¹	9	
		00-959-3657		00-376-5441		
Conta		Aimee Brown				
		ion non publicly trade		LLC	_	
1)	List top 4	persons to whom the		I by the eorpora	ation?	
	a)Aimee B			n Ave Suite 1A, Las Ve	gas, NV 89119	
		Name	Business Ad	ddress		
	b)					
		Name	Business A	ddress		
	c)					
		Name	Business A	ddress		-
	d)					¥
		Name	Business Ad	ddress		
2)	Provide th	e number of shares is	sued by the corpor	ration. N/A		
3)	What was	the price paid per sha	are? N/A			
-,		and prive para per em				
List a	ıny physicia	n shareholders and po	ercentage of owner	ship.		
Nam	e: <u>N/A</u>				<u></u> %:	
Name					<b>%</b> :%	
Hour	s of Opera	tion for the pharmac	y:			
		_		Catumday	NI/A	<b>N</b> 1/A
IVIOTIC	_	lay <u>9:00</u> am <u>5:30</u>	pm	Saturday	<u>N/A</u> am	_N/A_pm
	Sunday	N/A am N/A	pm	24 Hours	N/A	
A Ne	vada busine se please pr	ess license is not requrovide the number:	ired, however if the	pharmacy has	a Nevada bu	siness

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

I,Aimee Brown	
Responsible Person of	
hereby acknowledge and understand that in	addition to the corporation's, any owner(s),
	, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or ope	-
I further acknowledge and understan	d that the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action ta	ken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said co	rporation.
I further acknowledge and understan	d that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the ph	narmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulati	ions pertaining to the practice of pharmacy.
Vinie Burn	
Original Signature of Person Authorized to	Submit Application, no copies or stamps
Aimee Brown	9/12/2018
Print Name of Authorized Person	Date

## **Managing Pharmacist**

Pharmacist Name:	THUHO N	guyen		License #: <u>\\</u>	889	-
Pharmacy Name: _	Modern Rx					-
			•	nacy, I understand within 48 ho		
				ntory of all controlled substance		
			the provision of	21 CFR Part 1304; and cause	a copy	of
the inventory to be	on file at the ph	armacy.				
and its personnel w	ith all state and oharmacy. I un such laws or re	federal laws a derstand my li	nd regulations recense can be rev	nsible for compliance by the phelating to the operation of the powered or that I can be the subject in the pharmacy in which I a	harma	
I understand with the new manag		_		the above named pharmacy I volled substances.	<	tly,
Been diagnosed or	treated for any	mental illness.	including alcoho	ol or substance abuse, or	Yes	No
				sential functions of your license	? 🗆	Ä
1. been charged, a	rrested or conv	icted of a felor	ny or misdemean	nor in any state?		X
2. been the subjecting any state?	t of a board cita	tion or an adm	inistrative action	n whether completed or pending	g	Ŏ
3. had your license state?	subjected to a	ny discipline fo	r violation of pha	armacy or drug laws in any		X
If you marked YES	to any of the nι	umbered quest	ions above, plea	ase include the following inform	ation	
Board Administrativ	e Action: Sta	te:	Date:	Case #:		_
And/or Criminal Act	ion: Stat	te:	Date:	Case #: _ Court:		_

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

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

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

M.	10/1/18
Signature	Date



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

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



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

Ballana K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180928-1256

## PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

≨ Date	10/2/2018
~ C4.0.	

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

#### MARITAL INFORMATION-Continued

۹.	Current Mari	riageN/A					
			ate N/A		City County of	nd Ctata	
	Date of Birth		Place o	f Birth			
	Resident add	ress		City	State	Zip	•••••
	Telephone:	Residence		Business			
	7.0070000	Street		City	State	Zip	•••••
B. Pr	evious Marria	ages: If ever legally	separated, divorced, o	r annulled, indica	te below:		
Name (	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature ( Action		y unty and State	
Paul B	rown	1/26/2018	9/19/1992	Divorce	Alame	da County, Fr	emont, Ca.
	List of name	s current address an	nd telephone numbers	of previous spou	ses:		
	Name		City	State	Zip	Telephone	
Paul E	Brown	Beethoven Con	nmon Apt 306 Fren	ont Ca.	94538	3	
3. FA	AMILY INFOR Children an List all (	d Dependents:	ep-children and adopte	d children and gi	ve the follow	ving informatio	n:
	Name	Birth Date	Birth Place		Residence Ad		0.4500
Haley	Brown		San Mateo	· Ma	inspury St.	Fremont, Ca	. 94536
В.		ort Information: se mark the appropr	iate response:				
	⊠ I	am not subject to a	court order for the supp	ort of child.			
	р	lan approved by the	t order for the support district attorney or othe ursuant to the order; o	er public agency (			
	ti	ne order or a plan ap	t order for the support proved by the district a amount owed pursuan	ittorney or other parts to the order.	nildren and public agend oplicant's ini	cy enforcing the	ance with e order for

in-law or legal quardian. If retired or deceased, list last address and occupation.  Name (Maiden)  Birth Date Address Occupation  Parry Baird  Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry Baird Jerry				•	forcing the child support		
Contact person							
C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents naments— in-law or legal quardian. If retired or deceased, list last address and occupation. Name (Meiden)  Birth Date  Address  Occupation.  Parry Baird  Yonder Drive Lake Havasu, AZ 86406  Retired  Address  Address  Address  Retired  Address  Address  Address  Address  Actived  Retired  Address  Actived  Address  Actived  Address  Actived  Address  Actived  Address  Actived  Actives  Accountations of brothers and sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses.  Aname (Maiden)  Accountant  Alameda De Las Pulgas, Belmont, CA 94002							
Same (Maiden)   Birth Date   Address   Occupation	C.	Parents:					
Name (Malden) Bith Date Address Occupation Father Jerry Baird  Yonder Drive Lake Havasu, AZ 86406 Retired  Retired  Retired  Retired  Retired  Retired  Pather-in-Law None  D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses. Name (Malden) Birth Date Address Occupation Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Junko Droesher Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Junko Droesher Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Junko Droesher Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Junko Droesher Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Retired  Spouse  Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Spouse  Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher  Germany Retired  Spouse  Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher  Germany Retired  Spouse  Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher  Germany Retired  Germany Retired  Spouse  Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Jerry Baird Alameda De La	parents	in low or logal gua	ordian If retired or	deceased list	last address and occurs	ation	
Jerry Baird   1 Yonder Drive Lake Havasu, AZ 86406   Retired						411011.	Occupation
Mother   Sandra Baird   Yonder Drive Lake Havasu, AZ 86406   Retired   Mother   Sandra Baird   Yonder Drive Lake Havasu, AZ 86406   Retired   Re	Father						
Mother Sandra Baird Yonder Drive Lake Havasu, AZ 86406 Retired Father-in-Law None  D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses.  Name (Malden) Birth Date Address Occupation    Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 IT Manager Spouse Alameda De Las Pulgas, Belmont, CA 94002 Accountant    Junko Droesher I Germany Retired    Spouse Germany Sales    Spouse    4. EDUCATION:  Amen of School Ceramony Sales    Spouse    Alameda De Location Dates Aftended Graduale    Grammer Red Rocks Elementary Morrison, CO 1980-1994    Yes X No College University College of San Mateo San Mateo, CA 1987-2014    Yes X No Cother    Type of degree obtained, if any, High School, AA Degree in Accounting    College or university where obtained College of San Mateo		ry Baird	)	Yonder D	rive Lake Havasu, AZ	86406	Retired
Father-in-Law None  Mother-in-Law None  D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses. Name (Maiden) Birth Date Address Occupation  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 IT Manager Spouse Cherrise Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher I Germany Retired Spouse Raik Droesher Germany Sales  Spouse  4. EDUCATION:  Type of degree obtained, if any High School , AA Degree in Accounting College or university where obtained College of San Mateo College of San Mateo College of San Mateo College of university where obtained College of San Mateo College of San Mateo College of San Mateo College of university where obtained College of San Mateo College of San Mateo College of San Mateo College of university where obtained College of San Mateo							
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses.  Name (Maiden)  Birth Date Address  Name (Maiden)  Birth Date Address  Occupation  Jerry Baird  Alameda De Las Pulgas, Belmont, CA 94002  IT Manager  Spouse Cherrise Baird  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Junko Droesher  I Germany  Retired  Spouse  Spouse  Germany  Sales  Spouse  4. EDUCATION:  Type of degree obtained, if any  High School, AA Degree in Accounting  College or university where obtained  College of San Mateo	Sand	dra Baird		Yonder Dri	ve Lake Havasu, AZ	36406	Retired
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses.  Name (Maiden)  Birth Date Address  Name (Maiden)  Birth Date Address  Occupation  Jerry Baird  Alameda De Las Pulgas, Belmont, CA 94002  IT Manager  Spouse Cherrise Baird  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Junko Droesher  I Germany  Retired  Spouse  Spouse  Germany  Sales  Spouse  4. EDUCATION:  Type of degree obtained, if any  High School, AA Degree in Accounting  College or university where obtained  College of San Mateo	Father-in	-Law					
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses.  Name (Maiden) Birth Date Address Occupation  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 IT Manager  Spouse Cherrise Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher I Germany Retired  Spouse Raik Droesher Germany Sales  Spouse  4. EDUCATION:  Name of School Fad Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No College College College College of San Mateo	None						
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses.  Name (Maiden) Birth Date Address Occupation  Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 IT Manager  Spouse Cherrise Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher I Germany Retired  Spouse Raik Droesher Germany Sales  Spouse  4. EDUCATION:  Name of School Fad Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No College College College College of San Mateo	Mother-i	n-Law					1
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters at their respective spouses.  Name (Maiden)  Birth Date  Address  Occupation  Jerry Baird  Alameda De Las Pulgas, Belmont, CA 94002  IT Manager  Spouse Cherrise Baird  Alameda De Las Pulgas, Belmont, CA 94002  Accountant  Junko Droesher  I Germany  Retired  Spouse Raik Droesher  Germany  Spouse  Spouse  4. EDUCATION:  Spouse  Accountant  Accountant	1	None					
Jerry Baird Alameda De Las Pulgas, Belmont, CA 94002 IT Manager Spouse Cherrise Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher I Germany Retired  Spouse Raik Droesher Germany Sales  Spouse  Spouse  4. EDUCATION:  Name of School Location Dates Attended Graduate  Grammar Red Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No ☐ High Bear Creek High School Colorado 1984-1985 Yes ☒ No ☐ College University College of San Mateo San Mateo, CA 1987-2014 Yes ☒ No ☐ Type of degree obtained, if any High School AA Degree in Accounting  College or university where obtained College of San Mateo		List names, reside their respective sp	ence addresses, da pouses.			ns of brotl	
Spouse Cherrise Baird Alameda De Las Pulgas, Belmont, CA 94002 Accountant  Junko Droesher I Germany Retired  Spouse Raik Droesher Germany Sales  Spouse  4. EDUCATION:  Name of School Name of School Location Pates Attended Graduate Grammar Red Rocks Elementary School Bear Creek High School College University College of San Mateo  Other  Type of degree obtained, if any High School, AA Degree in Accounting  College or university where obtained College of San Mateo College or university where obtained College of San Mateo College of San Mateo College of San Mateo College of San Mateo	Jerry E	3aird		Alameda D	e Las Pulgas, Belmont, CA	94002	IT Manager
Spouse Raik Droesher  Germany  Sales  Spouse  4. EDUCATION:  Name of School  Graduate  Grammar School  Red Rocks Elementary  Morrison, CO  1980-1984  Yes ☒ No  College University College of San Mateo  College or university where obtained  College of San Mateo	Spouse		Alan				Accountant
Spouse  4. EDUCATION:  Name of School  Red Rocks Elementary  High  Bear Creek High School  College of San Mateo  San Mateo, CA  1987-2014  Yes No  Other  Type of degree obtained, if any  High School  College of San Mateo	Junko	Droesher	I Germany			Reti	ired
Spouse  4. EDUCATION:  Name of School Name of School Red Rocks Elementary Norrison, CO 1980-1984 Yes X No High Bear Creek High School College University College of San Mateo San Mateo, CA 1987-2014 Yes No Other Type of degree obtained, if any High School, AA Degree in Accounting College or university where obtained College of San Mateo			Germ	any		Sale	es
Spouse  4. EDUCATION:  Name of School Location Dates Attended Graduate  Grammar School Red Rocks Elementary Morrison, CO 1980-1984 Yes 🖺 No Elementary Morrison, CO 1984-1985  High Bear Creek High School Colorado 1984-1985  Yes 🖾 No College University College of San Mateo San Mateo, CA 1987-2014 Yes 🖾 No Cother Yes 🗆 No Cother Yes College or university where obtained College of San Mateo	Raik L	Proesher					
A. EDUCATION:  Name of School Location Dates Attended Graduate  Grammar School Red Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No ☐  High Bear Creek High School Colorado 1984-1985  Yes ☒ No ☐  College University College of San Mateo San Mateo, CA 1987-2014 Yes ☒ No ☐  Other Yes ☒ No ☐  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	Spouse						
4. EDUCATION:  Name of School Location Dates Attended Graduate  Grammar School Red Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No ☐  High School School Colorado 1984-1985  College University College of San Mateo San Mateo, CA 1987-2014 Yes ☒ No ☐  Other Yes ☒ No ☐  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	Spouse						
4. EDUCATION:  Name of School Location Dates Attended Graduate  Grammar School Red Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No ☐  High School School Colorado 1984-1985  College University College of San Mateo San Mateo, CA 1987-2014 Yes ☒ No ☐  Other Yes ☒ No ☐  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo							_
Name of School Location Dates Attended Graduate  Grammar School Red Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No ☐  High School Colorado 1984-1985  College University College of San Mateo San Mateo, CA 1987-2014 Yes ☒ No ☐  Other Yes ☒ No ☐  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	Spouse						
Name of School Location Dates Attended Graduate  Grammar School Red Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No ☐  High School Colorado 1984-1985  College University College of San Mateo San Mateo, CA 1987-2014 Yes ☒ No ☐  Other Yes ☒ No ☐  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo							
Grammar School Red Rocks Elementary Morrison, CO 1980-1984 Yes ☒ No ☐  High School Colorado 1984-1985  College University College of San Mateo San Mateo, CA 1987-2014 Yes ☒ No ☐  Other Yes ☒ No ☐  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	4. E	DUCATION:					
School Red Rocks Elementary Morrison, CO 1900-1904  High School Colorado 1984-1985  College University College of San Mateo San Mateo, CA 1987-2014  Other Yes No  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo			hool	Location	Dates Attended		Graduate
High School Bear Creek High School Colorado 1984-1985  Yes ☒ No College University College of San Mateo San Mateo, CA 1987-2014  Yes ☒ No ☐  Other  Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	27 million (1970)	Red Rocks Eleme	ntary Morris	on, CO	1980-1984		Yes 🕅 No 🗌
College University College of San Mateo San Mateo, CA 1987-2014  Yes No  Other  Type of degree obtained, if any High School, AA Degree in Accounting  College or university where obtained College of San Mateo	High	Bear Creek High	School Colorad	do 1	984-1985		Yes 🛛 No 🗆
Type of degree obtained, if any High School , AA Degree in Accounting  College or university where obtained College of San Mateo	Callaga	ity College of San Ma	ateo San Mateo	, CA 19	987-2014		Yes ⊠ No □
College or university where obtained College of San Mateo	Other						Yes □ No □
College or university where obtained College of San Mateo	Type	of degree obtained	if any High School	I, AA Degree in A	ccounting		
$\sim$							
Applicant's initial Applicant's initial	Colleg	e or university whe	re obtained Colle	ge of San Mateo	)		
					App	licant's ini	tial B
					55		

#### 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 arrespecial or general court martial? Yes I regardless of where they occurred-foreign or detections.	ested for an offense which resulted in summary action, a trial or No I f yes, furnish details on page 10. (List all incidents omestic.)
В.	Have you registered for the draft? Yes [	□ No 🔯
	CountyState	Date registered
6. Al	RRESTS, DETENTIONS, LITIGATIONS AND A not convicted.)	RBITRATIONS: (Include those arrests in which you were
A.	Have you ever been arrested, detained, charge violation for any reason whatsoever, regardles Yes □ No ☒ If yes, give details in space pro	
ate of	Arrest Age Charge Location	on-City and State Deposition/Date Arresting Agency
В.	arrested or in which you were named as an ur	plaint ever been returned against you, but for which you were no nindicted co-party? Yes □ No 🏋 If yes. furnish details on
C.	page 10.  Have you ever been questioned or deposed by or committee? Yes □ No ☒	y a city, state, federal or law enforcement agency, commission
D.	Have you ever been subpoenaed to appear or	r testify before a federal, state or county grand jury, board or
E.	Have you ever been subpoenaed to testify for Yes □ No ☒	any civil, criminal or administrative proceeding or hearing?
F.	Have you ever had a civil or criminal record ex	xpunged or sealed by a court order? Yes □ No ☒ city_county and state
G.	Have when?	city, county and state prosecution for any criminal offense? Yes □ No ☒ city, county and state
Н.	Has any member of your family or of your spo	buse's family ever been convicted of a felony? Yes   No   R  B through H) is yes, furnish details on page 10.
	Relationship	Charge Location Date
Name	Relationaring	
		Applicant's initial
		Page

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a Yes □	e you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a to a lawsult as either a plaintiff or defendant or an arbitration as either a daimant or respondent? □ No ☑ (Other than divorces) s, give details below. List all cases without exception, including bankruptcies:							
Plaintiff/Defendant or Claimant/Responder	г	Court and Case Number		State	Disposition/Date			
associat	general partnership ed with it as an owne No ⊠ If yes, compl	er, officer, director or	cole proprietorship or partner) been a part	closely held cor y to a lawsuit, a	poration (while you were rbitration or bankruptcy?			
Name of E	ntity	Type of Entity		Approximate D Lawsuit/Arbitra	ate(s) of tion/Bankruptcy			
7. RESIDENCI	ES: es you have had for t	he last 25 years:						
Month and Year (From-To)	Stree	t and Number	City	State	or County			
1994 to Present		Mansbury St	Fremont	Califor				
1992-1994	Port Walk Plac	e, Redwood Shores, C	CA					
			. 1	Applicant's initia	al AB			

### 8. EMPLOYMENT:

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

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

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

Applicant's initial...

Pane 6

### 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City State Zip	Telepho	one Years Ki	nown
Name Dyan Vassallo	Brecon Co Home	ourt Redwood City CA 940	)62 ,	30	
Employer Splunk	Business	270 Breannan Street, Sa	n Francisco, CA	415-848-8400	<del> </del>
Christina Valdez	Home	Pennsylvania Ave., #15	Fremont, CA 94536	5 2 9	
Employer Praxair	Business	11446 Christy Street, Freme	ont, CA 94538 510	0-438-6734	
Name Leah Gregg	Home	Calico Ct, Morgan Hill, C	A 95037	22	
Employer Student	Business				
Name Linda Folan	Home	Clifton Avenue, San Carl	os, CA 94070	26	
Employer Retired	Business				
Name Judy Weber	Home	Mansbury Street, Fremo	ont, CA 94538	24	
Employer Stay at home mom	Business				
person's depositor	y? Yes □ he followin	No 🗵		any depository or do you	use any otner
Box Number or Type of Deposito	ry	Location City a	and State	Authorized Users	
the following: Liquor La Doctor C	awyer ontractor lot	Race horse/race dog Real estate broker of Sports promoter	g owner	Securities dealer Barber/Cosmetologist Trainer or manager	not limited to Insurance Gaming Educator
interest in a licens If yes, state type, v	ed busines when and w es and add	s or industry OUTSIDE t where and give names ar	the State of Nevad and locations of the	dustry license or held a fi la? Yes □ No ☒ businesses in which you sible for licensing said bu	were
			ρ	Applicant's initial	₩ Page

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 囚
If yes 1	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 図
*******	
•••••	
********	
	Date of photograph 10/3/18
	Applicant's initial Page 8

STATE OF California	
	SS.
COUNTY OF GIAMECIA	·······
foregoing application and know the contents thereof; contain a full and true account of the information requirementation or failure to reveal information requirementation and a manufacturer license; that I am voluntarily submitting Statutes 639.210 (10) provides denial or revocation or registration or permit if the holder or applicant "Has of an application, or any record, affidavit or other information, that I have familiarized myself with the content Controlled Substances Act, as amended, and the Reference of the information and the Reference of the information requirements and the second controlled Substances Act, as amended, and the Reference of the information requirements are controlled Substances Act, as amended, and the Reference of the information requirements are controlled Substances.	that the statements contained herein are true and correct and uested; that I executed this statement with the knowledge that uested may be deemed sufficient case for denial or revocation of any this application with full knowledge that Nevada Revised of the application of any person for a certificate, license, obtained any certificate, certification, license or permit by the filing ormation in support thereof, which is false of fraudulent," and ants of Nevada Statutes on Pharmacists and Manufacturer and the egulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to ab	
	er discharge the State of Nevada, the licensing agency and their
	s of action whatsoever which I, my administrators or executors
	the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	Original Signature of Applicant
Subscribed and Sworn to before me this 3 2	ady of
October 2018	
Juana Micheandle Notary Public	
	(seal)
TVANA NICHKAWDE  COMM. #2175533  MOTARY PUBLIC - CALIFORNIA  ALAMEDA COUNTY  My Comm. Exp. Dec. 15, 2020	

Applicant's initial

Page 9

### ADDITIONAL INFORMATION

 *********

Applicant's initial Page 10

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

) Date 11/2/18

### **GENERAL INSTRUCTIONS**

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

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

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

Application for 633	٢	10dern R	-X		
633	o S Ea	-Stern Smit	nacy or Wholesaler	Les veges,	NV 89119
	Name and Addre	ess of Business for Whic	h Designated Repr	esentative Is Requested	)
***************************************		f applicable, Name Unde	er Which It Is Now (	Operated	
1. PERSONAL INFO	ORMATION:	(II. VI	1.5		
Last Name		THUH First Name	U	Middle Name	
Alias(es, Nicknames, Maide	en Name, Other Name	Changes, Legal or Oth	erwise)		<del></del>
				NV	89141
Present Residence Address	-Street or RFI	C		Stat	te/Zip
N A Present Business Address		Dates			
Present Business Address		Ci	ity	Stat	te/Zip
Present Position with the Ph	narmacy or Wholesale	Dates er		Phone: Residence	· • .
1 /		Da Nama.	VIETNO	Business	
Date of Birth		Davang, Place of Birth City, Co	ounty, State)		
45					M
Age	Social S	ecurity Number		1.	Sex
Brown	Black	Medium To	W 147	lls media	- 58
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or distin	guishing marks a	nd/or characteristic	s Na	l	
Are you a citizen of the	e United States?	Yes M No 🗀 If	alien, registrati	on No	
If naturalized, certificat	- NI-		D-4-	9/11/200	1
Place Las L	legis, N	<u> </u>	(If natur	alized, document m	ust be verified.)
2. MARITAL INFOR	V				
Single □ Married	Separated	☐ Divorced	☐ Widowed	□ Engaged	
5.3 <u></u>		2,10,000			771
				Applicant s initi	ial []

MARIT	AL INFORMATIO	N-Continued		1		
Α.	Current Marriag	ge 5/2	.008	Les veges, Cla	County and State No.	
	Spouse s full na	Dat ا me (Maiden)	"THUY N	GUYEN City, C	No	- ]
	Date of Birth		Place of	Birth Sai Go	n - VIETN	AM
	Resident addres	Street	(pose Abbeypl	Les Veges 1	m - VIETN VV 89141 late Zip	
	Telephone: Re	sidence	-7 0 15	Business N/	<b>/</b> A	
	Spouse s emplo	yer Walks.	een	Occupation phe	macist	
	Address of empl	oyer <b>6650</b> E 1	Lake mead DIV	el Lasvyes A	/A au's+ /V 89156 tate Zip	
B. Pı			eparated, divorced, or			
Name	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State	
	Y NGUYEN	26 2	Lasugus, NV		1	
ar-version of the control of the con						
STANDARD OF STANDARD	List of names, co	urrent address and	telephone numbers o	f previous spouses:		
	Name			State WV	Zip Telephone	
THU	y NGUYEN	ME	lasse Abapl L		89141	
	AND VINEODIA	TION				at agreement and address.
3. FA A.	MILY INFORMA Children and D	ependents:		ahildran and airea the	a following information	- 1
	List all child Name		-children and adopted Birth Place	Resid	ence Address	
>	Lena NGUY	EN	Las viges, No	v M	elpose Abbay	pl, Lu, No
_2_	ter NGUY	EN	Les vers.	NU	melpose Abb	gpl Lu, M
В.	Child Support I	Information: mark the appropriat	te response:			
	☐ I am	not subject to a co	urt order for the suppo	rt of child.		
	plan	approved by the di	order for the support of strict attorney or other suant to the order; or	one or more children public agency enforc	n and am in compliand cing the order for the re	e with a epayment
	the c	order or a plan appr	oved by the district att	orney or other public	n and NOT in complian agency enforcing the	nce with order for
	tne r	epayment of the an	nount owed pursuant t	Applica	nt s initial	Page 2

FAMIL	Y INFORMATION-Continue District attorney or public a		for enforcing the	child support order:	-	
	Name	goney responsible		sima dapport order.		
	Address	N/A				
	Contact person	* / /				
C.	Parents:					
parents	List names, residence addr	resses, dates of bir	th and most recer	nt occupations of par	ents, step-parent	S,
paronte	in-law or legal guardian. If			and occupation.		Company and the State of the Company
	Name (Maiden)	Birth Date	Address		Occupation	
Father	ALC INITAL	-1 1	Declased		Pharmac	Hi
Mother	NG-UY EN	6 0 .				,
	h vo	/ 1	- 6	relic Hills L	11 24 89 11.1	petired
Father-in			. 0	real mis L	0,000 0 1141	
LiE	Ucao	_ 1	Decesse	² d		
Mother-in		1 1 - 1	/ ca se	9	* * * * * * * * * * * * * * * * * * * *	
D.	Brothers and Sisters: List names, residence addr their respective spouses. Name (Maiden)	esses, dates of bir	th and most recen	nt occupations of bro	thers and sisters	and of 
THUN	HI Duncan		Mooch	, are Fullety.	CA Phar	macist
Spouse	+ Duncan		; mod	dy are fuller	to a Dha	mac. 57
			b	Table Comment	- : - 364	pharmarist
Spouse		1.7.	1/09	wood st, west	musice, ca	provided Nurse
rictor	ia NGUYEN		Dogr	Jood 17, West	menster, cot	Tacgrafic of Tacgrafic
-UON	G NOUYEN	1 1 1	patch	Dr. Huntingto	m bleach, CF	phrmeuist Registered Nurse pharmecist
Spouse	NGUYEN		: patch	Dr, Huntington	Beach, CA	phonocis
VGA	N NGUYEN		,			negrothed Norsa
Spouse	70	,,,	Loggett	a way, Lu, Nu kung, Lv, x	8914)	
Kater	ina NovyEN	- L · VI - S	logge	kun, lv, x	JV 8914)	Dentel assisted
4. ED	DUCATION:	1	O	,		
		Loopti	on Dates A	ttandad	Graduate	
Gramma	Name of School r	Locati	ori Dates A	ittended	Yes No	
School High	Phone Chan Thin	h Dawan	y, Viet Nam	8/2988-5/199	Yes No	
School College Universit	-1		/	5/91 5/90	Yes No No	
Other		V1200	a a ac / W/	1'4 1')	Yes No	
Type of	f degree obtained, if any	pharm	-aust			
	e or university where obtaine	d Baclelo	r 4 pt	Scie	nce at	University of
-				Applicant s in	itial TH	Page 3
					1	-

### 5 MILITARY INFORMATION: 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 Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents special or general court martial? regardless of where they occurred-foreign or domestic.) Yes □ No 🗹 Have you registered for the draft? County_____State_____Date registered_____ 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception. Location-City and State Deposition/Date Arresting Agency Charge Date of Arrest Has a criminal indictment, information or complaint ever been returned against your, 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. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes □ No ☑ Have you ever been subpoended to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No ☑ Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes 🗌 No 👺 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 Have you ever received a pardon or deferred prosecution for any criminal offense? Yes \(\sigma\) No \(\sigma\) G. If yes when? city, county and state Has any member of your family or of your spouse s family ever been convicted of a felony? Yes □ No 🖳 Η. If you answer to any of the above questions (B through H) is yes, furnish details on page 10. Location Date Relationship Name

Applicant s initial

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

1.	part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  Yes  No (Other than divorces)				
			ception, including bankrupt	cies:	
	Defendant or t/Respondent Date Filed	Court and Case Number	City, County and State		Disposition/Date
J.		vner, officer, director or p	le proprietorship or closely partner) been a party to a la		
	Name of Entity	Type of Entity		oximate Date(s) uit/Arbitration/B	
				31317	
STATE OF THE PARTY					
	ESIDENCES: residences you have had for	or the last 25 years:			
Month a (Fron	nd Year I-To) St	reet and Number	City	State or C	ounty
2011	- present	melrose Abbe	upl Las vegas,	NV	8914)
1200	- 5/2011 14	rs correl br	lily by les ve	NV	89178
200	T 6/ BIV	105 4(24)1-	) 0. 3 3 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31170
				***	
Chairte messarine no for the tales	Andrew Control of the				101
			Applica	nt s initial	Page

### 8. EMPLOYMENT:

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

5/2008-present	CVC Pharmacy- Las Veges, NV	over 10,000 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
pharmaurst	All Dutice of a phormacist	Tody Lewis
Title	Description of Duties	Name of Sepervisor
5/2006-5/2008	Walcreln, Las vieges, NV	about 3000 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
smanst in charal	All of Duties of a pharmanist & PIC	Matt Forster
Title In Charge	Description of Duties	Name of Supervisor
1/2008-12/2009	Amex pharmacy, Las Veges, NI	1 about 800 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
) Wher	Allbanes of Owner of phormacy	Owner
Title	Description of Duties	Name of Supervisor
3/2004-5/2006	CVS phormacy Las Veges, NV	about 3000 how
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
rman'st In Charg	Typing, production, Inventory	Chad Luebski
Title	Description of Duties	Name of Supervisor
6/2002-3/2004	walforer, chico, CA	about 2000 how
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
hermanist	All butters of a Full time phonis	+ Collins bogg
hermalist Title	All Duties of a Full time phonis Description of Duties	Name of Supervisor
hermanst Title  Month and Year		
Title	Description of Duties	Name of Supervisor
Title  Month and Year  Title	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties	Name of Supervisor  Number of Employed Hours
Title  Month and Year  Title  Month and Year	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties  Name/Mailing Address of Employer/Business	Name of Supervisor  Number of Employed Hours  Name of Supervisor  Number of Employed Hours
Title  Month and Year  Title	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties	Name of Supervisor  Number of Employed Hours  Name of Supervisor
Title  Month and Year  Title  Month and Year	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties  Name/Mailing Address of Employer/Business	Name of Supervisor  Number of Employed Hours  Name of Supervisor  Number of Employed Hours
Title  Month and Year  Title  Month and Year  Title	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties	Name of Supervisor  Number of Employed Hours  Name of Supervisor  Number of Employed Hours  Name of Supervisor
Title  Month and Year  Title  Month and Year  Title  Month and Year	Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties  Name/Mailing Address of Employer/Business  Description of Duties  Name/Mailing Address of Employer/Business	Name of Supervisor  Number of Employed Hours  Name of Supervisor  Number of Employed Hours  Name of Supervisor

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

Applicant s initial

Page 6

9. CHARACTER REFERENCES: List five character reference who have know you five years or more. Do not include relatives, present employer or employees. Name of Where Employed Street City Years Known Telephone : Nordland pr. corona, CA 92880 10 yes Name Sam Home Employer Kaiser Business Home Employer Tiger Sof Business Home Employer in engloyment Business Name Tony chu Home

Employer	Walbeln	Business	Working	for h	sal (sen	in Cali	Siria	
	Rung Nouy	EN Home	Hende	son, N	vallen	· v		11 years
Employer	cvs pharm	ay Business in	book for CVS	at 18	25 E wasn	going Lu,	NV 89119	=
10.	Have you ever the following:	held a privilege	d, occupationa	l or profess	sional license i	n any state, inc	luding but r	not limited to
	Liquor Doctor Accountant Yes □ No ☑	Lawyer Contractor Pilot De, where and ye	Race horse/ Real estate Sports prom	broker or sa		Securities d Barber/Cosi Trainer or m	metologist	Insurance Gaming Educator
11.	Have you ever	applied for a cit	v. county of sta	ate busines	s. venture or i	ndustry license	or held a fi	nancial
	interest in a lice If yes, state typ	ensed business be, when and whames and addre	or industry OU here and give r	JTSIDE the names and	State of Nevalocations of the	ida? Yes □ No e businesses ir	o <b>□</b> which you	were
12.	Have you ever any reason wh	appeared befor atsoever? Yes	re any licensino □ No 🖪	g agency or	r similar author	rity in or outside	the State	of Nevada for
13.		been denied a activity? Yes		se, permit, o	certificate or re	egistration for a	privileged,	occupational
If yes to	o the above, sta	te where, when	and for what re	eason:				
							•••••••	
						Amuliaanta initi		X

Applicant s initial Page 7

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	
15.	Have you or any person with whom you have been a participant in any group been the su administrative action or proceeding relating to the pharmaceutical industry?	ubject of an Yes □ No Ū
16.	Have you or any person with whom you have been a participant in any group ever been f guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescontrolled substances?	ound guilty, plead scription drugs and/or Yes □ No ᡚ
17.	Have you or any person with whom you have been a participant in any group ever surrent permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise upon voluntary close of a wholesaler	dered a license, herwise (other than Yes  No
18.	Do you have any relatives within the fourth degree of consanguinity associated with or er pharmaceutical or drug related industry?	nployed in the 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 PHOTOGRA	PH
	TAKEN WITHIN LAS	ST
	30 DAYS HERE	
********		
		1 6
	Date of photograph i	118
	Applicant s initial	Page 8

STATE OF NEVada ss.
ss.
COUNTY OF CLARK
I, THUHO NGUYEM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant. Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,  I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this Znd day of  November 2018  Notary Public
(seal)
DARIAN R. ROBINSON NOTARY PUBLIC STATE OF NEVADA My Commission Expires: 01-03-2022 Certificate No: 18-2727-1

Applicant s initial Page 9

### ADDITIONAL INFORMATION

	17
	*****************
-	
	•••••
1	

Applicant s initial Page 10

**10D** 

### **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.

			TW. Pri NL - U							
New Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.										
<ul> <li>□ Publicly Traded Corporation - Pages 1,2,3,10,11a&amp;b</li> <li>□ Partnership - Pages 1,2,6,10,11a&amp;b</li> <li>□ Sole Owner - Pages 1,2,8,10,11a&amp;b</li> </ul>										
GENERAL INFORMATION to be completed by all types of ownership										
Pharmacy Name: Perform Rx Pharmacy										
Physical Address: 2565 Chandler Ave Suite	e 2									
City: Las Vegas	State: _	NV	Zip Code:							
Telephone:844-334-1010	Fax:83	33-861-02	249							
Toll Free Number: 844-334-1010	E-	mail: <u>p</u>	erformpharmacy@yahoo.com							
Website: Not Applicable										
Managing Pharmacist:Trinh Luu			License Number:16351							
TYPE OF PHARMACY	AND	SE	RVICES PROVIDED							
Yes/No		Yes	s/No							
⊠ □ Retail			☐ Off-site Cognitive Services							
□ ဩ Hospital (# beds	_)		☑ Parenteral							
□ ⊠ Internet			☑ Parenteral (outpatient)							
□ ⊠ Nuclear			☑ Outpatient/Discharge							
□	Center		☑ Mail Service							
☑ □ Community			☑ Long Term Care							
☑ □ Other: <u>Specialty</u>			☑ Sterile Compounding							
			☐ Non Sterile Compounding							
All boxes must be checked										
For the application to be com	plete	$\boxtimes$	☐ Other Services: _Local Delivery							

### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a fel misdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No ☑					
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce registration?	partner(s) with ertificate of	Yes □ No ☑					
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative as site fine or proceeding relating to the pharmaceutical	ction, board citation,	Yes □ No ⊠					
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo	Yes □ No ☑					
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary clo	ate of registration	Yes □ No ⊠					
Copie	answer to question 1 through 5 is "yes", a signed state s of any documents that identify the circumstance or casition may be required.	ement of explanation n contain an order, agree	nust be attached. ement, or other					
correc	by certify that the answers given in this application and t. I understand that any infraction of the laws of the S tion of an authorized pharmacy may be grounds for th	tate of Nevada regula	ting the					
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.								
( )								
Origin	al Signature of Person Authorized to Submit Application	on, no copies or stamp	os .					
	ney Robinson	10/26/2018						
Print N	Name of Authorized Person	Date						
Board	Use Only Date Processed:	Amount: 560.0	<u> </u>					

### APPLICATION FOR NEVADA PHARMACY LICENSE

### OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorp	ooration: Nevada			
Parent Compa	any if any:			
Mailing Addre	ss: 2565 Chandler Ave Suite	2		
City:	as Vegas	_ State:NV	Zip:89126	0
Telephone: _	844-334-1010	Fax: 833-86	1-0249	
Contact Perso	on: Courtney Robinson			
For any corpo	ration non publicly traded,	disclose the following	ng:	
1) List top	4 persons to whom the sh	nares were issued by	y the corporat	ion?
a)	Courtney Robinson	2565 Chandler Ave	e Suite 2, Las Ve	egas, NV 89120
,	Name	Business Addre	ess	3.0
b)				
	Name	Business Addr	ess	
c)	N	D A 1.1.		· · · · · · · · · · · · · · · · · · ·
	Name	Business Addr	ess	
d)	Name	Business Addre	288	
2) Provide	e the number of shares iss	ued by the corporati	on. <u>N/A</u>	
3) What v	vas the price paid per shar	e? <u>N/A</u>		
List any physi	cian shareholders and per	centage of ownershi	ip.	
Name: NA				%:
Name:				%:
Hours of Ope	eration for the pharmacy	<u>:</u>		
Monday thru I	riday <u>9:00</u> am <u>5:30</u>	_pm	Saturday	_{N/A} am <del>N/A</del> pm
Sunda	y <u>N/A</u> am <u>N/A</u>	_pm	24 Hours	N/A
	siness license is not require provide the number:	ed, however if the pl NV20181777436	narmacy has	a Nevada business

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

I,Courtney Robinson	
Responsible Person of Perform Rx Pharmacy	
hereby acknowledge and understand that in addition to the	ne corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible.	onsible 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 cor	poration's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Ne	evada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.	ž.
I further acknowledge and understand that the cor	poration's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in	n said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining	g to the practice of pharmacy.
Original Signature of Person Authorized to Submit Applic	ation, no copies or stamps
Courtney Robinson	10/26/2018
Print Name of Authorized Person	Date

### **Managing Pharmacist**

Pharmacist Name:	Trinh Luu	J		License #:1635	51	
Pharmacy Name: _	Perform R	x Pharmacy				
report for duty as the	e managing to the me	g pharmacist, thod prescrib	I shall cause an invento	cy, I understand within 48 hours ory of all controlled substances I CFR Part 1304; and cause a	of th	е
and its personnel wi and the practice of p disciplinary action if managing pharmaci	ith all state oharmacy. such laws ist.	and federal land inderstand or regulations	aws and regulations relamy license can be revo	ible for compliance by the pharating to the operation of the pharked or that I can be the subject in the pharmacy in which I am e above named pharmacy I will ed substances.	armad	су
Been diagnosed or	treated for	anv mental il	lness, including alcohol		/es	No
				ntial functions of your license?		Ŏ
1. been charged, a	rrested or	convicted of a	a felony or misdemeanor	r in any state?		⊠
2. been the subject in any state?	t of a board	d citation or a	n administrative action w	vhether completed or pending		□
3. had your license state?	subjected	to any discip	line for violation of pharr	macy or drug laws in any		×
If you marked YES	to any of th	ne numbered	questions above, please	e include the following informat	ion	
Board Administrativ	e Action:	State:	Date:	Case #:		_

State: ____

County

And/or Criminal Action:

Date:

Case #: _____

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

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

	1/2	11-1-18	
Signature		Date	

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PERFORM RX PHARMACY 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 October 28, 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 November 2, 2018.

Barbara K. Cegavske Secretary of State

Ochora K. Cegarste

Electronic Certificate Certificate Number: C20181102-1888

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

☑ Date	11	-	-	1	-	1	1	8	1	/						
														-		

### **GENERAL INSTRUCTIONS**

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

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

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

Application for	,	Nature of Pharmacy or	Wholesaler			
	Name and Address of B				Is Requested	
		able, Name Under Whic				
1. PERSONAL INFO		sole, Name Onder Willo	11 11 15 14 OW 4	Operated		
Last Name Lun		First Name		ľ	Middle Name	·
Alias(es, Nicknames, Maiden	Name, Other Name Chang	es, Legal or Otherwise)			7.90	
NA						
Present Residence Address-S	Street or RFD	City			State/Zip	)
2 Spr	Street or RFD Ranch Physics	2009-Present	Las	Viez a	> NV	89118
Present Business Address		City			State/Zip	)
	Dates					
Present Position with the Pha	rmacy or Wholesaler				Phone: Residence	********
				1	Business	
Date of Birth	Place	of Birth (City, County,	State)			
		Saigon,	Viet	nam	<u>.</u>	
Age	Social Security	Number				Sex
49	-					male
Color of Eyes	Color of Hair Cor	nplexion	Weight		Build	Height
Brown	Black	Medium	170	165	Medium	5'9"
Scars, tattoos or disting	guishing marks and/or	characteristics	Bi-Th	ma	KonR	ight Cheek
Are you a citizen of the	United States? Yes	☑ No □ If alien	, registrat	ion No		
If naturalized, certificate						
Place Bakersti						
2. MARITAL INFORM	MATION:	a u				
Single ☐ Married	✓ Separated □	Divorced	Widowe	d□	Engaged	
	x ×			Арр	olicant's initial	∏ Page

A.	Current Marri	age	3-4-	08		La	y Vegazi	Clark, NV
	Spouse's full r	name (M	aiden) <i>H.</i> o.	Linh	Thay	Thi City, C S.S.	ounty and State	Clark, NV
				•		th	72	
	Resident addre	ess	Street	ing RA	nch Pku	City Cus Vega	ate Zip	7/16
	Telephone: F	Residenc	e		Bu	siness		A A A A A A A A A A A A A A A A A A A
*	Spouse's emp	loyer	west	Nails	Oc	cupation Ma	nicuris	
	Address of em	ployer	(0530 Street	South	em High	lands Las V	ey43 NV ate Zip	89118
B. Pi	evious Marriaç	ges: If e	ver legally se	eparated, di	vorced, or an	nulled, indicate bel	ow:	·
Name	of Spouse		of Order Decree		of Place arriage	Nature of Action	City County and	State
	via Ngu				004			veges, Clark, N
****								
La de la la companya de la companya								
				telephone		revious spouses:	7:- Tal	
~	// <del>}</del>		Street		City	State	Zip Tele	ephone
			E.					
3. F/	MILY INFORM	ATION:	-					
A.	Children and List all ch			-children a	nd adopted ch	nildren and give the	e following info	rmation:
				Birth P	lace	Reşid	ence Address	
	Ynna Lui	1			las Vega	5, NV 6	Sprin	z Ranch PKuy
	-ana Lu	и	10		las Veg	ias, NV	- 50	ing Ranch Pku,
В.	Child Suppor	rt Inforn	nation:	— *ys *Y8 92 - 21 2				*
			he appropria	te response	<b>)</b> :			
	<b>⊠</b> l a	ım not s	ubject to a co	ourt order fo	r the support	of child.		
	pla	an appro	ect to a court of eved by the dispunt owed pure	istrict attorn	ney or other po	ne or more childre ublic agency enfore	n and am in co cing the order f	mpliance with a or the repayment
	the	e order o	or a plan appi	roved by the	e support of o e district attor d pursuant to	ne or more childre ney or other public the order.	agency enforce	cing the order for
						Applica	nt's initial	Page 2

MARITAL INFORMATION-Continued

FAMIL	.Y INFORMATION-Continued District attorney or public agency respons	ible for enforcing the shild support	t oudou
	Name		
	Address  Contact person		
c.	Parents:		· ·
parent	List names, residence addresses, dates o s-	T DITTH and most recent occupation	ns of parents, step-parents,
	in-law or legal guardian. If retired or dece	ased, list last address and occup.  Address	ation. Occupation
= ==	Traine (Marcell)		
Father	Hai Luu	· Chambers b · N, Main 81	in st Flectical Engil
Mother		. N. Main SI	
	lang Luy	Chambers barg	PA Taylor
Father-i	ong Van Ho (Deceased		6
Mother-	in-Law		1 nemer
Ba	Kim Nguyen (Deceased)	Vieta	Facmin
Spouse	Name (Maiden)  Michelle Trainor  Richard Trainor	- 495 Arcaro Di Milton 6-A 300	Occupation  House wife  OOY CEO y Lexisnex
Spouse			
8			
Spouse		¥	
Spouse			
4. E	DUCATION:	_	
		ocation Dates Attended	Graduate
Gramm School	ar wilson pai	He Creek 1977-198	Yes No 🗆
High School	Burroughs Ri	descrest 1984-19	% 7 Yes ☑ No □
College	VIVI I U CO ( F. ) ALL NOW I -CO (CA	Albuquerque 1999	-2003 Yes ☑ No □
Other			Yes □ No □
	of degree obtained, if any Phan	a D.	
Colle	ge or university where obtained <u>Un</u>	iversity of New	Mixico
		(	

Α.	Have you ever served in any armed forces? Yes □ No ☑							
	Branch		Date of entry	of entry-active service				
	Date of separationType of discharge							
	Rating at separation	1	Seria	al number				
		ourt martial?	ever arrested for an offe Yes ☐ No ☐ If yes reign or domestic.)					
В.	Have you registered	I for the draft?	Yes □ No Ø					
	County	State	9	Date registered				
6. A	RRESTS, DETENTIO	NS, LITIGATIONS	S AND ARBITRATIONS	: (Include those arrest	s in which you were			
A.	violation for any rea	son whatsoever, r	ed, charged, indicted or s regardless of the disposit pace provided below. Li	tion of the event? (Excep	ot minor traffic citations.)			
Date of	Arrest Age	Charge	Location-City and State	Deposition/Date	Arresting Agency			
					*			
B. C. D. E. F. G.	arrested or in which page 10. Have you ever been or committee? Yes Have you ever been commission? Yes Have you ever been Yes No Have you ever had If yes, when? Have you ever recell yes when? Has any member or	n questioned or de  ☐ No ☑  n subpoenaed to a  ☐ No ☑  n subpoenaed to to a civil or criminal of the civil or criminal or crimin	as an unindicted co-part eposed by a city, state, for estify for any civil, crimin record expunged or seal- city, county a deferred prosecution for city, county a your spouse's family ever estions (B through H) is y	ederal or law enforcement of federal, state or county and or administrative proceed by a court order? Yes and state any criminal offense? Yes and state are been convicted of a fe	ent agency, commission grand jury, board or eeding or hearing?  B			
Name		Relationsh	nip Chard	ge Lo	cation Date			
- valito		110000000	<u></u>	99				
					*			

, 5 MILITARY INFORMATION:

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes □ No ☑ (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies: Plaintiff/Defendant or Court and Case Claimant/Respondent Date Filed Number City, County and State Disposition/Date

laimant/Respondent D	ate Filed	Number	City, County and State	Disposition/Date
27				
				10 g
		2		
J. Has any general passociated with it Yes □ No ☑ If	as an owner, of	ficer, director or partr	roprietorship or closely he ner) been a party to a law	eld corporation (while you value) suit, arbitration or bankrup
Name of Entity	n n	in a of Earth.	Approxi	mate Date(s) of
Name of Entity		ype of Entity	Lawsuit	Arbitration/Bankruptcy
	,			
				V. I
7. RESIDENCES:				
st all residences you have	ve had for the la	st 25 years:		
onth and Year				
(From-To)	Street and	Number	City	State or County
12010 - Present		Pring Ranch	Pkuy Las Vegas	NV
-/2008 - 1/2010	10367	buynns Fal	11s ST Las Vegas	NV
0/04-2/08	3555	Arville ST	# 105B Las Ves	as NV
5/99 - 6/04	4573	ATlantic 1	City Pkny Las Vegas Us ST Las Vegas #105B Las Vegas Ave Long Be	ach CA
e e				
-			5	
			5	

Applicant's initial

### 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.

	QHR Pharmacy	
8/17	765 N. Nell's Blvd #7 Las Viegas Name/Mailing Address of Employer/Business	1,400
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Phamacy M	Janager Manage Pharmacy Ores	assoms mol:
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business Huntridge	
1/14 1	144 E. Charles Ton Blvd, las Viegas Description of Duties	6,290
Fitle	Description of Duties	Name of Supervisor
Pharmacis	T Fill Process, Verity, Transfur,	Shaina
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
6/04	CNS Pharmace DoeseTIng Ra	1 20,800
Title	Description of Duties	Name of Supervisor
Pharmaci	Description of Duties  ST fill, Process, verify, counsel	Ke
		Number of Employed House
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

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. Name of Where Employed Street Telephone Hoa Name Home Employer **Business Business** Seif Employer Business Have you ever held a privileged, occupational or professional license in any state, including but not limited to 10. 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 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 

I 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 _____ Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☑ If yes to the above, state where, when and for what reason: 

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related to suitability?	or been inding of Yes □		<u>d</u>
15.	Have you or any person with whom you have been a participant in any group been the su administrative action or proceeding relating to the pharmaceutical industry?	ıbject of a		<b>a</b>
16.	Have you or any person with whom you have been a participant in any group ever been f guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescontrolled substances?		drug	and/or
17.	Have you or any person with whom you have been a participant in any group ever surrer permit or certificate of registration relating to the pharmaceutical industry voluntarily or ot upon voluntary close of a wholesaler		othe	r than
18.	Do you have any relatives within the fourth degree of consanguinity associated with or er pharmaceutical or drug related industry?	nployed i Yes □	in the No	e
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	18		
	Applicant's initial	$\sim$	٠	Page 8

Appointment No. 16-4377-1 My Appt. Expires Oct 12, 2020

Applicant's initial

Alexander Gonzalez

# ADDITIONAL INFORMATION

Applicant's initial