

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CMH PHARMACY, LLC
Physical Address: (TBD) MAKING 1930 VILLAGE CENTER Cir. 3-104
City: LAS VEGAS State: NV Zip Code: 89134
Telephone: 702-400-3139 Fax: N/A
Toll Free Number: N/A E-mail: KLIVELY@CMHMAIL.COM
Website: TBD
Managing Pharmacist: ALYSHA McMAHON License Number: 18590

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

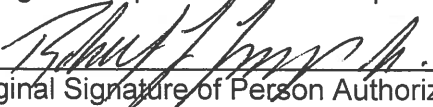
Within the last five (5) years:

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

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

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

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


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

ROBERT L LIVELY JR
Print Name of Authorized Person

12/12/2018
Date

Board Use Only

Date Processed: _____

Amount: 500.00

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 percentage of ownership:

Name: ROBERT LEE LIVELY JR. %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: CMH PHARMACY, LLC

Mailing Address: 1930 VILLAGE CENTER CIRCLE 3-104

City, State Zip Code: LAS VEGAS, NV 89134

Telephone Number: 702-400-3139 Fax Number: N/A

Contact Person: ROBERT LIVELY

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours X

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181866473

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

I, ROBERT L LIVELY JR.

Responsible Person of CMH PHARMACY, LLC

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

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

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


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

ROBERT L LIVELY JR.
Print Name of Authorized Person

12/12/2018
Date

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.

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

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

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

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



Signature

12/11/18

Date

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

Date 12/11/18

GENERAL INSTRUCTIONS

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

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

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

Application for Pharmacy

CUH Pharmacy, LLC Nature of Pharmacy or Wholesaler
1930 Village Center Circle Suite 3-104 Las Vegas NV 89134
Name and Address of Business for Which Designated Representative Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

McMahon Alysha Leilani
Last Name First Name Middle Name

N/A

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

Pro Tour Ct Las Vegas NV 89141
Present Residence Address-Street or RFD City State/Zip

350 W. Lake Mead Pkwy 8-8-13 Henderson NV 89015
Present Business Address Dates to Present City State/Zip

Pharmacist 8-8-13 to Present
Present Position with the Pharmacy or Wholesaler Dates

Honolulu, Honolulu, HI CVS
Place of Birth (City, County, State) Business

29 Female
Age Sex

Green Brown Fair 140 Athletic 5'4
Color of Eyes Color of Hair Complexion Weight Build Height

round scar above right knee
Scars, tattoos or distinguishing marks and/or characteristics

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

N/A N/A
If naturalized, certificate No. Date

N/A (If naturalized, document must be verified.)
Place

2. MARITAL INFORMATION:

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

Applicant's initial all
Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/14/18 Las Vegas, Clark, NV
Date City, County and State
 Spouse's full name (Maiden) Dustin Lively S.S. No.
 Date of Birth _____ Place of Birth Las Vegas, NV
 Resident address Pro Tour Ct Las Vegas NV 89141
Street City State Zip
 Telephone: Residence _____ Business 702-793-1537
 Spouse's employer Lennar Occupation construction manager
 Address of employer 9275 West Russel Rd Las Vegas NV 89148
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

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

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial am

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father Chris McMahon		1 Lloyd George Dr Henderson NV 89052	Corporate Business Consultant
Mother Susan McMahon		1 Lloyd George Dr Henderson NV 89052	Retired
Father-in-Law Robert Lively		Conough Lane Las Vegas NV 89149	Real Estate Developer
Mother-in-Law Kelley Clifton		Conough Lane Las Vegas NV 89149	Real Estate Developer

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
Melissa McMahon		Tomessa St Las Vegas NV 89141	Nurse (RN)
Spouse Chris Holmes		Tomessa St Las Vegas NV 89141	Personal Trainer
N/A			
Spouse N/A			
N/A			
Spouse N/A			
N/A			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School St. John Vianney	920 Keio Dr. Kailua HI 96734	8/1/94 - 5/30/03	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Le Jardin Academy	917 Kalamianale Dr. Kailua HI 96734	8/1/03 - 5/27/07	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University University of Nevada, Reno	1664 N. Virginia St Reno NV 89457	8/1/07 - 6/1/10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Roseman University	11 Sunset Way Henderson NV 89014	8/1/10 - 6/7/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Doctor of Pharmacy, PharmDCollege or university where obtained Roseman University

Applicant's initial

au

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NIA Date of entry-active service NIADate of separation NIA Type of discharge NIARating at separation NIA Serial number NIA

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

B. Have you registered for the draft?

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NIA</u>					
<u>NIA</u>					
<u>NIA</u>					

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

Name	Relationship	Charge	Location	Date
<u>NIA</u>				
<u>NIA</u>				
<u>NIA</u>				

Applicant's initial all

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
6/89 - 8/07	1422 AUAUKI ST	Kailua	HI
8/07 - 6/10	2800 Enterprise Rd	Reno	NV
6/10 - 6/16	924 Lloyd George Dr	Henderson	NV
6/16 - 6/18	6482 Holland Hills St	Las Vegas	NV
6/18 - current	Pro Tour Ct	Las Vegas	NV

Applicant's initial

all

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 Mead Pkwy Henderson NV 89015	10,000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist, Staff Float, Full Time	Prepare, process, check, counsel dispense medication/prescriptions	Mike Natale
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

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

Applicant's initial

all

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Laura Hook</u>	Home	<u>1 Auliki St</u>	<u>Kailua HI</u>	<u>96734</u>		<u>25</u>
Employer <u>Student (MO)</u>	Business	<u>University of Hawaii Manoa</u>				
Name <u>Keegen Walsh</u>	Home	<u>1 N. University Blvd</u>	<u>Mobile AL</u>	<u>36688</u>		<u>10</u>
Employer <u>Student (PA)</u>	Business	<u>University of South Alabama</u>				
Name <u>Cheryl Sherman</u>	Home	<u>1 Awinala Rd</u>	<u>Kailua HI</u>	<u>96734</u>		<u>29</u>
Employer <u>The Green Comb</u>	Business	<u>1297 Kapiolani Blvd Honolulu HI 96814</u>				
Name <u>Robin Taber</u>	Home	<u>Wind Drift</u>	<u>Boca Raton FL</u>	<u>33433</u>		<u>29</u>
Employer <u>Florida Atlantic University</u>	Business	<u>777 Glades Rd Boca Raton FL 33431</u>				
Name <u>Robert Handley</u>	Home	<u>2 Holland Hills St</u>	<u>Las Vegas NV</u>	<u>89113</u>		<u>5</u>
Employer <u>Smith's Nephew</u>	Business	<u>3945 W. Reno Ave Las Vegas NV 89118</u>				

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

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor <input checked="" type="checkbox"/>	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

If yes, state type, where and years held

Doctor of Pharmacy, Nevada
Licensed 8/8/13 - present

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

N/A

N/A

N/A

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 ☒

N/A

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

N/A

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

N/A

Applicant's initial

am

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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 12/7/18

Applicant's initial mc

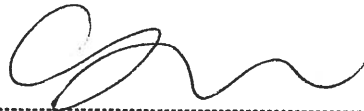
STATE OF Nevada

ss.

COUNTY OF Clark

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

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



Original Signature of Applicant

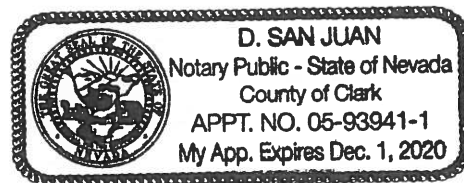
State of NV, County of Clark

Subscribed and Sworn to before me this 11 day of December 2018

Alysha L. McMahon

Notary Public

(seal)



Applicant's initial



Page 9

ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial

all

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

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Application for PHARMACY
Nature of License
CMH PHARMACY, LLC 1930 VILLAGE CENTER CIR. 3-104 LAS VEGAS, NV 89134
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name LIVELY JR First Name ROBERT Middle Name LEE
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

NONE
Present Residence Address-Street or RFD City State/Zip

CONOUGH LANE Dates 2005-Present LAS VEGAS, NV 89149
Present Business Address City State/Zip

4105. RAMPART BLVD STE 390 Dates 2010 - Present LAS VEGAS, NV 89145
Occupation Phone: Residence: Business 702-583-6188

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

57 CRESCENT CITY, DEL NORTE, CALIFORNIA
Age Social Security Number Sex

57 MALE
Color of Eyes Color of Hair Complexion Weight Build Height
BROWN BROWN FAIR 185 AVERAGE 5'10"

Scars, tattoos or distinguishing marks and/or characteristics CROSS TATTOO LEFT UPPER ARM

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial B Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** MAY 2, 1981 LAS VEGAS, CLARK, NV
Date City, County and State
 Spouse's full name (Maiden) KELLEY-TAY CLIFTON
S.S. No.
 Date of Birth Place of Birth TUCSON, AZ
 Resident address CONOUGH LANE LAS VEGAS NV 89149
Street City State Zip
 Telephone: Residence Business 702-583-6188
 Spouse's employer BETTER BUILDING TECHNOLOGIES Occupation REAL ESTATE DEVELOPER
 Address of employer 4105 S. RAMPART BLVD STE 390 LAS VEGAS NV 89145
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>NONE</u>				

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

Name	Street	City	State	Zip	Telephone
<u>NONE</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>ROBERT RUSSELL LIVELY</u>	<u>7</u>	<u>LAS VEGAS, NV</u>	<u>9 VALLEY EDGE CRT LAS VEGAS, NV 89141</u>
<u>DUSTIN LEE LIVELY</u>	<u>7</u>	<u>LAS VEGAS, NV</u>	<u>7 PROTOUR CRT LAS VEGAS, NV 89141</u>
<u>ASHLEY-TAY LIVELY</u>	<u>1</u>	<u>LAS VEGAS, NV</u>	<u>CONOUGH LANE LAS VEGAS, NV 89149</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial B

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
ROBERT LEE LIVELY SR.	?	PEACEFUL POND LAS VEGAS, NV 89131	SELF-EMPLOYED
Mother			
DOROTHY JEAN LIVELY (RYDER)	?	PEACEFUL POND LAS VEGAS, NV 89131	SELF-EMPLOYED
Father-in-Law			
JAMES JAY CLIFTON	1	GRANADA AVE LAS VEGAS, NV 89107	FLOORING INSTALLER
Mother-in-Law			
NANCY LOUISE DAY	1	CELITA LAS VEGAS, NV 89143	CLERICAL

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
JEAN LEE LIVELY		2 Longleaf Dr. GREENWOOD IN 46143	BANKING
Spouse			
EARL RALPH RUSK		Longleaf Dr. GREENWOOD IN 46143	CONSTRUCTION MANAGER

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School MITCHELL	900 AVENUE B Boulder City, NV 89005	1972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Boulder City	1101 5TH STREET Boulder City, NV 89005	1975-1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University UNLV	4505 S. MARYLAND BLVD LAS VEGAS, NV 89154	1979-1982	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

College or university where obtained

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

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

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

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

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

B. Have you registered for the draft?

Yes ☒ No ☐County Clark State NEVADA Date registered 4/1979**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
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Applicant's initial

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
DEFENDANT	5-14-2009	A-09-59033/C	LAS VEGAS, CLARK, NV	DISMISSAL
DEFENDANT	3-14-2002	02A447778	LAS VEGAS, CLARK, NV	DISMISSAL
DEFENDANT	3-30-2000	00A416955	LAS VEGAS, CLARK, NV	DISMISSAL

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
RL HOMES, LLC	LIMITED LIABILITY COMPANY	7-23-2008
RL HOMES, LLC	LIMITED LIABILITY COMPANY	3-18-2008

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
8/2005 - Present	CONOUGH LANE	LAS VEGAS	NV, CLARK
1/1993 - 8/2005	7784 W. ROSADA WAY	LAS VEGAS	NV, CLARK

Applicant's initial



8. EMPLOYMENT:

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

Month and Year <i>5/2010 - Present</i>	Name/Mailing Address of Employer/Business <i>BETTER BUILDING TECHNOLOGIES 4105 S. RAMPART BLVD STE 390 LAS VEGAS, NV, 89145</i>	Reason for Leaving <i>N/A</i>
Title <i>PRINCIPAL</i>	Description of Duties <i>DAILY OPERATIONS, BUSINESS PLANNING CONTRACTS, FINANCING</i>	Name of Supervisor <i>N/A</i>
Month and Year <i>2008-2010</i>	Name/Mailing Address of Employer/Business <i>RETIRED</i>	Reason for Leaving <i>N/A</i>
Title <i>N/A</i>	Description of Duties <i>MANAGED PERSONAL ASSETS</i>	Name of Supervisor <i>N/A</i>
Month and Year <i>2001-2008</i>	Name/Mailing Address of Employer/Business <i>RL HOME, LLC LAS VEGAS, NV</i>	Reason for Leaving <i>BUSINESS CLOSED</i>
Title <i>PRINCIPAL</i>	Description of Duties <i>DAILY OPERATIONS, FORWARD PLANNING CONTRACTING, FINANCING</i>	Name of Supervisor <i>N/A</i>
Month and Year <i>1996-2001</i>	Name/Mailing Address of Employer/Business <i>AMERICAN PREMIERE HOMES, DEV. LAS VEGAS, NV</i>	Reason for Leaving <i>STARTED RL HOMES</i>
Title <i>MANAGING MEMBER</i>	Description of Duties <i>DAILY OPERATION, CONTRACTING, DEVELOPMENT</i>	Name of Supervisor <i>N/A</i>
Month and Year <i>1993-1996</i>	Name/Mailing Address of Employer/Business <i>FALCON HOMES LAS VEGAS, NV</i>	Reason for Leaving <i>BUSINESS DOWN SIZING</i>
Title <i>VP CONSTRUCTION</i>	Description of Duties <i>MANAGED CONSTRUCTION DEPARTMENT</i>	Name of Supervisor <i>MARK DORREY</i>
Month and Year <i>1992-1993</i>	Name/Mailing Address of Employer/Business <i>DEL WEB LAS VEGAS, NV</i>	Reason for Leaving <i>OFFERED MANAGEMENT FALCON HOMES</i>
Title <i>CONSTRUCTION SUPERINTENDANT</i>	Description of Duties <i>MANAGED DAILY SITE CONSTRUCTION</i>	Name of Supervisor <i>DO NOT RECALL</i>
Month and Year <i>1989-1992</i>	Name/Mailing Address of Employer/Business <i>LIVELY CONSTRUCTION, DEV LAS VEGAS, NV</i>	Reason for Leaving <i>BUSINESS SLOWDOWN</i>
Title <i>OWNER</i>	Description of Duties <i>MANAGED ALL ASPECTS OF GENERAL CONTRACTING</i>	Name of Supervisor <i>N/A</i>
Month and Year <i>1984-1989</i>	Name/Mailing Address of Employer/Business <i>METROPOLITAN HOMES LAS VEGAS, NV</i>	Reason for Leaving <i>BUSINESS CLOSED IN LAS VEGAS</i>
Title <i>CONSTRUCTION SUPERINTENDANT</i>	Description of Duties <i>MANAGED CONSTRUCTION TRADES CONTRACTS, HOMEOWNER WARRANTY</i>	Name of Supervisor <i>DAN MAULDIN</i>

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

Applicant's initial

B

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>PAT BERTHES</u>	Home	<u>W. DEERSPTINHS</u>	<u>LA</u>	<u>VEGAS NV 89131</u>		<u>20</u>
Employer <u>METRO REMTY</u>	Business	<u>1415 S. ARVILLE ST</u>	<u>LA</u>	<u>VEGAS, NV 89102</u>		
Name <u>BRUCE BETTRIDGE</u>	Home	<u>7 EVERGREEN OAKS DR.</u>	<u>HE</u>	<u>ENDERSON, NV 89052</u>		<u>15</u>
Employer <u>RETIRED</u>	Business	<u>N/A</u>				
Name <u>SALLY GALATI</u>	Home	<u>OWLS PEAK COURT</u>	<u>LA</u>	<u>VEGAS NV 89144</u>		<u>8</u>
Employer <u>DUNN GALATI LTD</u>	Business	<u>3015 SOUTH TOWN CENTER DR. Suite 100</u>	<u>LA</u>	<u>VEGAS NV 89144</u>		
Name <u>PATRICK NUNES</u>	Home	<u>3 1913 STREET</u>	<u>CA</u>	<u>HUNTINGTON BEACH, CA 92648</u>		<u>20</u>
Employer <u>LSI</u>	Business	<u>1587 E BENTLEY DR.</u>	<u>CA</u>	<u>ROSA, CA 92879</u>		
Name <u>DENNIS MORGAN</u>	Home	<u>NIGHT WIND</u>	<u>LA</u>	<u>VEGAS, NV 89130</u>		<u>25</u>
Employer <u>VALLEY AIR</u>	Business	<u>9225 S. MAIN ST.</u>	<u>LA</u>	<u>VEGAS, NV 89139</u>		

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

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

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

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

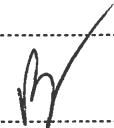
Yes ☒ No ☐

If yes, state type, where and years held

CONTRACTOR, NEVADA, 16 YEARS,

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

Applicant's initial



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

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

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

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

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

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

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

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



Date of photograph 12/15/2018

Applicant's initial [Signature]

STATE OF Nevada

SS.

COUNTY OF CLARK

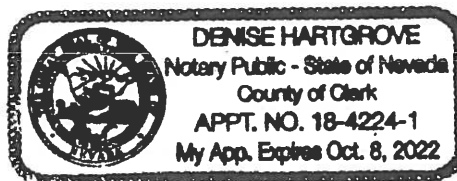
I, ROBERT C. LIVELY JR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

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

Robert C. Lively Jr
Original Signature of Applicant

Subscribed and Sworn to before me this 15th day of

December 2018
Denise Hartgrove
Notary Public



(seal)

Applicant's initial RL

ADDITIONAL INFORMATION

SECTION 6 (I)

DEFENDANT 11-26-1997 97A381725 LAS VEGAS, NV, CHIEF DISMISSAL

DEFENDANT 1999 LAS VEGAS, NV, CHIEF DISMISSAL

SECTION 8 Employment

1980-1984 PARDEE CONSTRUCTION LAS VEGAS, NV OFFERED ADVANCEMENT
METROPOLITAN DEV. ASSISTANT SUPERINTENDANT, WORKED WITH
PROJECT SUPERINTENDANT TO MANAGE CONSTRUCTION OF
SINGLE AND MULTI-FAMILY HOMES.

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: CMH Pharmacy, LLC

Nevada license number: _____

Websites in use or intended to be used: TBD

Affiliated websites (websites that link to or otherwise direct users to your website):

NONE

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered by NABP) certified? Please provide a copy with application. Yes ☐ No ☒

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. 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 ☐

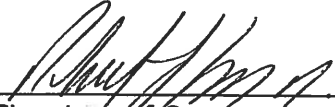
3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes?

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 ☐
- 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? 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 packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia*, 25th edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

12/12/2018
Date

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
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EastSide Pharmacy LLC

Physical Address: 5835 S Eastern Ave STE 100

City: Las Vegas State: NV Zip Code: 89119

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

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

Website: N/A

Managing Pharmacist: Jeffery Lang License Number: 17503

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Ryan L. Ross

Print Name of Authorized Person

12/11/18

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Mailing Address: 5835 S Eastern Ave STE 100
City: Las Vegas State: NV Zip: 89119
Telephone: 844-334-1010 Fax: 833-861-0249
Contact Person: Ryan L Ross

For any corporation non publicly traded, disclose the following:

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

a) Ryan L Ross 5835 S Eastern Ave Ste 100
Name Business Address
b) _____
Name Business Address
c) _____
Name Business Address
d) _____
Name Business Address

- 2) Provide the number of shares issued by the ^{LLC} corporation. 100%
3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

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

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

I, Ryan L Ross

Responsible Person of Eastside Pharmacy LLC

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

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

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

Ryan L Ross

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

Ryan L Ross

Print Name of Authorized Person

12/11/18

Date

Managing Pharmacist

Pharmacist Name:

Jeffrey S Lamy

License #:

17503

Pharmacy Name:

Eastside Rx

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

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

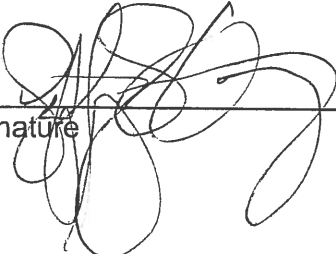
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

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

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

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

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

Signature 

Date 12/10/18

Eastside Pharmacy List of Managing members

Ryan Ross Managing member 100%.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date _____

GENERAL INSTRUCTIONS

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

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

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

Application for _____

Nature of License _____

Name and Address of Establishment for Which License Is Requested _____

If applicable, Name Under Which It Is Now Operated _____

1. PERSONAL INFORMATION:

Ross Last Name Ryan First Name Lee Middle Name

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

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

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

Pharmacy Technician Occupation Jul 2018 - Present Dates

Phone: _____
Residence _____
Business 702-581-8351

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

40 Age M Sex

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

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

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial LR

MARITAL INFORMATION-Continued

A. **Current Marriage** 3/17/07 Santa Rita, Gu
 Spouse's full name (Maiden) Aileen Martinez City, County
 Date of Birth _____ Place of Birth Bronx, NY
 Resident address Calle Adolfo Sanchez Las Piedras, PR 00771
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation Homemaker
 Address of employer N/A

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Mertina Westerman</u>	<u>12/05</u>	<u>12/99</u>	<u>Dissolution</u>	<u>San Diego, CA</u>

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

Name	Street	City	State	Zip	Telephone
<u>Mertina Westerman</u>	<u>3 Clements Way</u>	<u>Murrieta</u>	<u>CA</u>	<u>92563</u>	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Rosalina Hammack</u>		<u>Lemoore, CA</u>	<u>Spiracle Ave Henderson, NV 89002</u>
<u>Marianne Ross</u>		<u>Portland, OR</u>	<u>Clements Way Murrieta, CA 92563</u>
<u>Gabriella Ross</u>		<u>Calle Adolfo Sanchez</u>	<u>Las Piedras, PR 00771</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial RJR

FAMILY INFORMATION-Continued

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

Name California Department of Child Support ServicesAddress P.O. Box 49064 Rancho Cordova, CA 95741Contact person Clerk of the Court**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Delbert Ross		unknown	
Mother			clerk
Kathleen Shrauger		25 th M St NW Arnegard, ND	58835
Father-in-Law			
Raymond Martinez		Las Piedras, PR	Retired
Mother-in-Law			
Maria Diaz		Las Piedras, PR	Retired

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Eric Ross		NE Hickory St Vancouver, WA	98682
Spouse			
Janice Thorildson			
Clifford Ross		Watford City, ND	Clerk
Spouse			
Christina Ross		Glendale, AZ	Nurse
Spouse			
Kenneth Damié			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Rangel Elementary	Rangel, CO	8/83-6/88	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Rangel High	Rangel, CO	8/91-5/94	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College University	Grantham University	Lenexa, KS	8/12-4/15	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS Business managementCollege or university where obtained Grantham university

Applicant's initial

RLR

5 MILITARY INFORMATION:

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

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

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

Rating at separation MA² Serial number _____

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

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

County Clark State WA Date registered 6/18/94

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

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

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

Name	Relationship	Charge	Location	Date
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Applicant's initial RJC Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
9/18 - present	Spiracle Ave	Henderson, NV	89002
6/18 - 9/18	163 Afternoon Rain Ave	Henderson, NV	89002
7/16 - 6/18	3901 SE 30th St	Gresham, OR	97080
3/13 - 7/16	11645 SE Fuller Rd	Portland, OR	97222
3/12 - 3/13	8640 SE Causeway Ave Apt 1C303	Happy Valley, OR	97086
2/11 - 3/12	15258 SW Milliken Way Apt 616	Beaverton, OR	97006
7/07 - 2/11	U.S. Navy		
6/08 - 2/11	8760 Redwood Dr unit 144	Santee, CA	92071
5/05 - 6/08	2229A McMillen Dr	Santa Rita, GU	96915
4/02 - 5/05	San Diego, CA		
2/98 - 4/02	Manama, Bahrain		

Applicant's initial

DLK

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/18-Present	Sunrise Pharmacy 2500 E Sunset Rd Las Vegas, NV 89120	
Title	Description of Duties	Name of Supervisor

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

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

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

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

MA2	Police Officer	Jake Englander
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Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

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

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

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

Applicant's initial RJ Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Josh Dillinger</u>	Home	1 NW 291 st St Ridgefield, WA 98642				9 years
Employer	Business					
Name <u>Kristy Tein</u>	Home	SW 5 th St Gresham, OR 97030				8 years
Employer <u>Prestige Pharmacy</u>	Business	Portland, OR 97220				
Name <u>Rose Chen</u>	Home	356 89 th Ave Portland, OR 97264				6 years
Employer <u>Prestige Pharmacy</u>	Business	Portland, OR 97220				
Name <u>Karen Northrop</u>	Home	- Sprack Ave Henderson, NV 89002				6 years
Employer <u>JSMN</u>	Business	Las Vegas, NV				
Name <u>Merline Westerman</u>	Home	3 Clements Way Murrieta, CA 92563				21 years
Employer	Business					

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

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

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes ☐ No ☒
If yes, state type, where and years held

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

Applicant's initial

RL

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

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

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

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

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

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

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

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



Date of photograph 12/11/18

Applicant's initial RR

STATE OF Nevada

SS.

COUNTY OF Clark

I, Ryan L Ross

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

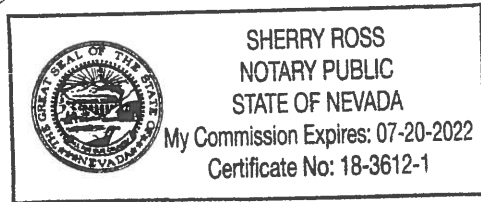
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Ryan L Ross
Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of

December, 2018

Sherry Ross
Notary Public



(seal)

Applicant's initial RLR
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ADDITIONAL INFORMATION

Lined area for additional information.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date

GENERAL INSTRUCTIONS

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

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

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

Application for

Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Lang First Name Jeffrey Middle Name Scott

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

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

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

Occupation Pharmacist Dates 5/08 - Present

Phone: Residence

Business 702 791 3800

Date of Birth 4/1 Place of Birth (City, County, State) Greensburg, PA Westmoreland County

Age 41 Social Security Number M

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

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial SL

A. **Current Marriage** 7/15/13 Las Vegas, Clark County, NV
 Spouse's full name (Maiden) Holly C. Andrews City, County and State
 Date of Birth Panorama, CA S.S. No.
 Resident address Villa De Cande Way Las Vegas NV 89102
 Telephone: Residence Business 877 880 0880
 Spouse's employer MGM Grand Occupation Beverage Dept.
 Address of employer 3799 S. Las Vegas Blvd Las Vegas NV 89109
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Jennifer Lang	1/15/10	4/1/04	Divorce	Newton, NC

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

Name	Street	City	State	Zip	Telephone
Jennifer Lang		Newton	NC	28613	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Sophie Lang		Las Vegas, NV	Newton, NC
Jefferson Lang		Rogers, AR	Las Vegas, NV
Ruby Lang		Rogers, AR	Las Vegas, NV
Hages Lang		Las Vegas, NV	Las Vegas, NV
Gregory Lang		Las Vegas, NV	Las Vegas, NV

B. **Child Support Information:**

Please mark the appropriate response

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

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

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

Applicant's initial

FAMILY INFORMATION-Continued

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

Name

Benton County Arkansas Family Court

Address

102 NE 4th St #203 Bentonville, AR 72712

Contact person

Clerk of the Court

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father		Last known	
James Ray Lang	Unknown	Greensboro, PA	Unknown
Mother		Ben Villa Way	
Marge Taylor		1001 Cal, SC 29708	Retired
Father-in-Law		Ben Villa Way	
James Taylor		Tega Cay, SC 29708	Retired
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Ryan Taylor		Atlanta, GA	Engineer
Spouse			
Dawn Lang		Charlotte, NC	Engineer
Spouse			

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Orange County	Orange, VA 8/88 - 6/92	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	North Carolina @ Charlotte		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	University of Southern Nevada		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type of degree obtained, if any	BS Biochemistry		Pharm D
College or university where obtained	UNCC		USN

Applicant's initial

3. MILITARY INFORMATION:

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

Branch OSAF Date of entry-active service 7/92-6/96

Date of separation OSAF Type of discharge Honorable

Rating at separation E4 Serial number _____

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

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

County Orange State VA Date registered 6/92

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

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

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

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

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

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

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

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

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

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

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

Applicant's initial [Signature]

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

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

Applicant's initial

8. EMPLOYMENT:

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

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

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

Applicant's initial

JS

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name: Karen Walcott	Home	Wane	MO	64856		5
Employer: Premier Pharmacy	Business	Springdale	AR	72762		
Name: Marc Barbose	Home	Las Vegas	NV			7
Employer: NS Pharmacy	Business	Las Vegas	NV			
Name: George Andrews	Home	Las Vegas	NV			10
Employer: MSM	Business	Las Vegas	NV			
Name: George Andrews	Home	Boulder City	NV			10
Employer: MSM	Business	Las Vegas	NV			
Name: Am Sparacio	Home	Las Vegas	NV			8
Employer: MSM	Business	Las Vegas	NV			

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

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

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Las Vegas, Gaming license, 6 years

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

Applicant's initial

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

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

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

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

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

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

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

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



Date of photograph

12/11/18

Applicant's initial

Page 8

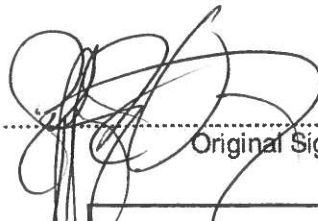
STATE OF Nevada

ss.

COUNTY OF Clark

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

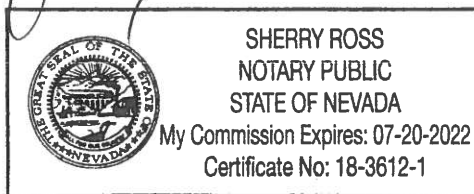
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



Original Signature of Applicant

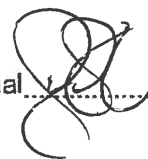
Subscribed and Sworn to before me this 12th day of

December, 2018
Sherry Ross
Notary Public



(seal)

Applicant's initial



ADDITIONAL INFORMATION

Lined area for additional information.

10C

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Modern Rx

Physical Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip Code: 89119

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

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

Website: Not Applicable

Managing Pharmacist: THUHO NGUYEN License Number: 14869

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

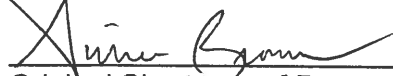
Within the last five (5) years:

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

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

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

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



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

Aimee Brown

Print Name of Authorized Person

09/09/2018

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip: 89119

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

Contact Person: Aimee Brown

For any ^{LLC}corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the ^{LLC}corporation?

a) Aimee Brown ^{-100% owner} 6330 S Eastern Ave Suite 1A, Las Vegas, NV 89119
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:30 pm

Saturday N/A am N/A pm

Sunday N/A am N/A pm

24 Hours N/A

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

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

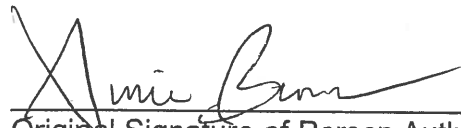
I, Aimee Brown

Responsible Person of Modern Rx

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

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

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



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

Aimee Brown
Print Name of Authorized Person

9/12/2018
Date

Managing Pharmacist

Pharmacist Name: THUHO NGUYEN

License #: 14009

Pharmacy Name: Modern Rx

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

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


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

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

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

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

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



Signature

10/1/18

Date

SECRETARY OF STATE

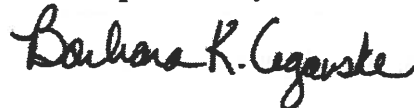


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

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

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

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

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180928-1256

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/2/2018

GENERAL INSTRUCTIONS

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

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

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

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

1. PERSONAL INFORMATION:

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

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial

A. **Current Marriage** _____ N/A _____
 _____ Date _____ City, County and State _____
Spouse's full name (Maiden) _____ N/A _____ **S.S. No.** _____
Date of Birth _____ **Place of Birth** _____
Resident address _____
 _____ Street _____ City _____ State _____ Zip _____
Telephone: Residence _____ **Business** _____
Spouse's employer _____ **Occupation** _____
Address of employer _____
 _____ Street _____ City _____ State _____ Zip _____

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

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

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

Applicant's initial

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

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

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

D. Brothers and Sisters:

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

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

4. EDUCATION:

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

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

Applicant's initial



5 MILITARY INFORMATION:

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

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

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

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

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

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

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

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


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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial.....



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)

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

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

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

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

7. RESIDENCES:

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

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

Applicant's initial



8. EMPLOYMENT:

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

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

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

Applicant's initial



9. CHARACTER REFERENCES:

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

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

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

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

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Real Estate in the state of California 2006-2010

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

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

Applicant's initial

AB

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

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

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

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

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

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

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

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



Date of photograph 10/3/18

Applicant's initial JB

STATE OF California

SS.

COUNTY OF Alameda

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

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

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

Aimee Brown

Original Signature of Applicant

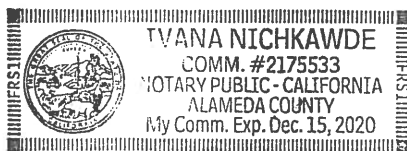
Subscribed and Sworn to before me this 3rd day of

October 2018

Ivana Nickkawde

Notary Public

(seal)



Applicant's initial

AB

[illegible]

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

Date 11/2/18

GENERAL INSTRUCTIONS

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

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

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

Application for Modern Rx
6330 S Eastern Ave Las Vegas, NV 89119
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

NGUYEN THUHO
Last Name First Name Middle Name

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

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

NA NA
Present Business Address City State/Zip

NA
Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business

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

45 M
Age Sex

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

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No Date 9/14/2001

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

2. MARITAL INFORMATION:

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

Applicant's initial TH

MARITAL INFORMATION-Continued

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

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

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

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

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

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

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

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial TH

FAMILY INFORMATION-Continued

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

Name _____
 Address N/A _____
 Contact person _____

C. Parents:

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

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

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

D. Brothers and Sisters:

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

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

4. EDUCATION:

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

Type of degree obtained, if any pharmacist

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

Applicant's initial TD

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial _____ 

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

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

Applicant's initial ml

8. EMPLOYMENT:

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

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

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

Applicant's initial

JH

9. CHARACTER REFERENCES:

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

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

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

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

Applicant's initial

DM

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



ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph 11/1/18

Applicant's initial DM

STATE OF Nevada SS.

COUNTY OF Clark

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

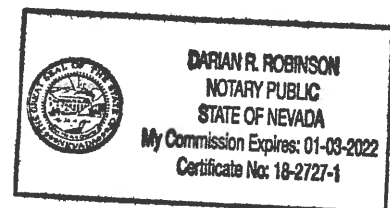
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of

November 2018
DARRYL
Notary Public

(seal)



Applicant's initial TH Page 9

ADDITIONAL INFORMATION

N/A

Applicant's initial PH

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.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Perform Rx Pharmacy

Physical Address: 2565 Chandler Ave Suite 2

City: Las Vegas State: NV Zip Code: 89120

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

Toll Free Number: 844-334-1010 E-mail: performpharmacy@yahoo.com

Website: Not Applicable

Managing Pharmacist: Trinh Luu License Number: 16351

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

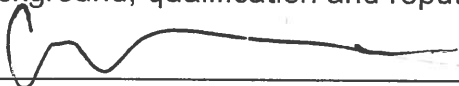
Within the last five (5) years:

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

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

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

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


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

Courtney Robinson

Print Name of Authorized Person

10/26/2018

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 2565 Chandler Ave Suite 2

City: Las Vegas State: NV Zip: 89120

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

Contact Person: Courtney Robinson .

For any corporation non publicly traded, disclose the following:

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

a) Courtney Robinson 2565 Chandler Ave Suite 2, Las Vegas, NV 89120
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:30 pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181777436

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 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

Courtney Robinson

Print Name of Authorized Person

10/26/2018

Date

Managing Pharmacist

Pharmacist Name: Trinh Luu

License #: 16351

Pharmacy Name: Perform Rx Pharmacy

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

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

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

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

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

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

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

Signature



Date

11-1-18

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

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20181102-1888

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

Date 11-1-18

GENERAL INSTRUCTIONS

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

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

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

Application for _____
Nature of Pharmacy or Wholesaler _____
Name and Address of Business for Which Designated Representative Is Requested _____
If applicable, Name Under Which It Is Now Operated _____

1. PERSONAL INFORMATION:

Last Name Luu First Name Triah Middle Name Ngoc

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

Present Residence Address-Street or RFD 2 Spring Ranch Pkwy City Las Vegas State/Zip NV 89118
Dates 2009-Present

Present Business Address _____ City _____ State/Zip _____
Dates _____

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

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

Age 49 Social Security Number _____ Sex Male

Color of Eyes Brown Color of Hair Black Complexion Medium Weight 170 lbs Build Medium Height 5'9"

Scars, tattoos or distinguishing marks and/or characteristics Birth mark on Right Cheek

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

If naturalized, certificate No. _____ Date 11-1-18

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

2. MARITAL INFORMATION:

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

Applicant's initial TL

MARITAL INFORMATION-Continued

A. **Current Marriage** 3-4-08 Las Vegas, Clark, NV
 Date City, County and State
 Spouse's full name (Maiden) Ho, Linh Thuy Thi S.S. No. _____
 Date of Birth _____ Place of Birth Vietnam
 Resident address Spring Ranch Pkwy Las Vegas NV 89116
 Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer Sweet Nails Occupation Manicurist
 Address of employer 10530 Southern Highlands Las Vegas NV 89118
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Olivia Nguyen</u>	<u>2006</u>	<u>2004</u>	<u>Divorced</u>	<u>Las Vegas, Clark, NV</u>

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Lynna Luc</u>		<u>Las Vegas, NV</u>	<u>Spring Ranch Pkwy</u>
<u>Lana Luc</u>		<u>Las Vegas, NV</u>	<u>Spring Ranch Pkwy</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial TL

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father Hai Luu		N. Main St Chambersburg, PA	Electrical Engineer
Mother Lang Luu		N. Main St Chambersburg, PA	Taylor
Father-in-Law Duong Van Ho (Deceased)		Vietnam	Farmer
Mother-in-Law Ba Kim Nguyen (Deceased)		Vietnam	Farmer

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
Michelle Trainor		495 Arcaro Dr	House wife
Spouse Richard Trainor		Milton GA 30004	CEO of Lexisnexis
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Wilson	Battle Creek	1977-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Burroughs	Ridgecrest	1984-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University University of New Mexico	Albuquerque	1989-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Pharm D.

College or university where obtained..... University of New Mexico

Applicant's initial.....

5 MILITARY INFORMATION:A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

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

County _____ State _____ Date registered _____

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

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

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

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

Applicant's initial *W*

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
1/2010 - Present	Spring Ranch Pkwy	Las Vegas	NV
2/2008 - 1/2010	10367 Gwynns Falls ST	Las Vegas	NV
6/04 - 2/08	3555 Arville ST #105B	Las Vegas	NV
5/99 - 6/04	4573 ATLANTIC Ave	Long Beach	CA

Applicant's initial RL

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.

6/17	QHR Pharmacy 765 N. Nellis Blvd #7 Las Vegas	1,400
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager	Manage Pharmacy Operations	Moli
Title	Description of Duties	Name of Supervisor

7/14	Huntbridge RX 1144 E. Charleston Blvd, Las Vegas	6,240
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Fill, Process, Verify, Transfery	Shaina
Title	Description of Duties	Name of Supervisor

6/04	CVS Pharmacy Desert Inn Rd	20,800
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Fill, Process, Verify, counsel	Ke
Title	Description of Duties	Name of Supervisor

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

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

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

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

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

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

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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Hoa Luu</u>	Home	<u>4 Inverloch, CT</u>				<u>3 1 yr</u>
Employer <u>Self</u>	Business					
Name <u>Jimmy Nguyen</u>	Home	<u>Melrose Abbey, LV</u>				<u>12 15 yrs</u>
Employer <u>CRS</u>	Business	<u>Las Vegas NV</u>				
Name <u>Christina Ariet</u>	Home	<u>Poker Face, LV</u>				<u>10 yrs</u>
Employer <u>Primerica</u>	Business					
Name <u>Samantha Dong</u>	Home	<u>Sahara Ave, LV</u>				<u>5 1 yr</u>
Employer <u>West Valley RX</u>	Business					
Name <u>Karin Nguyen</u>	Home	<u>Muscari way, LV</u>				<u>6 10 yrs</u>
Employer <u>Self</u>	Business					

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

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

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

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

Applicant's initial RL

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



Date of photograph 11-2-18

Applicant's initial RE Page 8

STATE OF Nevada

SS.

COUNTY OF Clark

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

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


Original Signature of Applicant

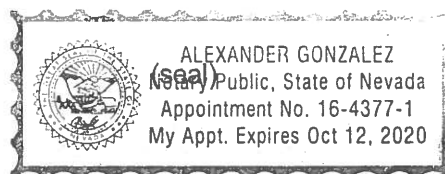
State of Nevada

Clark, County

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

Alexander Gonzalez


Notary Public



Applicant's initial TL

ADDITIONAL INFORMATION

Lined area for additional information.