Agenda Item 10 A (Brace It) is rescheduled for a future Board meeting.

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

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

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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 MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change (Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION to be completed by all types of ownership
MDEG Name: Onpharma Company
Physical Address: 123 W. Nye Lane, Suite 723, Carson City, NV 89706
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 123 W. Nye Lane, Suite 723
City: Carson City State: NV Zip Code: 89706
City:         Carson City         State:         NV         Zip Code:         89706           Telephone:         775-884-0879         Fax:         N/A
E-mail:customercare@onpharma.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 am to 5 pm Tue: 9 am to 5 pm Wed: 9 am to 5 pm Thu: 9 am to 5 pm
Fri: 9 am to 5 pm Sat: N/A Sun: N/A Holidays: N/A
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Matthew Stepovich
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Orthotics and Prosethics</li> <li>☐ Proserintion Medical Device (Pontal Kita)</li> </ul>
<ul> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Orthotics and Prosethics</li> </ul>
Unlabelic Supplies Other: Frescription Medical Device (Dental Kits)
**If providing these types of services you are required to have in place a mechanism to ensure
continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name:    Matthew Stepovich
Page 1
· ~5~ ·

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List a	Il Medicare and Medicaid provider num	bers regis	etered to the business or it	ls owner:	:
1)	Do any shareholders hold an interest of	ownership	or have management in		
	any type of business or facility which a or another political jurisdiction?	are license	ed by the State of Nevada	Yes □	No <b></b> ✓
2)	Are you or have you in the last year be business or health care entity in which dispensed or distributed?	een assoc MDEG pi	iated with any person, roducts were sold,	Yes □	No <b></b> ✓
3)	Are any of the owners health profession	nals? If y	es, please check the box	and list i	name.
	<ul> <li>✓ Practitioner (Dentist)</li> <li>□ Advanced Practitioner of Nursing</li> <li>□ Physician's Assistant</li> <li>□ Physical Therapist</li> <li>□ Occupational Therapist</li> <li>□ Registered Nurse</li> <li>□ Respiratory Therapist</li> </ul>	Name: Name: Name: Name: Name:	Dr. Michael Falkel		

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

### APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Board	I Use Only	Received:		Amount:	\$ 500.0	×0	
Print l	Name of Authorize	ed Person		Date	- <del> </del>		
	ew Stepovich			1/31/1	8		
Origir	nal Signature of Pe	erson Authorized t	o Submit Applicat	ion, no copies	s or stam	ps	
-	Med Sty	Л.					
penalt hereby any in	y of perjury, that they y authorize the Nev vestigation(s) of the	e information furnis ada State Board of	ments and know the ned on this applicat Pharmacy, its agen onal, social and mo r or desirable.	ion are true, ad nts, servants ar	ccurate ar nd employ	nd correct. rees, to con	I
l unde author	rstand that any infra rized MDEG provide	action of the laws o er or wholesaler ma	application and atta f the State of Nevac y be grounds for the	da regulating the revocation of	ne operati this perm	on of an it.	
attach	-	y documents that	"yes", a signed sta dentify the circum		•		ement
5)	interest, ever su	rrendered a licens	shareholder(s) or se, permit or certifi upon voluntary cl	icate of regist	ration	Yes □ N	√o <b>√</b>
4)	interest, ever be	en found guilty, pl	shareholder(s) or ed guilty or entere or state, related to	ed a plea of n	-	Yes □ N	√o √2
3)	interest, ever bee		shareholder(s) or n administrative a stry?			Yes □ N	1o Ø
2)			shareholder(s) or cense, permit or co		th	Yes □ N	1o 🗹
1)	any interest, eve	r been charged, o	nareholder(s) or pa r convicted of a fe a guilty plea or no	lony or gross	)?	Yes □ N	o 🗹
Withir	n the last five (5) y	ears:					

# APPLICATION FOR NEVADA MDEG LICENSE

# **OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware
Parent Company if any: N/A
Corporation Name: Onpharma Company
Mailing Address: 123 W. Nye Lane, Suite 723
City: Carson City State: NV Zip: 89706
Telephone: 775-884-0879 Fax: N/A
Contact Person: Michael Parsons
For any corporation non publicly traded, disclose the following:
List top 4 persons to whom the shares were issued by the corporation?
a) Matthew Stepovich, 5607 Bucks Bar Road, Placerville, CA 95667  Name Address
7 tudi 000
b) Dr. Michael Falkel, 80 Corona Rd., Carmel, CA 92923
Name Address
c) Richard Van Hoesen, 156 Villa Ave, Los Gatos, CA 95030
Name Address
d) Michael Parsons, 49 Ashier Ave., Los Gatos, CA 95030
Name Address
IOTE: All persons who are stockholders must accurately complete a personal history ecord form. Download the form from the website under the "New Applications" tab. The form re available under the documents for all types of businesses.
) Provide the number of shares issued by the corporation. 35,000,000
) What was the price paid per share? \$0.06 (preferred), \$0.006 (common)
) What date did the corporation actually receive the cash assets? October 27, 2017
Please see attached

### APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

♂ Date
~

Each MDEG shall employ an administrator at all times. The administrator must be:

- 1. A natural person.
- 2. Have a high school diploma or its equivalent.
- 3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
- 4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
- 5. Be approved by the board.
- 6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

#### **GENERAL INSTRUCTIONS**

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, 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.

All applicants are advised that this application to be a MDEG administrator 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	on for Prescription Medical Device (Dental Kits)	
Onpharn	Nature of MDEG na Company, 123 W. Nye Lane, Suite 723, Carson City, NV 89706	
N/A	Name and Address of Business for Which MDEG Administrator Is Requested	···
	If applicable, Name Under Which It Is Now Operated	

# 1. PERSONAL INFORMATION:

Stepovich	Mattl	new		James
Last Name		First Name		Middle Name
Matt Stepovich				
Alias(es, Nicknames,	Maiden Name, Ot	her Name Chang	ges, Legal or (	Otherwise)
	d, Placerville, CA		-	-,
Present Residence Ad			City	State/Zip
123 W. Nye Lane, Suite 7 City, NV 89706	Dates	2006-Present	Ony	State/Zip
Present Business Add	Iress	Ci	ty	State/Zip
Chief Executive Officer	& President Dates	2006-Present		·
Present Position with	the MDEG			
Phone: 775-884-087	9	Fax: _N/.	Α	
Email address: mster	oovich@onpharma	a.com		
	St. Lo	ouis, MO		
Date of Birth		of Birth (City, Co	unty State)	
54		(21.3), 00	unity, olato,	B.4
Age	Social	Security Numbe	<u> </u>	M Sex
Blue B	londe	210		5' 08
Color of Eyes Co	olor of Hair	Weight		Height
Scare tattons or diation	autobino manda	•	NI/A .	·
Scars, tattoos or distin	guisning marks ar	id/or characterist	ics IN/A	
Are you a citizen of the	United States?	Yes ☑ No □		
f alien, registration No				
f naturalized, certificat	e No	D	ate	
Place_		/15		Ocument must be verif

#### **EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

0000 0	Onpharma Company,	
2006-Present	123 W. Nye Lane, Suite 723 Carson City, NV 89706	~22,880
Month and Year	, ,	No of Employed Hours
Chief Executive Officer	Managed drug and device company, including facilities management, manufacturing processes, and distribution logistic	cs. None
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have $\square$ I have not $ notation$ been diagnos or a physical condition that would impair my a license, including alcohol or substance abuse	ed or treated in the last five years for a mental illnessability to perform any of the essential functions of my
1. I have □ I have not 1 been charged	d, arrested or convicted of a felony or misdemeanor.
<ol> <li>I have □ I have not     been the subpending.</li> </ol>	ject of an administrative action whether completed o
<ol> <li>I have □ I have not ✓ had a license disciplined, including any action agains</li> </ol>	suspended, revoked, surrendered or otherwise st a professional license that was not made public.
If you checked "I have" to questions 1, 2 and/provide a written explanation and/or document	or 3, please include the following information <b>and</b> its.
<ul><li>a) Board Administrative Action:</li><li>b)</li></ul>	State:
3,	Date:
	Case Number:
c) Criminal Action:	State:
	Date:
	Case Number:
	County:
	Court:
4. Will you be actively involved in and aw operation of the MDEG?	
5 .Will you be employed fulltime with the	MDEG? Yes ☑ No □
6 .Will you be present at the site of the M during its normal operating hours?	IDEG Yes ☑ No □
f you answer No to questions 4, 5 or 6 please	provide a written letter of explanation.
	Date of photograph

I, Matthew James Stepovich , 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 MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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 MDEG in the State of Nevada.

Original Signature of Applicant

# PERSUNAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

∌Date	1-	10-1	IA
DUMH		יייו	

# **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.

		If applicable, Name Unc	ier Which It is Now Or	Corson C	******************
1. PERSONAL IN	EODMATION.		· · · · · · · · · · · · · · · · · · ·	og 8190	
L-M					
Lest Name Stepovio	ch, Matthew Ja	ames First Name	-	Middle Name	<del></del>
Alias(es, Nicknames, Maid	den Name, Other Na	me Changes, Legal or Oti	herwise)		
watt Stepovich					
Present Residence Addre		(	Zity	CIA	e/Zip
Bucks Bar Road		Dates 2016 - Curre	ent		iia 95667
Present Business Address			city		a/Zip
Same Occupation	<del></del>	Dates			
• • • • • • • • • • • • • • • • • • • •				Phone:	-
CEO Onpharma Comp	any			Residence	
ode of Bion				Business Sc	ame
Date of Birth		Place of Birth (City, Co	ounty, State)		
	St. L	ouis, Missouri			
ge	Social	Security Number	***************************************		Sex
54					M
dar of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Biond		210		5'8"
	<del></del>				
icars, tattoos or distin	guishing marks a	and/or characteristics	None	***********	
*****			********************		
		Yes Ø No □ If:	alien, registration	No.	
	United States?				
re you a citizen of the	e United States?		Data		
re you a citizen of the	e No	16.49. <del>06.</del> 44.99.974.99.43.8844.2049.944.44	Date		
re you a citizen of the	e No	16.49. <del>06.</del> 44.99.974.99.43.8844.2049.944.44	Date(If naturaliz	ed, document mu	st be verified
re you a citizen of the naturalized, certificat ace	e No	16.49. <del>06.</del> 44.99.974.99.43.8844.2049.944.44	Date(If naturaliz	ed, document mu	st be verified.
naturalized, certificate ace	e No	16.49. <del>06.</del> 44.99.974.99.43.8844.2049.944.44	Date(If naturalize	ed, document mu	st be verified.
re you a citizen of the naturalized, certificate ace	e No		(lf naturaliz	ed, document mu	st be verified
naturalized, certificate lace	e No		(lf naturaliz	ed, document mu	st be verified

A.	Current Marriage	NA				
	Spouse's full name	Da (Maiden)	de		ity, County a	and State
	Date of Birth	**************************************	Place of	Birth	440043645FB0014	\$1500 og avag 900 ha sada
	Resident address	***********************	**************************************			
		Street		City	State	Zip
			******************************			
	Spouse's employer	*******************************	(	Occupation	**********	******
В. Р	Previous Marriages: I	f ever legally se				Zip
Name		e of Order r Decree	Date of Place of Marriage	Nature of	City	
NA		2000	OI Marriage	Action	Col	inty and State
-						
	List of names, curren	ot.address and	telephone numbers of	Ofevious spouses		
NA.	Name	Street	City	State	Zio	Telephone
NA .						
					···	
3. F/ A	AMILY INFORMATION Children and Deper List all children.	ndents: including step-	children and adonted ci	nildren and oive t	ne followir	ng information:
VA.	Name	Birth Date	Birth Place	Res	idence Addr	665
10			·	<del></del>		
			_			
В.	Child Support Information Please mark	nation: the appropriate	response:			
	<b>⊄</b> Í I am not si	ubject to a cour	t order for the support of	of child.		
	ргал аррго	ived by the disti	der for the support of or rict attorney or other pu ant to the order; or	ne or more childre blic agency enfor	en and am reing the c	in compliance with a rder for the repayment
	the order o	ar a pian approv	ter for the support of or red by the district attorn unt owed pursuant to the	ey or other public ne order.	agency e	T in compliance with unforcing the order for
				Applica	int's initial	MO

		#*************************************	
	Address		**************************************
	Contact person		******************
C.		sses, dates of birth and most recent occupations of par	
aren	ts-	of par	ents, step-parent
	Mama (Malden)	tired or deceased, list last address and occupation.  Birth Date Address	
Biher		33.50	Occupation
Mich	ael L. Stepovich	Duami D. I. D	
other		Quarry Park Dr., San Jo	se, CA Retire
rline	A. Stepovich	-	
	n-Law	Chamberton Dr., San Jos	se, CA Retire
ΝA	•	•	
ther-i	n-Law		
A			
Ð.	Brothers and Sisters:		
	List names, residence address their respective spouses.	es, dates of birth and most recent occupations of broth	ers and sisters a
	Name (Maiden)	Birth Date Address	
			Occupation
nn l			
nn (	D. Carter	Theresa Avenue, Campbell, CA	·
xuse	D. Carter	Theresa Avenue, Campbell, CA	Business Execut
xuse	D. Carter John Carter	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha	D. Carter John Carter sel J. Stepovich	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha	D. Carter John Carter sel J. Stepovich	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha	D. Carter John Carter sel J. Stepovich	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha	D. Carter John Carter sel J. Stepovich	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha	D. Carter John Carter sel J. Stepovich	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha use	D. Carter John Carter sel J. Stepovich	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha use	D. Carter John Carter sel J. Stepovich	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha icha use	D. Carter John Carter sel J. Stepovich	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA	Business Execut Teacher
icha icha use	D. Carter John Carter  sel J. Stepovich  NA	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA Chamberton Dr., San Jose, CA	Business Execut Teacher
icha icha use use	D. Carter  John Carter  sel J. Stepovich  NA	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA Chamberton Dr., San Jose, CA  Location Dates Attended	Business Execut Teacher
icha icha use use	D. Carter  John Ca	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA Chamberton Dr., San Jose, CA  Location Dates Attended Saratoga, CA 70s	Business Execut Teacher Orthodontist
icha icha use use	D. Carter  John Ca	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA Chamberton Dr., San Jose, CA  Location Dates Attended	Business Execut Teacher Orthodontist  Graduate
icha icha use se EDU	D. Carter  John Ca	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA Chamberton Dr., San Jose, CA  Location Dates Attended Saratoga, CA 70s	Graduate Yes No  Vas No  Vas No  Vas Vas No  Vas Vas No  Vas Vas No  Vas Vas Vas No  Vas Vas Vas No  Vas Vas Vas No  Vas Vas Vas Vas No  Vas
icha icha use EDU	D. Carter  John Ca	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA Chamberton Dr., San Jose, CA  Location Dates Attended Saratoga, CA 70s San Jose, CA Graduated 1982	Graduate Yes No 1
icha icha use se EDU	D. Carter  John Ca	Theresa Avenue, Campbell, CA Theresa Avenue, Campbell, CA Chamberton Dr., San Jose, CA  Location Dates Attended Saratoga, CA 70s San Jose, CA Graduated 1982	Graduate  Yes V No  Yes Yes No  Yes No  Yes

Applicant's initial

A.	Have you ever served in any armed forces?	Yes □ No Ø
	Branch	Date of entry-active service
		Type of discharge
		Serial number
	While in the military service were you ever arrests	ed for an offense which resulted in summary action, a trial or
8.	Have you registered for the draft? Yes X	No 🗆
	County Santa Clara State CA	Date registered 1982
6. A	ARRESTS, DETENTIONS, LITIGATIONS AND ARR	TRATIONS: (Include those arrests in which you were
Α.	Have you ever been arrested, detained, charged, violation for any reason whatsoever, regardless of Yes □ No ☑ If yes, give details in space provide	indicted or summoned to answer for any criminal offense or
Date of	Arrest Age Charge Location-Ci	ty and State Deposition/Date Arresting Agency
-		
В.	Has a criminal indictment, information or complain arrested or in which you were named as an unincipage 10.	t ever been returned against you, but for which you were not cted co-party? Yes   No   If yes, furnish details on
C.	Have you ever been questioned or deposed by a cor committee? Yes \( \Bar{\text{No.}} \) No \( \bar{\text{Z}} \)	ity, state, federal or law enforcement agency, commission
D.	Have you ever been subpoensed to appear or test commission? Yes □ No X	ify before a federal, state or county grand jury, board or
Ę.	Have you ever been subpoenaed to testify for any Yes □ No Ø	civil, criminal or administrative proceeding or hearing?
F.	Have you ever had a civil or criminal record expunity yes, when?	ged or sealed by a court order? Yes  No
G.	Have you ever received a pardon or deferred prose If yes when?	ty, county and state ecution for any criminal offense? Yes \(\) No \(\)
i.	Has any member of your family or of your spouse's If you answer to any of the above questions (B thro	ty, county and state family ever been convicted of a felony? Yes  No  in family ever been convicted of a felony?  No  in family ever been convicted of a felony?  No  in family ever been convicted of a felony?  No  in family ever been convicted of a felony?  No  in family ever been convicted of a felony?  No  in family ever been convicted of a felony?  No  in family ever been convicted of a felony?  No  in family ever been convicte
ama	Dolari att	
200	Relationship	Charge Location Date
-		
		Applicant's initial
		Applicant's initial



# ARRESTS, DETENTIONS, LITICATIONS AND ARBITRATIONS-CONUNUOU

laintiff/Defandant or Daimant/Respondent	Date Filed	urt and Case Number C	ity. County and State		Dinasiki u m
Onpharma Inc	. 2012 30-2012-00	545391-CU-BC-CJ	Orange C		Disposition/Date Settled 2013
J. Has any g associated Yes  N	eneral partnership, busine d with it as an owner, office o  If yes, complete the	ess venture, sole propri er, director or partner) t following:	etorship or closel	y held corpor lawsuit, arbit	ration (while you v
Name of Ent	tv Tvp	e of Entity	App Lav	proximate Date(s suil/Arbitration/	o) of Bankruptcy
		25 vears:			
nth and Year	ou have had for the last 2				
nt all residences y nth and Year From-To)		ber C		State or Co	xinty
at all residences y onth and Year From-To) 16 - Present	rou have had for the last 2	ober C	e CA	State or Co	xinty
nt all residences y  nth and Year  From-To)  16 -Present  02 - 2015	ou have had for the last 2 Street and Num Bucks Bar Road	nber C d Placervill Santa Cr	e CA		NUITY
nth and Year From-To) 16 -Present 02 - 2015 97 -2002	Street and Num Bucks Bar Road 205 34th Avenue	ber C d Placervill Santa Cr	e CA	CA	Muty
st all residences	Street and Num Bucks Bar Road 205 34th Avenue 140 Ashler Avenue	ber C d Placervill Santa Cr Los Gato	e CA	CA CA	punty
nth and Year From-To) 16 -Present 02 - 2015 97 -2002	Street and Num Bucks Bar Road 205 34th Avenue 140 Ashler Avenue 1123 Green St.	ber C d Placervill Santa Cr Los Gato San France	e CA	CA CA	xunty
t all residences y th and Year From-To) 6 -Present 02 - 2015 07 - 2002	Street and Num Bucks Bar Road 205 34th Avenue 140 Ashler Avenue 1123 Green St.	ber C d Placervill Santa Cr Los Gato San France	e CA	CA CA	Aunty
nth and Year From-To) 16 -Present 102 - 2015 107 -2002	Street and Num Bucks Bar Road 205 34th Avenue 140 Ashler Avenue 1123 Green St.	ber C d Placervill Santa Cr Los Gato San France	e CA	CA CA	Munty

Applicant's initial



### O. EMIPLOTMENT:

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 1982-1986	Name/Mailing Address of Employer/Business	Reason for Leaving
	Country Store, UCSB Campus	Graduated, Left for Law School
Tille Manager	Description of Duties Managing	Name of Supervisor
Mariagei	Managing	John Sullivan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1987-91	Law - MBA Student	Graduated
Title NA	Description of Duties NA	Name of Supervisor NA
		NA
donth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1990-1994	DLA Piper, San Diego & Palo Alto	Moved to below firm
Tite Summer Associate	Description of Dutles Legal Associate Lawyer	Name of Supervisor
	Lawyer Lawyer	Margaret Kavalaris
Month and Year 1995-1996	Name/Mailing Address of Employer/Business	Reason for Leaving
7990-1990	Foley & Lardner, San Francisco	Founded Telocity, Inc.
Associate	Description of Duties Lawyer	Name of Supervisor
, 100001410	Lawyer	
fonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997 - 2003	Telocity, Inc., Cupertino, CA	Company Acquired
Ne VD Level 9 December	Description of Duties	Name of Supervisor
VP Legal & Regula	tory Affairs Legal & Regulatory Affa	airs Patti Hart
onth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2004-2006	Silicon Pipe, San Jose, CA	Company Acquired
itte CFO	Description of Duties CFO	Name of Supervisor
UFU	CFO	Thomas Obenhuber
onth and Year	Name/Malling Address of Employer/Business	Reason for Leaving
2006-2017	Onpharma Inc., Los Gatos, CA	Company Acquired
	Description of Duties	Name of Supervisor
CEO & Equityholde	rs' Rep CEO & Equityholders' Rep	NA
onth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
že –	Description of Duties	Name of Supervisor

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

Applicant's initial

# 9. UHAKAUTEK KEFERENCES:

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

Employer	ic Falkel	Home	City State Zio ) Corona Road, Carmel Highlar	Telephone Yes	в Кломп
Employer			The second of th	IUS, CA	1 34
L 2:	MPDG	Business	MPDG 333 El Dorada Danel M	Ionterey, CA	·
	ichael Parso	ns Home	Ashler Avenue, Los Gatos, CA		31
Employer	Rodo Medica	Business	6399 San Ignacio Ave., Ste 100		31
_	aig Conrardy		Tucker Hill Road, Sutter Cree		20
- mplover	Valeant	Business	AG Main Chant Cutt C	A	39
Mile Mile	ke Rose	Home	Sheila Ct., Campbell, CA		10
molover	Montage Ca	D Business	900 E. Hamilton Ave, STE 100,	San Jose, CA	10
ane Ric	k Van Hoes	en <sub>Home</sub>	Villa Ave, Los Gatos, CA		6
molover A	Aktana	Business	944 Market St., San Francisco, C	CA	
x Number	or Type of Depos	itory	Location City and State	Authorized Users	
Lic Do Ac Ye If y	quor Loctor ( ccountant F cs 12 No 12 yes, state type,	awyer Contractor Pilot where and y	ed, occupational or professional license Race horse/race dog owner Real estate broker or salesman Sports promoter ears held	e in any state, including but Securities dealer Barber/Cosmetologist Trainer or manager	not limited Insuranc Gaming Educator

	any reason whatsoever? Yes D No Ø
14.	or professional activity? Yes  No
f yes	to the above, state where, when and for what reason:
15.	
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 Ø
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  Yes
******	Date of photograph 1-18-18

STATE OF (a) fornia

COUNTY OF E/ Dorado

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

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

day of

Notary Public

B. TOTARO Comm. # 2123330 Notary Public California El Dorado County Comm. Expires Aug. 14, 2019

Original Signature of Applicant

(seal)

Applicant's initial

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

愛 Date	1-16-18

### **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 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	MDEG Ap	plication			
Onpharma (	Company: 1	23 W. Nye Lane	License	Oara- 0'1	NIV 00700
NA	Name	and Address of Establishmer	t for Which License	, Carson Cit Is Requested	y, NV, 89706
		If applicable, Name Under I			
4 BEDGGUA		in applicable, Nattle Offdet	which it is Now Ope	rated	
<ol> <li>PERSONAL INF Falkel</li> </ol>	ORMATION:	Michael			
Last Name MIC		First Name		Irving Middle Name	
	len Name Other Nor	ne Changes, Legal or Otherv		wilddie Warrie	
120			vise)		
Corona R	(d.,	Carmel		CA 9	92923
Monterey	ss-Street of RFD	City		State	
Present Business Address		Dates 1989-pr	esent	CA9	3940
Dentist		City		State	/Zip
Occupation		Dates			
				Phone: Residence	C
	Occancido	2 000000	1.1.7	Ruginose	
Date of Birth	Oceanside	Place of Birth (City, Coun	y, NY	- Susiness	331-648-5335
54		r table of Birth (City, Count	ty, State)		
Age	Spaint	Paramita N			Male
		Security Number			Sex
Hazel Color of Eyes	Brown	Caucasian	175		5′10″
Soloi di Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or distin	guishing marks a	and/or characteristics	NA		
			!		***************************************
Are you a citizen of the	United States?	Yes Ⅺ No ☐ If alie	en, registration N	lo	***************************************
If naturalized certificat	te No		-		*****************************
e de la continuation			Date		
Place	•••••••		(If naturalize	d. document mus	t he verified )
2. MARITAL INFORI	MATION:			u, doodiiion iiiga	ot be vermed.)
Single   Married	Separated     Separat	Divorced	Widowed □	Engaged □	
				Applicant!s initial	MIE
			,	Philograms Hillal	Page

# MARITAL INFORMATION-Continued

A. Current warriage		V. W				
Spouse!s full name (Ma	niden)	Lisa christine	Jay	City, Cou S.S. N	inty an ' ೧۲-۲	-
Date of Birth	************	Place	of Birth Sa	ın neidr	·ο CΔ	
Resident address	Coror	na Rd	Carme	<u> </u>	CA	93923
Telephone: Residence	{		City Business	State NA	Zip	
Spouse!s employer	NA		Occupation	NΑ		
Address of employer	NA Street					***************************************
B. Previous Marriages: If eve				State	2.10	
Date of ONAME OF Spouse OF Dec	Order	Date of Place	Nature		City	
NA	JIEE	of Marriage	Actio		County an	d State
	treet					
A. Children and Dependent	s:	City	State			ephone
A. Children and Dependent	s: ding step-c	hildren and adopted	children and gi	∕e the follo	wing infon	
A. Children and Dependent  List all children, included Name  Bit	s: ding step-c th Date	<u>hildren and adopted</u> Birth Place	children and gi	/e the follo Residence A	wing infor	mation:
3. FAMILY INFORMATION:  A. Children and Dependent List all children, incluent Name Bir Logan Falkel Norah Falkel	s: ding step-c th Date	hildren and adopted Birth Place Montel	children and gi	/e the follo Residence A	wing infon	mation:
A. Children and Dependent  List all children, inclusion Name  Bit Logan Falkel  Norah Falkel  B. Child Support Information Please mark the application of the amount of the order or a plan approved be a the order or a plan application and the order or a plan application application and the order or a plan application and the order or a plan application application and the order or a plan application application and the order or a plan application application and the order order or a plan application application application application and the order order order order order order order order order orde	n: ppropriate if a court order wed pursual court order a court order a court order a court order an approve	hildren and adopted Birth Place  Monte  Monte  response:  order for the support of cit attorney or other punt to the order; or	children and givery, CA erey, CA t of child. one or more chilopublic agency er	e the follo Residence A	wing infonderess Carme Carm	mation:

FAMILY INFORMATION-Continued District attorney or public agency	responsible for enforcing the child support order:	
	The critical support order.	
Address		***************************************
Contact person		***************************************
o. raielits.		
	s, dates of birth and most recent occupations of pare	ents, step-parents,
in-law or legal guardian. If retire	d or deceased, list last address and occupation.	
ather	n Date Address	Occupation
-		
Harmon Falkel  Mother	Deceased	
Dorothy Benjamin Falke		-1
ather-in-Law	Decease	ed
Robert Jay	Acorn Cr., Salinas, CA	Retired
other-in-Law	statill on, odilias, CA	Retired
Kathy Fredrickson	Hacienda Carmel, Car	mel. CA Retired
D. Brothers and Sisters:		
List names, residence addresses,	, dates of birth and most recent occupations of broti	hers and sisters and of
Milest reopeoutive spouses.	Birth Date Address	
Jeff Falkel		Occupation  Doting d
Dianne Mueler	- <del> </del>	Retired
	S. Wildcat, Highlands, CO F	
Lori Falkel ?	Phoenix Way, Vancouver, WA Ro	etired
Megan Falkel (	Sleek Fox Dr, Clarcksville, TN	Hotel Managm
ouse		
ouse		
. EDUCATION:		
Name of School	Location Dates Attended	Graduate
Lenox	Baldwin, NY 1969-1975	Yes X No □
Baldwin High	Baldwin, NY 1977-1980	Yes X No □
versity		Yes 🗌 No 🔲
uOP Dental School	San Francisco 984-1987	Yes X No 🗆
pe of degree obtained, if any	OS	18 B 110 L
5		***************************************
Il non an instrumental and a second second		
lege or university where obtained	JOP Dental Schhool	
lege or university where obtained	JOP Dental Schhool  Applicantls initia	

# 5 MILITARY INFORMATION:

	Have you ever serve	ed in any armed for	ces?	Yes □ No 🛛	
	Branch		Date o	f entry-active service	
	Date of separation			. Only dolive service	
	Date of separation		Type o	of discharge	
	Rating at separation			Serial number	
	vynile in the military	Service were you as			
	regardless of where f	hey occurred-foreig	gn or domestic.)	an offense which resulted in sum If yes, furnish details on page 1	mary action, a trial of the control
B.	Have you registered				
	County	State		Date registered	
6. AF	RESTS, DETENTION	S. LITIGATIONS A	ND ADDITOAT	lana a rogiotorou	
	not convicted.)	-,OATIONS A	ND ARBITRATI	IONS: (Include those arrests i	n which you were
A. 	reade you ever been a violation for any reason Yes □ No ☒ If yes,	arrested, detained, on whatsoever, rega give details in spac	charged, indicted	d or summoned to answer for an sposition of the event? (Except mw. List all cases without exception)	v criminal offense o
Date of A	rrest Age	Charge	Location-City and St	ate Deposition/Date	Arresting Agency
	pade 10.			een returned against you, but fo party? Yes □ No Ⅺ If yes. fu	william you were no
C. 1 D. 1 E. 1 F. 1	Have you ever been quor committee? Yes □ Have you ever been sucommission? Yes □ Nave you ever been sufes □ No ☒ Have you ever had a cif yes, when?	lestioned or depose No ⊠ bpoenaed to appea No ⊠ bpoenaed to testify vil or criminal record	ed by a city, state ar or testify befor of for any civil, crin d expunged or se	e, federal or law enforcement ag re a federal, state or county gran minal or administrative proceeding ealed by a court order? Yes	gency, commission and jury, board or ang or hearing?
C.	Have you ever been quor committee? Yes  Have you ever been sucommission? Yes  Nave you ever been suffer No  Have you ever had a ciff yes, when? Have you ever received for you want to be the normal to be the nor	lestioned or depose No 🗷 Ibpoenaed to appea No 🗷 bpoenaed to testify vil or criminal record I a pardon or deferr	ed by a city, state ar or testify befor for any civil, crir d expunged or se city, count ed prosecution for	e, federal or law enforcement agree a federal, state or county granminal or administrative proceeding ealed by a court order? Yes ty and state	nency, commission ad jury, board or ag or hearing? No 🗷
C.	Have you ever been quor committee? Yes  Have you ever been sucommission? Yes  No  Have you ever been suffer No  Have you ever had a ciff yes, when? Have you ever received yes when? Has any member of you	lestioned or depose No 🕱 Ibpoenaed to appea No 🕱 bpoenaed to testify vil or criminal record a pardon or deferm	ed by a city, state ar or testify befor for any civil, crir d expunged or se city, count ed prosecution for	e, federal or law enforcement agree a federal, state or county grantinal or administrative proceeding ealed by a court order? Yes ty and state	ency, commission ad jury, board or ag or hearing? No ☒
C.	Have you ever been quor committee? Yes  Have you ever been sucommission? Yes  No  Have you ever been suffer No  Have you ever had a ciff yes, when? Have you ever received yes when? Has any member of you	Jestioned or depose No X Ibpoenaed to appea No X bpoenaed to testify vil or criminal record I a pardon or deferrant I family or of your state above questions	ed by a city, state ar or testify before for any civil, crited expunged or security, counted prosecution for a city, counter spouse!s family estables (B through H) i	e, federal or law enforcement agree a federal, state or county grantinal or administrative proceeding ealed by a court order? Yes ty and state for any criminal offense? Yes ty and state for any criminal offense? Yes ty and state for any state for any criminal offense? Yes to any criminal offense? Yes to any criminal offense? Yes to any state for a felony?	ency, commission ad jury, board or ag or hearing? No ☒
C. D. 1	Have you ever been quor committee? Yes  Have you ever been sucommission? Yes  No  Have you ever been suffer No  Have you ever had a ciff yes, when? Have you ever received yes when? Has any member of you	lestioned or depose No 🕱 Ibpoenaed to appea No 🕱 bpoenaed to testify vil or criminal record a pardon or deferm	ed by a city, state ar or testify before for any civil, crited expunged or security, counted prosecution for a city, counter spouse!s family estables (B through H) i	e, federal or law enforcement agree a federal, state or county granminal or administrative proceeding ealed by a court order? Yes ty and state or any criminal offense? Yes ty and state	ency, commission ad jury, board or ag or hearing? No ☒
C. D. 1	Have you ever been quor committee? Yes  Have you ever been sucommission? Yes  No  Have you ever been suffer No  Have you ever had a ciff yes, when? Have you ever received yes when? Has any member of you	Jestioned or depose No X Ibpoenaed to appea No X bpoenaed to testify vil or criminal record I a pardon or deferrant I family or of your state above questions	ed by a city, state ar or testify before for any civil, crited expunged or security, counted prosecution for a city, counter spouse!s family estables (B through H) i	e, federal or law enforcement agree a federal, state or county grantinal or administrative proceeding ealed by a court order? Yes ty and state for any criminal offense? Yes ty and state for any criminal offense of a felony? It is yes, furnish details on page 10	ency, commission ad jury, board or ag or hearing? No ☒ No ☒ Yes □ No ☒ ).
C. D. 1	Have you ever been quor committee? Yes  Have you ever been sucommission? Yes  No  Have you ever been suffer No  Have you ever had a ciff yes, when? Have you ever received yes when? Has any member of you	Jestioned or depose No X Ibpoenaed to appea No X bpoenaed to testify vil or criminal record I a pardon or deferrant I family or of your state above questions	ed by a city, state ar or testify before for any civil, crited expunged or security, counted prosecution for a city, counter spouse!s family estables (B through H) i	e, federal or law enforcement agree a federal, state or county grantinal or administrative proceeding ealed by a court order? Yes ty and state for any criminal offense? Yes ty and state for any criminal offense of a felony? It is yes, furnish details on page 10	ency, commission ad jury, board or ag or hearing? No ☒ No ☒ Yes □ No ☒ ).

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Yes □ No	(Other than	plainuit or defendant ( divorces)	hip, or owner, director or an arbitration as eith	ier a claimant o	orporation. ever be r respondent?
If yes, give o	details below. L	ist all cases without e	xception, including bar	kruptcies:	
laintiff/Defendant or laimant/Respondent	Date Filed	Court and Case Number	City, County and S	itate	Disposition/Date
J. Has any gen	eral partnership	husiness venture s	ole proprietorship or clo		
	THE READ OF LAND	er, officer, director or ete the following:	partner) been a party t	o a lawsuit, arb	pration (while you v itration or bankrupt
Name of Entity		Type of Entity		Approximate Date Lawsuit/Arbitration	(s) of √Bankruptcy
. RESIDENCES:					
st all residences you	u have had for th	ne last 25 years:			
nth and Year From-To)	Street	and Number	City	State or	County
6/89-1/99	851 Bay	yview Ave, Pac	ific Grove, CA 9		County
1/99-Present		rona Rd, Carm			
			·····		
					<b>.</b>
			Арр	licant!s initial	MIF Pag

### 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	
_1989-pres	Sont Solf Montaness	Reason for Leaving
Title	Sent Self - Monterey, CA  Description of Duties	Present
Dentist	Description of Duties	Name of Supervisor
		Self
Month and Year	Name/Mailing Address of Employer/Business	
<u>1-06-3-14</u>		Reason for Leaving
Title	Los Gatos, CA  Description of Duties	Company sold
СМО	Regulatory, compliance	Name of Supervisor
Month and Year		Stepovich, CEO
	Name/Mailing Address of Employer/Business	Reason for Leaving
12/17-pres		Present Present
	Description of Duties	Name of Supervisor
СМО	Regulatory, Compliance	Stepovich, CEO
Month and Year	Name/Mailing Address of Employer/Business	otopovicii, CLO
	Address of Employer/Business	Reason for Leaving
Title	Description of Duties	
	- complicit of Daties	Name of Supervisor
fonth and Year	None/Meilin- Add	
	Name/Mailing Address of Employer/Business	Reason for Leaving
itle	Description of Duties	
		Name of Supervisor
lonth and Year	Name/Mailing Address of Employer/Business	
	Address of Employer/Business	Reason for Leaving
tle	Description of Duties	
· · · · · · · · · · · · · · · · · · ·		Name of Supervisor
onth and Year	Name/Mailing Address of Employer/Business	
	S - Employer/Business	Reason for Leaving
le	Description of Duties	
		Name of Supervisor
nth and Year	Name/Mailing Address of Employer/Business	
		Reason for Leaving
е	Description of Duties	Name of Sur
		Name of Supervisor

Applicant!s initial MIF
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 State Zip Telephone Years Known Name Greg Hawthorn Aome Big Sur, CA 30 Employer Self Art Business Name Steve Garner Scotts Valley, CA Home 25 Self Plastic Surgery Employer Business Name Rich Hell Salinas, CA Home 20 **Employer** Self Gastoenterology Business Name Craig Yarboroughne Mill Valley, CA 34 Employer UOP Dental school Dean Business Name Steve Ikemiya Home Carmel, CA 20 Self Employer **Dentist** 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 City and State Authorized Users Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Race horse/race dog owner Lawyer 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 California Dentist License number: 35717 12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes 

✓ No □ If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry. Dental Practice Monterey CA Applicant!s initial MIF

		ency or similar authority in or outside the State of Nevada t				
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☒					
	to the above, state where, when and for what reason					
15.	Have you ever been refused a business or industry participant in any group which has been denied a businessitability?					
	Have you or any person with whom you have been administrative action or proceeding relating to the n	a participant in any group been the subject of an				
17.	controlled substances?	a participant in any group ever been found guilty, plead ffense, federal or state, related to prescription drugs and/				
18.	Playe you or any person with whom you have been a permit or certificate of registration relating to the pha upon voluntary close of a manufacturer	res ☐ No ⊠  a participant in any group ever surrendered a license, armaceutical industry voluntarily or otherwise (other than Yes ☐ No ☒				
	Do you have any relatives within the fourth degree o pharmaceutical or drug related industry?	Yes □ No 🛚				
-143						
		Date of photograph January 17, 2018				
		Applicant!s initial MIF				

STATE OF
SS.
COUNTY OF
I,, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, #and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
$\mathcal{N} + \mathcal{T} = 0$
Original Signature of Applicant
Original dignature of Applicant
Subscribed and Sworn to before me this day of
/
Notary Public
(seal)

SEE ATTACHED FOR NOTARY

Applicant!s initial\_\_\_\_\_

<b></b>	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
See Attached Document (Notary to cross oull See Statement Below (Lines 1-6 to be comp	ut lines 1-6 below) pleted only by document signer[s], <i>not</i> Notary)
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
A notary public or other officer completing this certificate is attached, and no	ificate verifies only the identity of the individual who signed the of the truthfulness, accuracy, or validity of that document.
tate of California ounty of Montere (	Subscribed and sworn to (or affirmed) before me
	on this Zath day of January 2018  by Date Month Year
	(1) Michael Irving Falkel
TONY MODENESSI Notary Public - California Monterey County Commission # 2188577	(and (2)).  Name(s) of Signer(s)
My Comm. Expires Mar 27, 2021	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
	Signature
	Signature of Notary Public
Seal Place Notary Seal Above	
Though this section is optional completing the	PTIONAL
fraudulent reattachment of th scription of Attached Document	is information can deter alteration of the document or is form to an unintended document.
	Document Date:

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

## PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

€Date 1-23-18

### **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	MDEG Licer	ise	mig agonoy.			
Application for	Onpharma C	Company		of License ent for Which License Is	Requested	
	N/A			r Which It Is Now Opera		***************************************
		п арриса	ible, Name Office	Which it is Now Opera	iteu	
1. PERSON	IAL INFORMATI	ON:				
Last Name PA	RSONS		First Name	MICHAEL	Middle Name	THOMAS
Alīas(es, Nicknan	nes, Maiden Name, C	Other Name Chang	es, Legal or Othe	erwise)		
MIKE PAR	RSONS					
	ce Address-Street or Ave., Los Gato		ci 2001-PRE		Stat	e/Zip
Present Business 123 W. Ny	Address e Lane, Suite	723 Carso		ty 89706 OCTOBI		e/Zip
Occupation Vic	e President, Ger	neral Counsel &	Secretary		Phone: Residence	
9	o i rooidoni, doi	10141 00411001 0	Coordiary			75-884-0879
Date of Birth		Place	of Birth (City, Co	ounty, State)		
		SAN FRA	NCISCO, C	A		
Age		Social Security	Number			Sex
50						
Color of Eyes	Color c	f Hair Cor	nplexion	Weight	Build	Height
GRN	BRN	FA	NR.	160 LBS	AVG	6' 00
Scars, tattoos	or distinguishing	g marks and/or	characteristic	s N/A		
Are you a citiz	zen of the United	States? Yes	☑ No 🗆 If	alien, registration	No	
If naturalized,	certificate No			Date		
Place				(If naturaliz	ed, document n	nust be verified.)
2. MARITA	L INFORMATIO	N:				
Single	Married 🗹 S	Separated	Divorced	☐ Widowed □	] Engaged	
-					Applicants init	00
					Application into	P

A.	Current Marria	ge JANUARY 1	994, SAN FRANC	SCO			
	Spouseß full na	Da ame (Maiden) ANN	IE SPERRY	City, County and City			
	Date of Birth ' Place of Birth SAN FRANCISCO						
			e., Los Gatos, CA				
		Street		City	State Zip		
	Telephone: Re	esidence		Business N/A			
	Spouse® emplo	<sub>ver</sub> N/A		N/A			
	Address of emp	loyer N/A		•	State Zip		
		Street		City	State Zip		
В. Р	revious Marriage	s: If ever legally se	parated, divorced, or	annulled, indicate be	elow:		
Vame	of Spouse	Date of Order	Date of Place	Nature of	City		
N/A	or opouse	or Decree	of Marriage	Action	County and State		
	List of names						
	LISI OI Name Name	urrent address and t Street	elephone numbers of	previous spouses: State			
				Otate	Zip Telephone		
	<del></del>						
3. FA	MILY INFORMAT	ION:					
A.	Children and De	ependents:					
	LIST All Child Name	ren, including step-( Birth Date	Children and adopted of Birth Place	children and give the	e following information:		
lohn	Parsons,	Los Gatos, C		e., Los Gatos, C			
Cathr	yn Parsons,	Los Gatos		Ave., Los Gatos	<del> </del>		
			7,071	7.VC., LOS GAIOS	5, CA 95030		
В.	Child Support Ir Please m	iformation: ark the appropriate	response:				
	<b>⊄</b> lam r	not subject to a cour	t order for the support	of child.			
	p. ca ca	pprovou by the dist	der for the support of or rict attorney or other p uant to the order; or	one or more childrer ublic agency enforc	n and am in compliance with a ing the order for the repayment		
	0.10 011	aci of a plantappion	der for the support of or red by the district attor unt owed pursuant to	ney or other public : the order.	and NOT in compliance with agency enforcing the order for htts initial		
				лрысан	Page 2		

FAMIL	Y INFORMATION-Continued  District attorney or public agency responsible for enforcing the child support order:	
	NameAddress	***************************************
	Contact person	***************************************
C.	Parents: List names, residence addresses, dates of birth and most recent occupations of parents.	
parents	5	, step-parents,
-	in-law or legal guardian. If retired or deceased, list last address and occupation.  Name (Maiden) Birth Date Address	Occupation
Micha	ael Parsons,	Dave 1
Mother	The same of the sa	K-tiral
	Parsons,  Bengon Ln., Monte Sorens, CA  Bengon Ln., Monte Sorens, CA	Retired
Father-in	-Law	
Mother-in	Deceased	
Mother-ir		
	Ozceasod	<del></del>
D.	Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers their respective spouses.	and sisters and of
	Name (Maiden) Birth Date Address	Occupation
Spouse	Susan Parsons, Spagless Dr., Modesto, Cd	Vice President
	Robert Honsley	Retired
Spouse		
Spouse		
Spouse		
-		
4. ED	UCATION:	
	Name of School Location Dates Attended	Graduate
Grammar School	Oak St. Elementery Soratoga, CA 1975-1979	Yes ☑ No □
High School	Saratoga High School, Saratoga, CA 1981-1985	Yes ☑ No □
College University	UC Santa Barbara, Santa Barbara, CA 1985-1989	
-	university of the Pacific, Sacramenta, CA 1989-1992	Yes 🗹 No 🗆
	BA	Yes No 🗆
ype of	degree obtained, if any	
College	UC Santa Barbara or university where obtained	

Applicant s initial Pa

### 5 MILITARY INFORMATION: Have you ever served in any armed forces? Α. 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.) 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.) 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 Location-City and State Age Charge Deposition/Date Arresting Agency Has a criminal indictment, information or complaint ever been returned against you, but for which you were not B. arrested or in which you were named as an unindicted co-party? Yes □ No ☑ If yes, furnish details on Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes 🗆 No 🗹 Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No 🗹 Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes Ø No □ Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑ If yes when? \_\_\_\_\_\_ city, county and state \_\_\_\_\_ Has any member of your family or of your spouse s family ever been convicted of a felony? Yes \\_ No \\_

Applicant s initial

Charge

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

Relationship

H.

Name

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a Yes <b>t</b> Zi I	lawsuit as either No □ (Other th	a plaintiff or defendant of an divorces)	r an arbitration as e	ither a claimant	corporation. ever been a or respondent?
If yes, giv	/e details below.	List all cases without ex	ception, including b	ankruptcies:	
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County an	d State	Discount
SAP PRO	sties.LLC	1 1	19-ASW, S	-5-00000-000	Disposition/Date
	,	7 7.7			12/23/14
associate	ed with it as an d	hip, business venture, so wner, officer, director or p mplete the following:	ole proprietorship or partner) been a part	closely held co y to a lawsuit, a	rporation (while you were rbitration or bankruptcy?
Name of Er	ntity	Type of Entity		Approximate D	ate(s) of tion/Bankruptcy
S&P Propertie	es, LLC	Limited Liability	Co.	October	2008
7. RESIDENCE List all residences  Month and Year (From-To) December 19	s you have had f	or the last 25 years:  Street and Number  3, 49 Ashler Ave.	City Los Gatos		e or County
			-		
				Applicant s initi	al MTP Page 5

### 8. EMPLOYMENT:

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

		to rolated capacity.
Month and Year June 2014	Name/Mailing Address of Employer/Business Rodo Medical, Inc., 6399 San Ignac	Reason for Leaving io Ave., San Jose, CA
VP	Description of Duties Regulatory, legal,	Name of Supervisor Dr. Young Seo
Month and Year Sept 2008	Name/Mailing Address of Employer/Business Onpharma, Inc.	Reason for Leaving Company sold
itle VP	Description of Duties Regulatory, Legal	Name of Supervisor Matt Stepovich
onth and Year June 2003	Name/Mailing Address of Employer/Business Cupertino Capital	Reason for Leaving changed job
vice Presiden	Description of Duties t Investment services	Name of Supervisor n/a
lonth and Year NOV 1999	Name/Mailing Address of Employer/Business Directv Broadband	Reason for Leaving Company sold
itle General Coun	Description of Duties usel Legal and regulatory	Name of Supervisor Scott Martin
lonth and Year 1992	Name/Mailing Address of Employer/Business Rehon and Roberts, LLP	Reason for Leaving Changed job
Attorney	Description of Duties Legal	Name of Supervisor Peter Rehon
onth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
tle	Description of Duties	Name of Supervisor
onth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
le	Description of Duties	Name of Supervisor
onth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
le	Description of Duties	Name of Supervisor

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

Applicant s initial_	mpl	
		Pane

### 9. CHARACTER REFERENCES:

	List five character refe employer or employee	erence who have know	you five years or more.	. Do not include relatives, pre	esent
Name of E Name	Where Employed Str ric Cutting	reet City State Santa Cr	uz, CA	Years Kr	nown
mploye	Westside Morta	me			
F Name	atrick Michael	Mill Valley, CA		25+	
mploye	Jones Day LLP	San Francisco	E)		
Jame Vame	ames Moore Retired	San Francisco,		30+	
Employe		San Francisco	D, CA		
Vame		Coronado, CA Citibank		12+	
mploye		Modesto, CA		25+	
Vame	PMZ Commeric:	Modesto, CA		25+	
Employe	503	siness			
10.	Do you have any safe person s depository? \\ If yes, complete the f	Yes □ No 🗹	uch depository, access	to any depository or do you to	use any other
ox Num	ber or Type of Depository	Location	City and State	Authorized Users	
11.	Have you ever held a	privileged occupations	l or professional licens	e in any state, including but r	act limited to
	the following:			_	
	Liquor Lawye Doctor Contra	actor Real estate	race dog owner broker or salesman	Securities dealer Barber/Cosmetologist	Insurance Gaming
	Accountant Pilot Yes ☑ No □	Sports prom	oter	Trainer or manager	Educator
Califo	If yes, state type, wher Irnia State Bar Licei	re and years held nse, 1992-present.			
	······································	***************************************			
********	***************************************		***************************************		********
		***************************************	·····		
12.	interest in a licensed b	ousiness or industry Ol	JTSIDE the State of Ne	or industry license or held a filevada? Yes □ No 🗹	
	If yes, state type, wher involved, the names ar	n and where and give r nd address of all partne	names and locations of ers and the agency res	the businesses in which you ponsible for licensing said bu	were siness
	venture or industry.		Ŭ,		, <sub>0</sub>
		_	***************************************	***************************************	***********
••••••					*********
		***************************************	***************************************		
				Applicant's initial MV	
				Approant o mittal 1	Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☑
If yes t	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  Verification
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  ✓
**********	
	A <sup>T</sup> PH T
	Date of photograph (2 - 21-17
	Applicant's initial Page 8

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 25%

B. GALINDO My Comm. Expires Oct. 15, 2018

(seal)

Applicant s initial Page 9

## PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date January 22, 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 MDEG Application				
Onpharma Company, 123 W. Nye Land	ense e, #723 Carso	n City, N\	/ 89	******
n/a Name and Address of Establishment f	or Which License Is F	Requested	······································	
If applicable. Name Under Wh	nich It Is Now Operate	ed		******
1. PERSONAL INFORMATION:				
Wall Hoesen, Richard H First Name		Middle Nan	ne	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwis	e)		<del></del>	
Rick				
Present Residence Address-Street or RFD City		S	State/Zip	<del></del>
Jilla Ave, Los Gatos, CA 95030 November 20	111 - present		·	
Present Business Address City	· · · · · · · · · · · · · · · · · · ·	S	State/Zip	
Onpharma Company   Oct 2017-present   CFO				
Occupation		Phone Residence		
		Business	4087578758	
Date of Birth Place of Birth (City County	State)			
Bethlehem, PA	·		40	
Age Social Security Number			Sex	
62   1   male			33.	
Color of Eyes Color of Hair Complexion	Weight	Build	Height	
Blue   bald   fair   235lb   huh?   6'4"			Ū	
Scars, tattoos or distinguishing marks and/or characteristics no	one			
Are you a citizen of the United States? Yes   ✓ No □ If afier	n registration No			••••
f naturalized, certificate No.	Date			
Place	(If naturalized	. document	must be verified.)	
2. MARITAL INFORMATION:			·	
Single ☐ Married <b>⊄</b> Separated ☐ Divorced ☐	Widowed □	Engaged	<b>f</b> [7]	
, = 2.131000 =		5 0	D1/1L	
	A	pplicant's in	nitial CVII	
				Page 1

### MARITAL INFORMATION-Continued

Α.,	Curren	t Marriage	ill Sugarn	nan						i	
	Spouse	's full name (	Maiden)	5 .				City, Coun	ty		7000000000
		Birth									
		nt address									
	, (00,00		Street	***************************************		City		State	Zip		
	Telepho	one: Resider	nce '			Busine	ss n/a	**********	*******		
	Spouse	's employer	self-emplo	oyed		Occupa	re	al estat	e inves	tor	
		s of employer									
			Street			City		State	Zip		
B. Pr	evious l	Marriages if	ever legally	y separat	ed, divorced,	or annulle	d, indica	te below:			
Name o	of Spous		of Order Decree		Date of Place of Marriage		Nature Action		City County a	ind State	
		_						\			
											-
	List of r	names currer							7	F-1	
		Name	Street		City		State		Zip ]	Felephone	
										-	<del></del>
_											
3. FA A.	Childre	FORMATION on and Deper	ndents			مما مامالمامم	a and all	io tha fal	audee le	form otion	
	LIS	st all children. Name	Birth Date	tep-child	Birth Place	tea crillare	n and gr	Residence		ioimagor	l
Laure	n P. Sa	ilvo	3   Da	anbury,	CT  !	1angels A	Ave, Sa	n Franc	isco, C	;A	
Grego	ry H. V	an Hoesen	]	5   Da	inbury, CT	Wonder	rland A	ve, Los	Angele	s, CA	
Aman	da R. F	Pinho   {	G	reenwi	ch, CT   1	1 Cata	lina Dri	ve Cas	tro Vall	ey, CA	
В.	Child S	Support Infor Please mark		riate res	ponse.						
		✓ I am not s	subject to a	court or	der for the su	pport of chi	ild				
		plan appr	oved by the	e district :	for the suppo attorney or ot to the order;	her public a					
		the order	or a plan a	pproved	for the suppo by the district owed pursua	attorney o	or other p rder		ency enfo		

Page 2

	agency responsible for enforcing the child support	
Name	7	
Address		
Contact person		
C. Parents:  List names, residence adparents-	dresses. dates of birth and most recent occupations	s of parents, step-parents,
in-law or legal guardian.	If retired or deceased, list last address and occupat	
Name (Maiden)	Birth Date Address	Occupation
ather Everett H. Van Hoesen	3   Moorings Park Drive, Naples, FI	retired
Mother	, magic and a magi	rotired
Afice L. Van Hoesen   4-	2   Moorings Park Drive, Naples, FL   re	etired
deceased   unknown		
Mother-in-Law		
deceased   unknown		
their respective spouses.  Name (Maiden)	dresses, dates of birth and most recent occupations  Birth Date Address	of brothers and sisters and Occupation
Mark L Van Hoesen   {	ô   Casseekey Island Rd #703 Jupit	ter, FL   retired
Pamela Van Hoesen	retired	
Kimberly Hinkle   1 ?	S. Magnolia Circle John's Creek, G	A I real estate agent
Ron Hinkle   CFO		
David Van Hoesen   9	Brookside Drive Greenwich, CT   rea	l estate developer
Spouse Maureen Hull   ?′	verizon executive	
pouse		
4. EDUCATION:		
rammar Central It High So	Location Dates Attended	Graduate
ab.	hool, Greenwich, CT   1968-1970	Yes   ✓ No   ☐
chool Greenwich High Sc	chool, Greenwich, CT   1970-1973	Yes 🗹 No 🗆
hiversity Lehigh University,	Bethlehem, PA   1973-1977	Yes   ✓ No   ☐
her		Yes 🗆 No 🗆
ype of degree obtained, if any	MBA	••••
	<sub>ed_</sub> Wharton School, University of Pennsylv	ania ania
	A se all a a	int's initial
	Applica	m s inmai

# 8 MILITARY INFORMATION:

A.	,	res Lino V
		Date of entry-active service
	Date of separation	Type of discharge
	Rating at separation	Serial number
	While in the military service were you ever arres special or general court martial? Yes ☐ regardless of where they occurred-foreign or dor	ated for an offense which resulted in summary action, a trial of No 🔲 If yes, furnish details on page 10. (List all incidents mestic.)
В	Have you registered for the draft? Yes □	
	County State	Date registered
8. A		BITRATIONS: (include those arrests in which you were
Α		d, indicted or summoned to answer for any criminal offense or of the disposition of the event? (Except minor traffic citations ded below. List all cases without exception.
)ate of		-City and State Deposition/Date Arresting Agency
-		
В	arrested or in which you were named as an unin page 10.  Have you ever been questioned or deposed by a	aint ever been returned against you, but for which you were nedicted co-party? Yes   No   If yes, furnish details on a city, state, federal or law enforcement agency, commission
D,	or committee? Yes □ No   Have you ever been subpoenaed to appear or to commission? Yes □ No   ✓	estify before a federal, state or county grand jury, board or
Εş		ny civil, criminal or administrative proceeding or hearing?
$\mathbf{F}_{g}$	Have you ever had a civil or criminal record exp	unged or sealed by a court order? Yes ☐ No ☑
G	Have when?	city, county and state
i.	Has any member of your family or of your spous If you answer to any of the above questions (B t	se's family ever been convicted of a felony? Yes  No  hrough H) is yes, furnish details on page 10.
Vame	Relationship	Charge Location Date
/20000		
		Applicance of the State of the
		Applicant's initial Pag

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

1.	Yes 💋 No	suit as either a □ (Other than	plaintiff or defendant o divorces)	r an arbitration as e	either a claimant	corporation. ever been a or respondent?
		retails below. L	ist all cases without ex	ception, including b	pankruptcies:	
	f/Defendant or int/Respondent	Date Filed	Court and Case Number	City. County an	nd State	Disposition/Date
Def	endant   4-17	'-2000   US E	istrict Court, North			Disposition/Date
J.	associated v	vitii it as an own	o, business venture, so er, officer, director or p lete the following:	le proprietorship or partner) been a part	closely held con ty to a lawsuit, a	rporation (while you were rbitration or bankruptcy?
	Name of Entity		Type of Entity		Approximate D	
			Type of Entity		Lawsuit/Arbitra	tion/Bankruptcy
						,
7. R	ESIDENCES:					
	residences yo	u have had for t	the last 25 years:	1		
(Fron		Stree	el and Number	City	State	or County
11-2	011 - presen	t   1 Villa A	ve, Los Gatos, CA	95030		
10-2	010 - 11-201	1   18400 Ov	erlook Rd Los Gat	os California U.S	S.A. 95030	·
			Ann Ct., Saratoga,			
		7 10727 01.	Tim Ot., Caratoga,	<u> </u>		
				· · · · · · · · · · · · · · · · · · ·		
_						
		<del> </del>				
				,	Applicant's initia	
						Page 5

### 8. EMPLOYMENT:

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

Month and Year Name/Mailing Address of Emptoyer/Business	Reason for Leaving
1/2017 - present   Aktana Inc. 2017 Powell St, San Francisco, CA	•
Table Description of Dubles CFO   finance and administration   David Ehrlich	Name of Supervisor
8/2014 - 7/2016   Atlantis Computing, Mountain View, CA   position	Reason for Leaving eliminated
Title Description of Duties CFO   finance and administration   Chetan Venkatesh	Name of Supervisor
9/2010 - 4/2014   Onpharma Inc. Los Gatos, CA   company sold	Reason for Leaving
Description of Duties CFO   finance and administration   Matt Stepovich	Name of Supervisor
Name/Mailing Address of Employer/Business 10/2006 - 7/2010   Epocrates Inc. San Mateo, CA   mutual decision	Reason for Leaving upon leadership changed
Title Description of Duties  EVP / CFO   finance and administration   Kirk Loevner -> Rose Crar	Name of Supervisor NE
Month and Year Name/Mailing Address of Employer/Business 2/2003 - 6/2006   NetIQ Corporation, San Jose, CA   company sold	Reason for Leaving
SVP / CFO   finance and administration   Charles Boesenberg	Name of Supervisor
Month and Year Name/Malting Address of Employer/Business 1/2000 - 1/2003   XACCT Technologies, Santa Clara, CA   offered by	Reason for Leaving Detter job
Description of Duties CFO   finance and administration   Eric Griess	Name of Supervisor
Month and Year Name/Mailing Address of Employer/Business 3/1998 - 1/2000   Micro Focus, Mountain View, CA   offered better jo	Reason for Leaving
itle Description of Duties SVP, CFO   finance and administration   Martin Waters -> Gary Gre	Name of Supervisor enfield
Name/Mailing Address of Employer/Business 3/1996 - 3/1998   Wall Data, Palo Alto, CA   company relocated HQ	Reason for Leaving to Seattle area
itle 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 State City Zip Telephone Years Known Phil Koen Wissahickon Avenue, Los Gatos, CA | 4 Home Employer retired Business Kirk Cruikshank Kimble Ave, Los Gatos, CA 95030 I Home Employer retired Business Bruce Lerman Romita Court Monte Sereno, CA 95030 | Home **Podiatrist** self Business Jim Judson Phillips Avenue Los Gatos, CA | Home Employer retired Business Paul Goddard ! Pierce Road Saratoga, CA | 4/ Home Employer retired 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 Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Race horse/race dog owner Lawyer 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 of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes 

No If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry. \_\_\_\_\_

Applicant's initial PVH

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 ♥
-	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 1/22/2018
	Applicant's initial 2VH
	Page 8

8TATE OF		
	SS	
COUNTY OF		
foregoing application and know the contents thereof; to contain a full and true account of the information requirementation or failure to reveal information requirementation and true account of the information requirementation or failure to reveal information requirementation and information requirementation and the submitting statutes 639.210 (10) provides denial or revocation of registration or permit if the holder or applicant. "Has obtoing an application, or any record, affidavit or other information, that I have familiarized myself with the content Controlled Substances Act, as amended, and the Registromulgated thereunder and agree, if licensed, to abid I hereby expressly waive, release and forever agents from any and all manner of action and causes of can, shall or may have against the State of Nevada, the	that the statements contained herein are true stated; that I executed this statement with the stated may be deemed sufficient case for dening this application with full knowledge that Nev of the application of any person for a certificate obtained any certificate certification, license or mation in support thereof, which is false of fracts of Nevada Statutes on Pharmacists and Magulations of the Nevada State Board of Manufacte thereby.  If discharge the State of Nevada, the licensing of action whatsoever which I, my administrato	and correct and knowledge that ial or revocation of ada Revised license permit by the filing udulent," and inufacturer and the acturer as
or a manufacturer license in the State of Nevada.  Subscribed and Sworn to before me this	day of	2/2018
Notary Public	PLEASE SEE ATTACH CALIFORNIA NOTARY F	ORM

Applicant's initial

(seal)

Page 9

### CALIFORNIA JURAT WITH AFFIANT STATEMENT

**GOVERNMENT CODE § 8202** 

See Attached Document (Notary to cross out I See Statement Below (Lines 1-6 to be comple	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
A notary public or other officer completing this certific document to which this certificate is attached, and not	cate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California County of January Clause	on this 22nd day of Month, 20/8 by Date Month Year  (1) Name(s) of Signer(s)  proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me  Signature of Notary Public
Seal Place Notary Seal Above OF	PTIONAL
Though this section is optional, completing this	s information can deter alteration of the document or is form to an unintended document.  Document Date: /22/8

## ADDITIONAL INFORMATION

Additional employment information
3/1994 - 3/1996 CFO Consilium, Mountain View, CA   Tom Tomasetti
-2/1992 - 3/1994 Director Investor Relations   Sun Microsystems   Palo Alto; CA   Mike
Lenman
8/1998 - 3/1992 Director Investor Relelations   Teradata   El Segundo, CA   Richard Little
5/1983 - 8/1988 AVP Administration   Clabir Corp   Greenwich, CT   Henry Clarke
5/1982 - 3/1983 Manager, Strategic Planning   Unimation Robotics   Danbury, CT   Joe
Engelberger
-9/1980 - 5/1982 Consultant, Computer Center   Wharton School, Phila. PA   Dave Cossey
7/1977 - 9/1980 Staff Consultant   Andersen Consulting   Boston, MA   Chuck Benson
5/1976 - 9/1976 Assembler   General Motors   Linden, NJ   unknown
5/1973 - 8/1975 summers Greenskeeping staff   Burning Tree Country Club   Greenwich, CT
†Bob Alonzi

Applicant's initial

Page 10