

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

Telephone: 775-884-0879 Fax: N/A

E-mail: customer care@onpharma.com Website: www.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)

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ Diabetic Supplies Other: Prescription 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 Telephone: 408-718-5050

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- | | |
|------------------------------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Practitioner (Dentist) | Name: Dr. Michael Falkel |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

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.

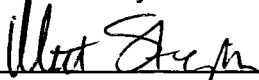
Within the last five (5) years:

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

If the answer to questions 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 MDEG provider or wholesaler 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

Matthew Stepovich

Print Name of Authorized Person

1/3/18
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY 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:

1) 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

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

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 35,000,000
- 3) What was the price paid per share? \$0.06 (preferred), \$0.006 (common)
- 4) What date did the corporation actually receive the cash assets? October 27, 2017
- 5) Provide a copy of the corporation's stock register evidencing the above information
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 for Prescription Medical Device (Dental Kits)

Nature of MDEG
Onpharma Company, 123 W. Nye Lane, Suite 723, Carson City, NV 89706

Name and Address of Business for Which MDEG Administrator Is Requested
N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Stepovich Matthew James
Last Name First Name Middle Name

Matt Stepovich

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

! Bucks Bar Road, Placerville, CA 95667

Present Residence Address-Street or RFD City State/Zip

123 W. Nye Lane, Suite 723, Carson

City, NV 89706

Dates 2006-Present

Present Business Address City State/Zip

Chief Executive Officer & President Dates 2006-Present

Present Position with the MDEG _____

Phone: 775-884-0879

Fax: N/A

Email address: mstepovich@onpharma.com

St. Louis, MO
Date of Birth Place of Birth (City, County, State)

54

Age

Social Security Number

M

Sex

Blue

Blonde

210

5' 08

Color of Eyes

Color of Hair

Weight

Height

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

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

If alien, registration No _____

If naturalized, certificate No _____

Date _____

Place _____

(If naturalized, document must be verified.)

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.

2006-Present	Onpharma Company, 123 W. Nye Lane, Suite 723 Carson City, NV 89706	~22,880
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Chief Executive Officer	Managed drug and device company, including facilities management, manufacturing processes, and distribution logistics.	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 ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____

b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

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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 cause 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 or 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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 1-10-18

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 License
Onpharma Co., 123 Nye Lane, #723, Carson City, NV
Nature of License
N/A
Name and Address of Establishment for Which License is Requested
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name	Stepovich, Matthew James		First Name	Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) Matt Stepovich					
Present Residence Address-Street or RFD Bucks Bar Road			City 2016 - Current	State/Zip California 95667	
Present Business Address same			City	State/Zip	
Occupation CEO Onpharma Company			Phone: Residence	Business same	
Date of Birth	Place of Birth (City, County, State) St. Louis, Missouri				
Age 54	Social Security Number			Sex M	
Color of Eyes Blue	Color of Hair Blond	Complexion	Weight 210	Build	Height 5'8"

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 _____

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

2. MARITAL INFORMATION:

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

Applicant's initial MS

A. **Current Marriage** NA

Spouse's full name (Maiden)	Date	City, County and State
		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

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
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NA

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

[illegible]

NA

3. FAMILY INFORMATION:

A Children and Dependents:

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

[illegible]

NA

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 NA

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			
Michael L. Stepovich		Quarry Park Dr., San Jose, CA	Retired
Mother			
Arlene A. Stepovich		Chamberton Dr., San Jose, CA	Retired
Father-in-Law			
NA			
Mother-in-Law			
NA			

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
Lynn D. Carter			
		Theresa Avenue, Campbell, CA	Business Executive
Spouse John Carter			
		Theresa Avenue, Campbell, CA	Teacher
Michael J. Stepovich			
		Chamberton Dr., San Jose, CA	Orthodontist
Spouse NA			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Hansen	Saratoga, CA	70s	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Lynbrook	San Jose, CA	Graduated 1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	University of California	Santa Barbara, CA	Graduated 1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS (UCSB), JD (Pepperdine U.) MBA (Pepperdine U.)

College or university where obtained see above

Applicant's initial

Det

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 Santa Clara State CA Date registered 1982

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

HT

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
Onpharma Inc.	2012	30-2012-00545391-CU-BC-CJC	Orange County, CA	Settled 2013

- 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
2016 - Present	Bucks Bar Road	Placerville	CA
2002 - 2015	205 34th Avenue	Santa Cruz	CA
1997 - 2002	140 Ashler Avenue	Los Gatos	CA
1994 - 1996	1123 Green St.	San Francisco	CA
1992 - 1993	14233 Old Wood Road	Saratoga	CA

Applicant's initial

W

D. 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 1982-1986	Name/Mailing Address of Employer/Business Country Store, UCSB Campus	Reason for Leaving Graduated, Left for Law School
Title Manager	Description of Duties Managing	Name of Supervisor John Sullivan
Month and Year 1987-91	Name/Mailing Address of Employer/Business Law - MBA Student	Reason for Leaving Graduated
Title NA	Description of Duties NA	Name of Supervisor NA
Month and Year 1990-1994	Name/Mailing Address of Employer/Business DLA Piper, San Diego & Palo Alto	Reason for Leaving Moved to below firm
Title Summer Associate, Legal Associate	Description of Duties Lawyer	Name of Supervisor Margaret Kavalaris
Month and Year 1995-1996	Name/Mailing Address of Employer/Business Foley & Lardner, San Francisco	Reason for Leaving Founded Telocity, Inc.
Title Associate	Description of Duties Lawyer	Name of Supervisor
Month and Year 1997 - 2003	Name/Mailing Address of Employer/Business Telocity, Inc., Cupertino, CA	Reason for Leaving Company Acquired
Title VP Legal & Regulatory Affairs	Description of Duties Legal & Regulatory Affairs	Name of Supervisor Patti Hart
Month and Year 2004-2006	Name/Mailing Address of Employer/Business Silicon Pipe, San Jose, CA	Reason for Leaving Company Acquired
Title CFO	Description of Duties CFO	Name of Supervisor Thomas Obenhuber
Month and Year 2006-2017	Name/Mailing Address of Employer/Business Onpharma Inc., Los Gatos, CA	Reason for Leaving Company Acquired
Title CEO & Equityholders' Rep	Description of Duties CEO & Equityholders' Rep	Name of Supervisor NA
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

Net

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 Mic Falkel	Home	Corona Road, Carmel Highlands, CA				1 34
Employer MPDG	Business	MPDG, 333 El Dorado Road, Monterey, CA				
Name Michael Parsons	Home	Ashler Avenue, Los Gatos, CA				31
Employer Rodo Medical	Business	6399 San Ignacio Ave., Ste 100, San Jose, CA				
Name Craig Conrardy	Home	Tucker Hill Road, Sutter Creek, CA				39
Employer Valeant	Business	46 Main Street, Sutter Creek, CA				
Name Mike Rose	Home	Sheila Ct., Campbell, CA				10
Employer Montage Cap	Business	900 E. Hamilton Ave, STE 100, San Jose, CA				
Name Rick Van Hoesen	Home	Villa Ave, Los Gatos, CA				6
Employer Aktana	Business	944 Market St., San Francisco, CA				

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

Lawyer, CA

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.

Own investment interest in various public and private companies located outside of Nevada

Applicant's initial

Not

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 1-18-18

Applicant's initial Watt

STATE OF California

SS.

COUNTY OF El Dorado

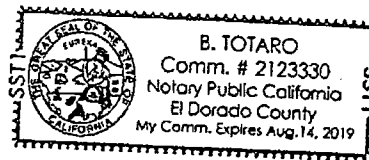
I, Matthew J. Stepovich, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of

January 4, 2018
[Signature]
Notary Public



(seal)

Applicant's initial [Signature]

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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 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 Application

Onpharma Company: 123 W. Nye Lane, Suite 723, Carson City, NV, 89706

NA

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Falkel First Name: Michael Middle Name: Irving

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

Present Residence Address-Street or RFD: Corona Rd., Carmel CA 92923

Present Business Address: Monterey CA 93940

Occupation: Dentist

Phone: Residence

Business: 831-648-5335

Date of Birth: 54 Place of Birth (City, County, State): Oceanside, Nassau County, NY

Age: 54 Social Security Number: Male

Color of Eyes: Hazel Color of Hair: Brown Complexion: Caucasian Weight: 175 Build: 5'10" Height: 5'10"

Scars, tattoos or distinguishing marks and/or characteristics: NA

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 MIF

MARITAL INFORMATION-Continued

A. **Current Marriage** 3-11-00
Date
 Spouse's full name (Maiden) Lisa christine Jay City, County and State
San peidro, CA S.S. No.
 Date of Birth _____ Place of Birth _____
 Resident address Corona Rd Carmel CA 93923
Street City State Zip
 Telephone: Residence { _____ Business NA
 Spouse's employer NA Occupation NA
 Address of employer NA
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
NA				

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

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Logan Falkel		Monterey, CA	Carmel
Norah Falkel		Monterey, CA	Carmel

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 MIF

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

Harmon Falkel

Deceased

Mother

Dorothy Benjamin Falkel

Deceased

Father-in-Law

Robert Jay

Acorn Cr., Salinas, CA

Retired

Mother-in-Law

Kathy Fredrickson

Hacienda Carmel, Carmel, CA 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
---------------	------------	---------	------------

Jeff Falkel

S. Wildcat, Highland, CO Retired

Spouse

Dianne Mueller

S. Wildcat, Highlands, CO Retired

Lori Falkel

Phoenix Way, Vancouver, WA Retired

Spouse

Megan Falkel

Sleek Fox Dr, Clarcksville, TN Hotel Managment

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Lenox	Baldwin, NY	1969-1975	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Baldwin High	Baldwin, NY	1977-1980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College				Yes <input type="checkbox"/> No <input type="checkbox"/>
University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	UOP Dental School	San Francisco	1984-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any DDS

College or university where obtained UOP Dental Schhool

Applicant's initial MIF

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 _____ MIF

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
6/89-1/99	851 Bayview Ave,	Pacific Grove,	CA 93950
1/99-Present	Corona Rd,	Carmel,	CA 93923

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
1989-present	Self - Monterey, CA	Present
Title	Description of Duties	Name of Supervisor
Dentist		Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1-06-3-14	Los Gatos, CA	Company sold
Title	Description of Duties	Name of Supervisor
CMO	Regulatory, compliance	Stepovich, CEO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/17-present	Carson City, NV	Present
Title	Description of Duties	Name of Supervisor
CMO	Regulatory, Compliance	Stepovich, CEO
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 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	Street	City	State	Zip	Telephone	Years Known
Name <u>Greg Hawthorne</u>	<u>Home</u>	<u>Big Sur, CA</u>				<u>30</u>
Employer <u>Self</u>	<u>Business</u>	<u>Art</u>				
Name <u>Steve Garner</u>	<u>Home</u>	<u>Scotts Valley, CA</u>				<u>25</u>
Employer <u>Self</u>	<u>Business</u>	<u>Plastic Surgery</u>				
Name <u>Rich Hell</u>	<u>Home</u>	<u>Salinas, CA</u>				<u>20</u>
Employer <u>Self</u>	<u>Business</u>	<u>Gastoenterology</u>				
Name <u>Craig Yarborough</u>	<u>Home</u>	<u>Mill Valley, CA</u>				<u>34</u>
Employer <u>UOP</u>	<u>Business</u>	<u>Dental school Dean</u>				
Name <u>Steve Ikemiya</u>	<u>Home</u>	<u>Carmel, CA</u>				<u>20</u>
Employer <u>Self</u>	<u>Business</u>	<u>Dentist</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

California Dentist License number: 35717

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.

Dental Practice Monterey CA

Applicant's initial MIF

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:

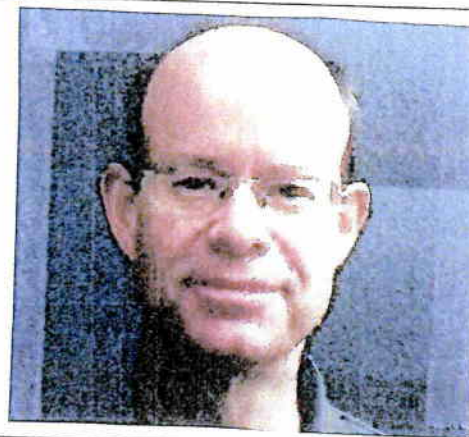
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

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 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 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 _____ day of _____

Notary Public

(seal)

**SEE ATTACHED
FOR NOTARY**

Applicant's initial _____


Page 9

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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.

State of California

County of Monterey

Subscribed and sworn to (or affirmed) before me

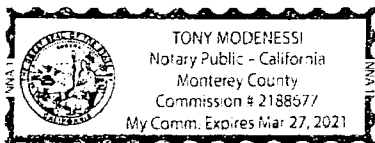
on this 29th day of January, 2018
by _____ Date _____ Month _____ Year _____

(1) Michael Irving Faltel

(and (2) _____).
Name(s) of Signer(s)

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

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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 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 License

Onpharma Company

Nature of License

N/A

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name PARSONS First Name MICHAEL Middle Name THOMAS

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

MIKE PARSONS

Present Residence Address-Street or RFD Ashier Ave., Los Gatos, CA 95030 City 2001-PRESENT State/Zip

Present Business Address 123 W. Nye Lane, Suite 723 City Carson City, NV 89706 State/Zip OCTOBER 2017

Occupation Vice President, General Counsel & Secretary Phone: Residence 775-884-0879 Business

Date of Birth 50 Place of Birth (City, County, State) SAN FRANCISCO, CA

Age 50 Social Security Number Sex

Color of Eyes GRN Color of Hair BRN Complexion FAIR Weight 160 LBS Build AVG Height 6' 00

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial MP

MARITAL INFORMATION-Continued

A. **Current Marriage** JANUARY 1994, SAN FRANCISCO

Spouse's full name (Maiden) ^{Date} ANNE SPERRY ^{City, County} S.S. No. ^{State}

Date of Birth ^{Place of Birth} SAN FRANCISCO

Resident address Ashier Ave., Los Gatos, CA 95030

Street City State Zip

Telephone: Residence ^{Business} N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A

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				

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

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
John Parsons,	Los Gatos, CA	Ashier Ave., Los Gatos, CA 95030	
Kathryn Parsons,	Los Gatos, CA	Ashier Ave., Los Gatos, CA 95030	

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 MDP Page 2

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 Michael Parsons,		Bangon Ln., Monte Serrano, CA	Retired
Mother Alyce Parsons,		Bangon Ln., Monte Serrano, CA	Retired
Father-in-Law		Deceased	
Mother-in-Law		Deceased	

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 Susan Parsons,		Spigglass Dr., Modesto, CA	Vice President
Robert Honsley	"	"	Retired
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate	
Grammar School	Oak St. Elementary	Saratoga, CA	1975-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Saratoga High School	Saratoga, CA	1981-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	UC Santa Barbara	Santa Barbara, CA	1985-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	University of the Pacific	Sacramento, CA	1989-1992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

BA

Type of degree obtained, if any _____

College or university where obtained UC Santa Barbara

Applicant's initial

mtp

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
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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 MP 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
S&P Properties, LLC	1/31/14	13-53619-ASW	San Jose, CA	Closed 12/23/14

- 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
S&P Properties, LLC	Limited Liability Co.	October 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
December 1991	27, 33, 49 Ashler Ave.	Los Gatos	CA

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 June 2014	Name/Mailing Address of Employer/Business Rodo Medical, Inc., 6399 San Ignacio Ave., San Jose, CA	Reason for Leaving
Title 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
Title VP	Description of Duties Regulatory, Legal	Name of Supervisor Matt Stepovich
Month and Year June 2003	Name/Mailing Address of Employer/Business Cupertino Capital	Reason for Leaving changed job
Title Vice President	Description of Duties Investment services	Name of Supervisor n/a
Month and Year Nov 1999	Name/Mailing Address of Employer/Business Directv Broadband	Reason for Leaving Company sold
Title General Counsel	Description of Duties Legal and regulatory	Name of Supervisor Scott Martin
Month and Year 1992	Name/Mailing Address of Employer/Business Rehon and Roberts, LLP	Reason for Leaving changed job
Title Attorney	Description of Duties Legal	Name of Supervisor Peter Rehon
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 MTV

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	Years Known
Eric Cutting		Santa Cruz	CA		5+
Westside Mortg					
Patrick Michael		Mill Valley	CA		25+
Jones Day LLP		San Francisco	CA		
James Moore		San Francisco	CA		30+
Retired		San Francisco	CA		
Craig Warriner		Coronado	CA		12+
Retired		Citibank			
Randy High		Modesto	CA		25+
PMZ Commeric		Modesto	CA		

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

California State Bar License, 1992-present.

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

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

Applicant s initial MP

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 12-21-17

Applicant's initial MD

STATE OF California

SS.

COUNTY OF Santa Clara

I, Michael Parsons, 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,

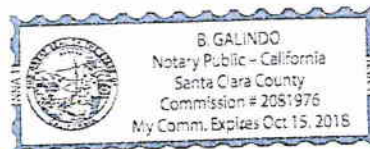
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 25th day of

January, 2018

Notary Public



(seal)

Applicant's initial MP 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 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 Application

Onpharma Company, 123 W. Nye Lane, #723 Carson City, NV 89

n/a

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name First Name Middle Name
Val Hoesen, Richard H

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

Rick

Present Residence Address-Street or RFD City State/Zip

71111 Jilla Ave, Los Gatos, CA 95030 November 2011 - present

Present Business Address City State/Zip

Onpharma Company | Oct 2017-present | CFO

Occupation Phone Residence Business

4087578758

Date of Birth Place of Birth (City County State)

Bethlehem, PA

Age Social Security Number Sex

62 | 1 | male

Color of Eyes Color of Hair Complexion Weight Build Height

Blue | bald | fair | 235lb | huh? | 6'4"

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

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial

RVH

MARITAL INFORMATION-Continued

A. **Current Marriage** Jill Sugarman
 Spouse's full name (Maiden) _____ City, County _____
 _____ S.S. No. _____
 Date of Birth _____ Place of Birth Passaic, NJ
 Resident address Villa Ave, Los Gatos, CA 95030
 _____ Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ Business n/a
 Spouse's employer self-employed Occupation real estate investor
 Address of employer n/a
 _____ 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Name	Street	City	State	Zip	Telephone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. **FAMILY INFORMATION:**

A. **Children and Dependents**

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

Name	Birth Date	Birth Place	Residence Address
Lauren P. Salvo	3	Danbury, CT	1 angels Ave, San Francisco, CA
Gregory H. Van Hoesen	5	Danbury, CT	Wonderland Ave, Los Angeles, CA
Amanda R. Pinho	1	Greenwich, CT	1 Catalina Drive Castro Valley, CA

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 RVH

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

Everett H. Van Hoesen | 3 | Moorings Park Drive, Naples, FL | retired

Mother

Alice L. Van Hoesen | 4- 2 | Moorings Park Drive, Naples, FL | retired

Father-in-Law

deceased | unknown

Mother-in-Law

deceased | unknown

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
---------------	------------	---------	------------

Mark L Van Hoesen | 1 6 | Casseekey Island Rd #703 Jupiter, FL | retired

Spouse

Pamela Van Hoesen | retired

Kimberly Hinkle | 1 ? | S. Magnolia Circle John's Creek, GA | real estate agent

Spouse

Ron Hinkle | CFO

David Van Hoesen | 9 Brookside Drive Greenwich, CT | real estate developer

Spouse

Maureen Hull | ? | verizon executive

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Central Jr. High School, Greenwich, CT		1968-1970	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Greenwich High School, Greenwich, CT		1970-1973	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Lehigh University, Bethlehem, PA		1973-1977	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any MBA

College or university where obtained Wharton School, University of Pennsylvania

Applicant's initial

RVH

8 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 _____

8. 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 AVF 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	4-17-2000	US District Court, Northern District of CA		Settled.

- 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
11-2011 - present	Villa Ave,	Los Gatos, CA	95030
10-2010 - 11-2011	18400 Overlook Rd	Los Gatos California	U.S.A. 95030
10-1992- 10-2010	19727 St. Ann Ct.,	Saratoga, CA	95070

Applicant's initial 277

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
1/2017 - present	Aktana Inc. 2017 Powell St, San Francisco, CA	still employed
Title	Description of Duties	Name of Supervisor
CFO	finance and administration	David Ehrlich
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2014 - 7/2016	Atlantis Computing, Mountain View, CA	position eliminated
Title	Description of Duties	Name of Supervisor
CFO	finance and administration	Chetan Venkatesh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2010 - 4/2014	Onpharma Inc. Los Gatos, CA	company sold
Title	Description of Duties	Name of Supervisor
CFO	finance and administration	Matt Stepovich
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2006 - 7/2010	Epocrates Inc. San Mateo, CA	mutual decision upon leadership changed
Title	Description of Duties	Name of Supervisor
EVP / CFO	finance and administration	Kirk Loevner -> Rose Crane
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2003 - 6/2006	NetIQ Corporation, San Jose, CA	company sold
Title	Description of Duties	Name of Supervisor
SVP / CFO	finance and administration	Charles Boesenberg
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2000 - 1/2003	XACCT Technologies, Santa Clara, CA	offered better job
Title	Description of Duties	Name of Supervisor
CFO	finance and administration	Eric Griess
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/1998 - 1/2000	Micro Focus, Mountain View, CA	offered better job
Title	Description of Duties	Name of Supervisor
SVP, CFO	finance and administration	Martin Waters -> Gary Greenfield
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/1996 - 3/1998	Wall Data, Palo Alto, CA	company relocated HQ to Seattle area
Title	Description of Duties	Name of Supervisor
CFO	finance and administration	Jim Simpson

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

Applicant's initial RVH

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>Phil Koen</u>	Home	<u>Wissahickon Avenue, Los Gatos, CA</u>				<u>4</u>
Employer <u>retired</u>	Business					
Name <u>Kirk Cruikshank</u>	Home	<u>Kimble Ave, Los Gatos, CA 95030</u>				
Employer <u>retired</u>	Business					
Name <u>Bruce Lerman</u>	Home	<u>1</u>	<u>Romita Court Monte Sereno, CA 95030</u>			
Employer <u>self</u>	Business	<u>Podiatrist</u>				
Name <u>Jim Judson</u>	Home	<u>Phillips Avenue Los Gatos, CA</u>				
Employer <u>retired</u>	Business					
Name <u>Paul Goddard</u>	Home	<u>! Pierce Road Saratoga, CA</u>				<u>4</u>
Employer <u>retired</u>	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 RVH

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 1/22/2018

Applicant's initial

RVH

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 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

1/22/2018

Subscribed and Sworn to before me this _____ day of _____

Notary Public

**PLEASE SEE ATTACHED
CALIFORNIA NOTARY FORM**

(seal)

Applicant's Initial: 

Page 9

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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.

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me

on this 22nd day of January, 2018,
 by Date Month Year

(1) R. H. VanHeusen

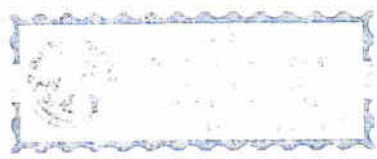
(and (2) _____),

Name(s) of Signer(s)

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

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Record Document Date: 1/22/18

Number of Pages: 9 Signer(s) Other Than Named Above: me

ADDITIONAL INFORMATION

Additional employment information

3/1994 - 3/1996 CFO Constium, Mountain View, CA | Tom Tomasetti
2/1992 - 3/1994 Director Investor Relations | Sun Microsystems | Palo Alto, CA | Mike
Lehman
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

RVA