

11A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks 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 Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Crane Pharmaceuticals, Inc.

Physical Address: 2810 W. Charleston Blvd # H83

Mailing Address: 2810 W. Charleston Blvd # H83

City: Las Vegas State: NV Zip Code: 89102

Telephone: 949-285-2239 Fax: N/A

Toll Free Number: N/A

E-mail: info@cranepharma.com Website: _____

Facility Manager: Siamak Adampour

Professional qualifications and experience of facility manager: 30 yr + in
Pharma, Medical Device Manufacturing + Distribution

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Permitted by Law

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☒ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Permitted by Law

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

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 ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- | | |
|--|--|
| 1) <u>LNK International, Inc.</u> | <u>145 Ricefield Lane</u> |
| <u>Over-The-Counter Pharmaceuticals Manufacturer</u> | <u>Hempstead NY 11788</u> |
| Name | Address |
| Business | |
| 2) <u>Trace Minerals Research</u> | <u>1996 W. 3300 S.</u> |
| <u>Neutraceutical Manufacturer</u> | <u>Ogden UT 84401</u> |
| Name | Address |
| Business | |
| 3) <u>Metabolic Response Modifiers</u> | <u>2665 Vista Pacific Dr.</u> |
| <u>Neutraceutical Manufacturer</u> | <u>Oceanside CA 92056</u> |
| Name | Address |
| Business | |
| 4) <u>APS Biogroup</u> | <u>2235 South Central Ave Phoenix AZ</u> |
| <u>Food and Supplement Manufacturer</u> | <u>85004</u> |
| Name | Address |
| Business | |

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

Siamak Adampour
Print Name of Authorized Person

10/31/19
Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: Crane Pharmaceuticals, Inc.
Mailing Address: 2810 W. Charleston Blvd # H83
City: Las Vegas State: NV Zip: 89102
Telephone: 949-285-2239 Fax: N/A
Contact Person: Siamak Adampour

For any corporation non publicly traded, disclose the following:

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

a) Siamak Adampour 9552 W. Tropicana Ave #2045
Name Address Las Vegas NV 89147

b) _____
Name Address

c) _____
Name Address

d) _____
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. 10,000
3) What was the price paid per share? \$1.00
4) What date did the corporation actually receive the cash assets? 10/30/19
5) Provide a copy of the corporation's stock register evidencing the above information

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify, that the following is a list of all organizational documents on file in this office for

Crane Pharmaceuticals, Inc.

Organizational Documents on File	Filing Date
----------------------------------	-------------

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Crane Pharmaceuticals, Inc., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/30/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/30/2019

Barbara K. Cegavske

Certificate Number: B20191030328897

BARBARA K. CEGAVSKE

You may verify this certificate

Secretary of State

online at <http://www.nvsos.gov>



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Crane Pharmaceuticals, Inc.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☒ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☐ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number E2550922019-5 Filing Number 20190255093 Filed On 10/30/2019 15:43:08 PM Number of Pages 2
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Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE TREASURER:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE CEO:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE CHAIRMAN OF BOARD:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X SIAMAK ADAMPOUR

President

10/30/2019

Signature of Officer, Manager, Managing
Member, General Partner, Managing Partner,
Trustee, Member, Owner of Business,
Partner or Authorized Signer FORM WILL BE RETURNED IF

Title

Date

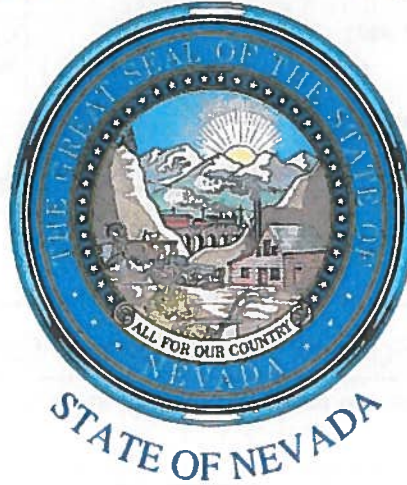
UNSIGNED

Employee Handling Drugs on Daily Basis

① Siamak Adampour

St

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Crane Pharmaceuticals, Inc.

Nevada Business Identification # NV20191622858

Expiration Date: 10/31/2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B20191030328728

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 10/30/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number E2550922019-5
	Filing Number 20190255091
	Filed On 10/30/2019 15:43:08 PM
	Number of Pages 3

Formation - Profit Corporation

☒ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)	Crane Pharmaceuticals, Inc.
2. Registered Agent for Service of Process: (Check only one box)	<input type="checkbox"/> Commercial Registered Agent (name only below) <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below) Andrina Vasquez Name of Registered Agent OR Title of Office or Position with Entity 6320 Vicuna Dr Las Vegas Nevada 89146 Street Address City Zip Code Nevada Mailing Address (If different from street address) City Zip Code
2a. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X ANDRINA VASQUEZ 10/30/2019 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)	This corporation is a close corporation operating with a board of directors <input type="checkbox"/> Yes <u>OR</u> <input checked="" type="checkbox"/> No
4. Names and Addresses of the Board of Directors/ Trustees or Stockholders (NRS 78: Board of Directors/ Trustees is required. NRS 78a: Required if the Close Corporation is governed by a board of directors. NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)	<div>1) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code</div> <div>2) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code</div> <div>3) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code</div> <div>4) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code</div> <div>5) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code</div>

**5. Jurisdiction of
Incorporation:** (NRS
80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing
in the jurisdiction of its incorporation.

☐



BARBARA K. CEGAUSKE
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Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation: (For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.	Yes <input type="checkbox"/>																
7. Purpose/Profession to be practiced: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)	WHOLESALE PHARMACEUTICAL AND MEDICAL SURGICAL SUPPLY DISTRIBUTOR TO QUALIFIED ENTITIES																	
8. Authorized Shares: (Number of shares corporation is authorized to issue)	Number of common shares with Par value: 10000.0 Par value: \$ 1 Number of preferred shares with Par value: 0 Par value: \$ 0 Number of shares with no par value: 0 If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.																	
9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/Incorporator must be a licensed professional.	<p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table border="1"><tr><td colspan="2">SIAMAK ADAMPOUR</td><td colspan="2">United States</td></tr><tr><td colspan="2">Name</td><td colspan="2">Country</td></tr><tr><td>9552 WEST TROPICANA AVENUE</td><td>Las Vegas</td><td>NV</td><td>89147</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>Zip/Postal Code</td></tr></table> <p>X SIAMAK ADAMPOUR (attach additional page if necessary)</p>		SIAMAK ADAMPOUR		United States		Name		Country		9552 WEST TROPICANA AVENUE	Las Vegas	NV	89147	Address	City	State	Zip/Postal Code
SIAMAK ADAMPOUR		United States																
Name		Country																
9552 WEST TROPICANA AVENUE	Las Vegas	NV	89147															
Address	City	State	Zip/Postal Code															

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB02671701736

Application/License No. _____

Crane Pharmaceuticals, Inc, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2810 Charleston Blvd. H83, Las Vegas, NV 89102, as
Address of Applicant/Principal
PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of PENNSYLVANIA
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
ONE BALA PLAZA SUITE 100, BALA CYNWYD, PENNSYLVANIA 19004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this

30th day of October, 2019.

APPLICANT/PRINCIPAL

Crane Pharmaceuticals, Inc


Authorized Representative

SURETY COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY


Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:



Witness



Witness

Countersigned by:

N/A
Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Valerie Ann Aber and Daniel Ruggeri, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

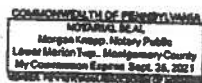
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

Morgan Knapp

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 30 day of October, 20 19.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

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

Date 10/31/19

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 Wholesale pharmaceutical medical surgical
Crane Pharmaceuticals, Inc. Supplies to qualified
N/A entities
Name and Address of Business for Which Designated Representative Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Adampour First Name SIAMAK Middle Name N/A

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

N/A

Present Residence Address-Street or RFD W. TROPICANA AVE City LAS VEGAS State/Zip NV 89147

Present Business Address 2810 W. CHARLESTON City LAS VEGAS State/Zip NV 89102

Dates NOV 1 2019

Present Position with the Pharmacy or Wholesaler

OWNER

Phone:

Residence

Business

Date of Birth

Place of Birth (City, County, State)

TEHRAN/IRAN

MALE

Age

Social Security Number

Sex

Color of Eyes

Color of Hair

Complexion

Weight

Build

Height

BROWN

BLACK

FAIR

240

ATHLETIC

6' 2"

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 LOS ANGELES CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial

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MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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
NATTAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA, CA
HEDYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

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

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

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
NONE			

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 _____

[Signature]

FAMILY INFORMATION-Continued

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

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

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
HOSEIN ADAMPOUR	1933	DECEASED	

Mother			
SHAMSI H. MCGADDAM	1940	N/A OUT OF U.S.	

Father-in-Law			
N/A			

Mother-in-Law			
N/A			

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
(SISTER) SIMA	1963	OUT OF U.S.	N/A
Spouse			

(SISTER) SEPIDEH	1977	OUT OF U.S.	N/A
Spouse			

N/A			
Spouse			

N/A			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	HADAP PRIVATE ELEMENTARY SCHOOL	TEHRAN/IRAN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1967-1973
High School	ALBORZ HIGH SCHOOL	TEHRAN/IRAN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1973-1980
College University	UNIV OF CA, IRVINE	IRVINE, CA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1989-1992
Other	INDUSTRIAL MGMT INSTITUTE (IMI)	TEHRAN/IRAN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2003-2007
Type of degree obtained, if any	TAPT LAW SCHOOL	SANTA ANA, CA	2011-2012 NO
	BS (BIOLOGICAL SCIENCES), MBA		
College or university where obtained	BS FROM UNIV OF CA, IRVINE		
	MBA FROM IMI		

Applicant's initial st

5. MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

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

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

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

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

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

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

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

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

Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

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
2019-PRESENT	W TROPICANA STE 2045	LAS VEGAS	NV
2018-2019	24581 ALCOBA DR	Mission Viejo	CA
2014-2018	23592 WINDSONG, #F	ALISO VIEJO	CA
2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
2000-2011	11238 QUINN ST	DOWNEY	CA
1994-2000	326 W KELLY	ORANGE	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	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2019	Crane Pharmaceuticals, Inc	Present
Title	Description of Duties	Name of Supervisor
Owner	Daily Operations Management	self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2018	Irvine Health Industries Inc	Present
Title	Description of Duties	Name of Supervisor
Owner	Medical Device + Pharmaceutical Trader	self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2014	Activia Pharmaceuticals Inc	owner moved
Title	Description of Duties	Name of Supervisor
Marketing Director	Business Development	Kaveh Mihan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2000	TAFT & Associates	New Opportunity
Title	Description of Duties	Name of Supervisor
	Distribution/New Business	Jeff Brown
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/1996	CORE Laboratories	New Opportunity
Title	Description of Duties	Name of Supervisor
Lab Tech	using various instruments in analysing compounds	CHARLES MUNOZ
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1980-June 1992	Various Short Term Assignments in Pharmaceutical Industry	
Title	Description of Duties	Name of Supervisor
	Private Tutor / On Campus Work / Research Assistant	
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.

* Attachment provided with mailing addresses.

Applicant's initial

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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
SOROLISH SOHEIL	CAPTAINS PL	AGURAHILLS	CA	918-	818-	2 30 YRS
BOSTON SCIENTIFIC	/ MEDICA	DEVICE MANUFACTURER				
EDWARD KAMAR	CANYON DR	YORBALINDA	CA	714-860-	30 YRS	
SOUTHERN CALIF EDISON	/ POWER	GENERATION				
MEHRNAZ MONZAVI	CHESS CT	Las Vegas	NV	89147	3 YRS	
CENTER PLATE	3150 PARADISE AVE	LAS VEGAS	NV	89116		
AMINEH BEGAN	HARTLAND ST.	RESEDA	CA	818-271-1798	2 YRS	
SELF EMPLOYED	PSYCHOLOGIST	/ SAME AS ABOVE				
AFSANEH YOUNG	S. DURANGO UNIT # 2129	LV	NV	89113		
RETIRED						2 YRS

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

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

Yes ☐ No ☐

If yes, state type, where and years held

PHLEBOTOMY CERTIFICATE

VENIPUNCTURE CERTIFICATE

NOTARY PUBLIC CERTIFICATE

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

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

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

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

Applicant's initial

St

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

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

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

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

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 10/30/2019

Applicant's initial JA

STATE OF NEVADA

SS.

COUNTY OF CLARK

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

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


Original Signature of Applicant

Subscribed and Sworn to before me this 31ST day of

OCTOBER, 2019


Notary Public

(seal)



Applicant's initial  Page 9

ADDITIONAL INFORMATION

Applicant's initial



8. Employment mailing Addresses

- ① Crane Pharmaceuticals Inc
2810 W. Charleston Blvd
Las Vegas NV 89102
- ② Irvine Health Industries Inc
24581 Alcobra Dr.
Mission Viejo CA
- ③ Activa Pharmaceuticals Inc
4790 Culver Blvd
Irvine CA
- ④ Taft & Associates Inc
12665 E. Fourth Street
Santa Ana CA
- ⑤ Core Laboratories
Anaheim CA

Employee Handling Drugs on Daily Basis

- ① Siamak Adampour

st

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date OCT 15, 2019

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 WHOLESALE
Nature of License
CRANE PHARMACEUTICALS, INC., 2810 W. CHARLSTON BLVD. STE # H83
Name and Address of Establishment for Which License Is Requested LAS VEGAS, NV 89102
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name ADAMPUR First Name SIAMAK Middle Name N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
W. TROPICANA AVE, APT # LAS VEGAS, NV 89147
Present Residence Address-Street or RFD City State/Zip
2810 W. CHARLSTON STE # H83, LAS VEGAS, NV 89102 JAN 1, 2019
Present Business Address City State/Zip
CEO 10/30/2019
Occupation Dates
Phone: Residence
Business
Date of Birth 57 Place of Birth (City, County, State) TEHRAN / IRAN
Age Social Security Number Sex MALE
Color of Eyes BROWN Color of Hair BLACK Complexion FAIR Weight 240 Build FULL Height 6' 2"

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 NOVEMBER 13, 1997

Place LOS ANGELES, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial AA Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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
NATTAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA, CA
HEDYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

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

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

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
NONE			

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 AT Page 2

FAMILY INFORMATION-Continued

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

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

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

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father	HOSEIN ADAMPUR	1933	DECEASED
--------	----------------	------	----------

Mother	SHAMSI H. MOGADDAM	1940	N/A OUT OF U.S.
--------	--------------------	------	-----------------

Father-in-Law	N/A		
---------------	-----	--	--

Mother-in-Law	N/A		
---------------	-----	--	--

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

(SISTER) SIMA	1963	OUT OF U.S.	N/A
---------------	------	-------------	-----

Spouse

(SISTER) SEPIDEH	1977	OUT OF U.S.	N/A
------------------	------	-------------	-----

Spouse

N/A			
-----	--	--	--

Spouse

N/A			
-----	--	--	--

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School	HADAF PRIVATE ELEMENTARY SCHOOL	TEHRAN/IRAN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1967-1973
----------------	---------------------------------	-------------	---

High School	ALBORZ HIGH SCHOOL	TEHRAN/IRAN	1973-1980 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------------	--------------------	-------------	---

College University	UNIV OF CA, IRVINE	IRVINE, CA	1989-1992 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--------------------	--------------------	------------	---

Other	INDUSTRIAL Mgmt INSTITUTE (IMI)	TEHRAN/IRAN	2003-2007 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------	---------------------------------	-------------	---

Type of degree obtained, if any	TAFI LAW SCHOOL	SANTA ANA, CA	2011-2012 NO
---------------------------------	-----------------	---------------	--------------

College or university where obtained	BS FROM UNIV OF CA, IRVINE		
--------------------------------------	----------------------------	--	--

MBA FROM IMI

Applicant's initial st

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

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 JA

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

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
2019-PRESENT	W TROPICANA STE 3045	LAS VEGAS	NV
2018-2019	24581 ALCOBA DR	MISSION Viejo	CA
2014-2018	23592 WINDSONG, #F	ALISO VIEJO	CA
2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
2000-2011	11238 QUINN ST	DOWNEY	CA
1994-2000	326 W KELLY	ORANGE	CA

Applicant's initial 

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2019	Crane Pharmaceuticals, Inc	Present
Title	Description of Duties 21581 Alb Alcobach	Name of Supervisor
Owner	Daily Operations Managemet	self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2018	Irvine Health Industries Inc	Present
Title	Description of Duties	Name of Supervisor
Owner	Medical Device + Pharmaceutical Trader	self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2014	Activia Pharmaceuticals Inc	owner moved
Title	Description of Duties	Name of Supervisor
Marketing Director	Business Development	Kaveh Mihan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2000	TAFT & Associates	New Opportunity
Title	Description of Duties	Name of Supervisor
	Distribution/New Business	Jeoff Brown
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/1996	CORE Laboratories	New Opportunity
Title	Description of Duties	Name of Supervisor
Lab Tech	using various instruments in analysing compounds	CHARLES MUNOS
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/1980-June 1992	Various Short Term Assignments in Pharmaceutical Industry	
Title	Description of Duties	Name of Supervisor
	Private Tutor / On Campus Work / Research Assistant	
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.

* Attachment provided with mailing Addresses.

Applicant's initial Ab 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
BOSTON SCIENTIFIC		CAPTAIN	AGURA HILLS, CA			30 YRS +
SOROSH SOHEILI		BUSINESS DEV MANAGER				
SOUTHERN CALIF EDISON		1 CANYON DR, YORBA LIND, CA		92886		
EDWARD KAMIAB		MARKETING DIRECTOR		714 860 2270		30 YRS +
CENTERPLATE		PARADISE RD, LV, NV				
MS MEHRNAZ MONZAVI		4430 CHEISSIE CT, LV, NV		89147		3 YRS
SELF EMPLOYED		HARTLAND ST. RESEDA, CA		91335		2 YRS
AMINEH BEGAN (BY.D)		/SAME AS ABOVE		818 271 1798		
RETIRED		8985 S. DURANGO UNIT 2129 LV, NV		89113		
MS AFSANE YOUNG		/SAME AS ABOVE				2 YRS

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
N/A			

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

PHLEBOTOMY CERTIFICATE

VENIPUNCTURE & IV CERTIFICATE

NOTARY PUBLIC

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.

N/A

Applicant's initial

st

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 ☐

NOTARY PUBLIC CALIFORNIA

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 Oct 30, 2019

Applicant's initial *st*

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, SIAMAK ADAMPOLUR, 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 31ST day of

OCTOBER, 2019.


Notary Public

(seal)



Applicant's initial SA

ADDITIONAL INFORMATION

N/A

N/A

Applicant's initial 

3. Employment mailing Addresses

- ① Crane Pharmaceuticals Inc
2810 W. Charleston Blvd
Las Vegas NV 89102
- ② Irvine Health Industries Inc
24581 Alcobia Dr.
Mission Viejo CA
- ③ Activa Pharmaceuticals Inc
4790 Culver Blvd
Irvine CA
- ④ Taft & Associates Inc
12665 E. Fourth Street
Santa Ana CA
- ⑤ Core Laboratories
Anaheim CA

SA

11B

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks 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 Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change
(Please provide current license number if making changes: WHPending)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: The Hilsinger Company Parent LLC

Physical Address: 3908 N. 5th Street North Las Vegas, NV 89032

Mailing Address: c/o LicenseLogix, 140 Grand Street Suite 300

City: White Plains State: NY Zip Code: 10601

Telephone: 800 249 1058 Fax: 702 339 4413

Toll Free Number: 800 249 1058

E-mail: ProjectOptic@licenselogix.com Website: www.hilco.com

Facility Manager: David Jeffery Serrero

Professional qualifications and experience of facility manager: Helped with start up of the Las Vegas facility
Assists with the design of facility layout and equipment installation Trains, coaches and evaluates new employees

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: over the counter drugs, RX intravenous fluids not containing a drug, ophthalmic drugs

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

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 ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	no suppliers at this time	
	Name	Address
	Business	
2)		
	Name	Address
	Business	
3)		
	Name	Address
	Business	
4)		
	Name	Address
	Business	

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☒ No ☐

APPLICATION FOR NEVADA WHOLESALER LICENSE


This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

Paul Andrew Janell
Print Name of Authorized Person

11/21/19
Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Hilsinger Holdings LLC

Corporation Name: The Hilsinger Company Parent, LLC

Mailing Address: c/o LicenseLogix 140 Grand St Suite 300

City: White Plains State: NY Zip: 10601

Telephone: 800 249 1058 Fax: 702 339 4413

Contact Person: David Jeff Serrero

For any corporation non publicly traded, disclose the following:

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

a) Hilsinger Holdings LLC 33 West Beacon Street Plainville MA 02762 100% ownership
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
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. n/a

3) What was the price paid per share? n/a

4) What date did the corporation actually receive the cash assets? n/a

5) Provide a copy of the corporation's stock register evidencing the above information

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

Date 11/21/19

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 Wholesaler
Nature of Pharmacy or Wholesaler
3908 N. 5th Street, North Las Vegas NV 89032
Name and Address of Business for Which Designated Representative Is Requested
The Hilsinger Company Parent LLC
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Serrero David Jeffrey
Last Name First Name Middle Name
n/a
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Cardigan Bay Street, Las Vegas, NV 89131
Present Residence Address-Street or RFD City State/Zip
3908 N. 5th Street North Las Vegas NV 89032 Dates 11/15/2018 - present
Present Business Address City State/Zip
Plant Manager, GM Dates 11/15/2018 - present
Present Position with the Pharmacy or Wholesaler Phone:
Residence
Business 702 399 3940 ext 3111
Norcross, GA
Date of Birth Place of Birth (City, County, State)
45 M
Age Social Security Number Sex
Blue Brown White 160 5'9"
Color of Eyes Color of Hair Complexion Weight Build 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.)

2. MARITAL INFORMATION:

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

Applicant's initial



MARITAL INFORMATION-Continued

A. **Current Marriage** 12/6/2010 St. Thomas, US Virgin Islands
Date City, County and State
 Spouse's full name (Maiden) Veronica Simone Merka S.S. No.
 Date of Birth _____ Place of Birth Johnson City NY
 Resident address Cardigan Bay St Las Vegas NV 89131
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
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Mason Hawk Serrero		Greenwood, SC	

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 JS

FAMILY INFORMATION-Continued

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

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
Isaac Nick Serrero		Roberta Drive Hendersonville TN 37075	Retired
Father			

Kaye Grace Hood	Roberta Drive Hendersonville TN 37075	Retired
Mother		

Stanislav Thomas Merka	County Rd. 6310 West Plains, MO	Physician
Father-in-Law		

Olga Hana Dvorak	County Rd. 6310 West Plains, MO	Physician
Mother-in-Law		

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Christie Lynn Serrero		Roberta Drive Hendersonville, TN 37075	Teacher
Spouse			
N/A			

Alan Nick Serrero		Maple Creek Drive Loganville, GA 30052	Chemist
Spouse			
Tracy Lee Singletary		Maple Creek Drive Loganville, GA 30052	Accountant

Spouse

Spouse

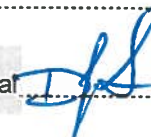
4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Britt Elementary	Snellville GA	1979-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School South Gwinnett	Snellville GA	1989-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Berry College	Rome GA	1993-1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelors of Science in Biology, Minor Chemistry

College or university where obtained Berry College

Applicant's initial



5 MILITARY INFORMATION:

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

Branch US Navy Date of entry-active service 6/25/2002

Date of separation 9/1/2006 Type of discharge Honorable

Rating at separation LTJG Serial number N/A

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 Gwinnett State GA Date registered 4/1/1992

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 JS

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:

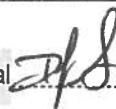
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

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
March 2019- Present	Cardigan Bay St	Las Vegas	Nevada
11/2018 - 3/2019	9145 Echelon Point Dr. Unit 2002	Las Vegas	Nevada
6/2015 - 11/2018	109 Coleman RD	Readyville	Tennessee
11/2014 - 5/2015	109 Crestside Court	Smyrna	Tennessee
4/2011 - 11/2014	107 North Pond Court	Greenwood	South Carolina
10/2008 - 4/2011	126 Mitchum Drive	Ninety Six	South Carolina
12/2006 - 07/2007	20 Elm Street	Norway	Maine
06/2004 - 12/2006	200 Oak Grove Rd	Norfolk	Virginia
9/2003 - 5/2004	150 Westover Ave	Norfolk	Virginia
10/1976 - 9/2003	2033 Deerfield Run	Snellville	Georgia

Applicant's initial



8. EMPLOYMENT:

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

11/2018 - Present	The Hilsinger Company Parent LLC	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Plant Manger, GM	Assists withe design of the facility layout, slotting, and equipment installation	Lee Blalock
Title	Description of Duties	Name of Supervisor
9/2014 - 10/2018	Haemonetics Cororation Nashville TN	8000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
		Barry Cronin
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial



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 Jeff Hayles	Home	Starrwood Drive	Starr	SC 29684		30
Employer Retired	Business					
Name Glenn McKinney	Home	Clendenin Drive	Martinsburg	WV 25404		10
Employer Save A Lot	Business	Food Distribution				
Name John Augusto	Home	Crestwood Drive	Baeumont	TX 77706		15
Employer Exxon	Business	Petro Chemical				
Name Lisa Torr	Home	Ridge Forest Lane	Grayson	GA 30017		30
Employer Aveanna Healthcare	Business	Pediatric Home Healthcare				
Name Chris Hunt	Home	Barlow Lane	Lascassas	TN 37085		5
Employer	Business					

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

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

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county 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.

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

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

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

Applicant's initial



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

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

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

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

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph

11/26/2019

Applicant's initial

JL


STATE OF NEVADA

SS.

COUNTY OF CLARK

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

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

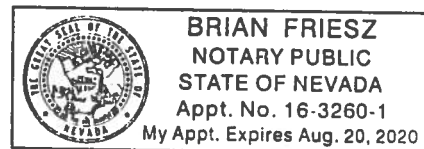


Original Signature of Applicant

Subscribed and Sworn to before me this 26 day of

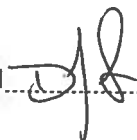
November, 2019


Notary Public



(seal)

Applicant's initial



Page 9

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D/A

The Hilsinger Company Parent, LLC – Officer List

Company	Directors/Managers	Officers
The Hilsinger Company Parent, LLC	James Ross Brownlee	James Ross Brownlee - President Paul Janell - CFO

Employees Handeling Products

JOB TITLE	NAME	DOH	LOC
Warehouse Lead	Friesz, Richard	09/01/17	Las Vegas
Warehouse I NV	Deleon, Moises	09/01/17	Las Vegas
Warehouse 1 NV	Sanchez, Federico	07/09/18	Las Vegas
Warehouse Cordinator I NV	Flores, Miguel	07/09/18	Las Vegas
Warehouse 1 NV	Soto, Azael	11/01/18	Las Vegas
Warehouse 1 NV	Quinones, Jorge	12/12/18	Las Vegas
Warehouse 1 NV	Eliseo-Ruiz, John	01/08/19	Las Vegas
Warehouse 1 NV	Bautista Arrona, Romualdo	07/22/19	Las Vegas
Warehouse 1 NV	Escobedo Wendy	07/22/19	Las Vegas
Warehouse 1 NV	Perez Mareyley	08/01/19	Las Vegas
Production/Warehouse Mgr	Friesz, Henry	09/01/17	Las Vegas
Operations Manager	Friesz, Brian	09/01/17	Las Vegas
Plant Manager, GM NV	Serrero, David Jeff	11/15/18	Las Vegas

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THE HILSINGER COMPANY PARENT, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/17/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/18/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191218448821

You may verify this certificate
online at <http://www.nvsos.gov>



 **RLI Surety**
A division of RLI Insurance Company

VERIFICATION CERTIFICATE

To be attached to the bond described below:

SURETY: RLI Insurance Company
PRINCIPAL: The Hilsinger Company Parent, LLC
OBLIGEE: State of Nevada
DESCRIPTION: Pharmaceutical Wholesaler
BOND NO.: CMS0247147
BOND AMOUNT: \$100,000.00
EFFECTIVE DATE: 05/19/2019

This is to certify that RLI Insurance Company has not terminated its Suretyship under the above described bond and that such bond is still in full force and effect.

Signed and Sealed this 11th day of December, 2019.

RLI Insurance Company

By: 
Gretchen L. Johnigk, Attorney in Fact





RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: 309-692-1000 Fax: 309-692-8637

RIDER

TO BE ATTACHED TO AND FORM PART OF POLICY NO. CMS0247147

It is hereby mutually agreed and understood by the Principal,
The Hilsinger Company

and RLI Insurance Company that the
Principal Name

(Identify item(s) to be changed)

on this policy has/have been changed to the following:
The Hilsinger Company Parent, LLC

Nothing contained herein shall vary, alter, waive or extend any of the terms, limits, or conditions of the policy, except as set forth above.

This Rider becomes effective on December 10, 2019, at twelve and one minute o'clock a.m., Standard Time.

Signed this 10th day of December, 2019.

RLI Insurance Company

By Gretchen L. Johnigk
Gretchen L. Johnigk Attorney in Fact



POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of RLI Insurance Company and Contractors Bonding and Insurance Company, required for the applicable bond.

That RLI Insurance Company and/or Contractors Bonding and Insurance Company, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Jacqueline M. Bockler, Gretchen L. Johnik

in the City of Peoria, State of Illinois, its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnify in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

RLI Insurance Company and Contractors Bonding and Insurance Company, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, RLI Insurance Company and/or Contractors Bonding and Insurance Company, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 1st day of March, 2018.

State of Illinois
County of Peoria

} SS



RLI Insurance Company
Contractors Bonding and Insurance Company

By: Barton W. Davis Vice President

CERTIFICATE

I, the undersigned officer of RLI Insurance Company and/or Contractors Bonding and Insurance Company, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the RLI Insurance Company and/or Contractors Bonding and Insurance Company this 11th day of December, 2019.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jean M. Stephenson Corporate Secretary

On this 1st day of March, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the RLI Insurance Company and/or Contractors Bonding and Insurance Company and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Cherie L. Montgomery Notary Public



POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of RLI Insurance Company and Contractors Bonding and Insurance Company, required for the applicable bond.

That RLI Insurance Company and/or Contractors Bonding and Insurance Company, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Jacqueline M. Bockler, Gretchen L. Johnik

in the City of Peoria, State of Illinois, its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnify in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

RLI Insurance Company and Contractors Bonding and Insurance Company, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, RLI Insurance Company and/or Contractors Bonding and Insurance Company, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 1st day of March, 2018.

State of Illinois
County of Peoria

} SS



RLI Insurance Company
Contractors Bonding and Insurance Company

By: Barton W. Davis
Barton W. Davis Vice President

CERTIFICATE

On this 1st day of March, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the RLI Insurance Company and/or Contractors Bonding and Insurance Company and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Cherie L. Montgomery
Cherie L. Montgomery Notary Public



I, the undersigned officer of RLI Insurance Company and/or Contractors Bonding and Insurance Company, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the RLI Insurance Company and/or Contractors Bonding and Insurance Company this 10th day of December, 2019.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jean M. Stephenson
Jean M. Stephenson Corporate Secretary