NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

□New Pharmacy or ☑Ownership Change (Provide currer Check box below for type of ownership and complete all re	nt license number if making changes: PH <u>NO</u> ∂759 quired forms. **If LLC use Non Public				
Corporation or Partnership.					
☐ Publicly Traded Corporation - Pages 1.2.3.10.11a&b	☐ Partnership - Pages 1,2,6,10,11a&b				
☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11a8	&b ☐ Sole Owner – Pages 1,2,8,10,11a&b				
GENERAL INFORMATION to be completed by all ty	pes of ownership				
Pharmacy Name: Ken's Professional	Compounding Pharmacy				
,	on Blue, Ste # 13				
City: Las Vegas State:	NV Zip Code: 89102				
Telephone: 702 - 384 - 3784 Fax: 70	2 - 384 - 3796				
Toll Free Number:E-mail	: <i>N/A</i>				
Website: N/A					
Managing Pharmacist: <u>Fileen Kennedy</u>	License Number:				
TYPE OF PHARMACY AND	SERVICES PROVIDED				
Yes/No	Yes/No				
□ 🗹 Retail	☐ ☑ Off-site Cognitive Services				
☐	□ 🖪 Parenteral				
□ 🖾 Internet	□ ☑ Parenteral (outpatient)				
□ ☑ Nuclear	□ ☑ Outpatient/Discharge				
☐ ☑ Ambulatory Surgery Center	□ ☑ Mail Service				
☑ Community	☑ Long Term Care				
□ 🗵 Other:	□ Sterile Compounding				
	☑ □ Non Sterile Compounding				
All boxes must be checked	□				
For the application to be complete	□ Ø Other Services:				
H .					

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

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

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) any interest, ever been charged, or convicted of a felony or gro misdemeanor (including by way of a guilty plea or no contest pl	ess	
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) any interest, ever been denied a license, permit or certificate of registration?	•	
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) interest, ever been the subject of an administrative action, boar site fine or proceeding relating to the pharmaceutical industry?	•	1
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) interest, ever been found guilty, pled guilty or entered a plea of contendere to any offense federal or state, related to controlled substances?	nolo	
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) interest, ever surrendered a license, permit or certificate of region voluntarily or otherwise (other than upon voluntary close of a factorial statement of the corporation of th	istration	
Copie	answer to question 1 through 5 is "yes", a signed statement of e es of any documents that identify the circumstance or contain an sition may be required.		.k
correc	by certify that the answers given in this application and attached ct. I understand that any infraction of the laws of the State of Ne tion of an authorized pharmacy may be grounds for the revocati	evada regulating the	d
under correct emplo	e read all questions, answers and statements and know the cont penalty of perjury, that the information furnished on this applica ct. I hereby authorize the Nevada State Board of Pharmacy, its byees, to conduct any investigation(s) of the business, profession ground, qualification and reputation, as it may deem necessary,	ition are true, accurate and agents, servants and nal, social and moral	y,
	6		
Origin	nal Signature of Person Authorized to Submit Application, no cop	pies or stamps	
Print N	Name of Authorized Person Date	118	
Board	I Use Only Date Processed: Amount:		

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada	
Parent Company if any:/A	
Mailing Address: Sunday Grace Drive	
City: Henderson State: NV Zip: 89052	
Telephone: 313-366-2060 Fax: N/A	
Contact Person: Eileen Kennedy	
For any corporation non publicly traded, disclose the following:	
1) List top 4 persons to whom the shares were issued by the corporation?	
a) Fileen Kennedy Sunday Grace Dr. Henderson NV 8905 Name Business Address Name Business Address Business Address	2
b) Chris Kennedy Sunday Grace Dr. Henderson NV 890: Name Business Address	52
c)	
Name Business Address	
d) Name Business Address	
2) Provide the number of shares issued by the corporation.	
3) What was the price paid per share?	
List any physician shareholders and percentage of ownership.	
Name:	
Name: %:	
Hours of Operation for the pharmacy:	
Monday thru Friday $9:\infty$ am $5:30$ pm Saturday $10:\infty$ am $2:\infty$ pm	
Sunday <u>N/A</u> am <u>N/A</u> pm 24 Hours <u>N/A</u>	
A Neverda hypinaga liganos is not required, however if the pharmacy has a Nevada hypinaga	

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

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

Managing Pharmacist

Pharmacist Name:	Eileen	Kernedy	License #:	19576
Pharmacy Name: _	Kens	Pharmacy		

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

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

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

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

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

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

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

(8)	6/7/18
Signature	Date

Kennedy Pharmacy Group LLC

List of Officers and Directors

President – Eileen Kennedy, : Sunday Grace Drive, Henderson, NV 89052

Vice President – Christopher Kennedy, 2 Sunday Grace Drive, Henderson, NV 89052

Page 1

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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GENERAL INSTRUCTIONS

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

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

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

Application for	Pharmo	الم	ership O	mnge	
	7700. 1	J. Charles	of License	Ste # 13	
	Name ar	nd Address of Establishm	ent for Which License	s Is Requested	•••••
	¥	Ens Phan	macy		
		lf applicable, Name Unde	er Which It Is Now Op	erated	
1. PERSONAL INFO	ORMATION:				
Kennedy		Eileer	1	Sin-	<u> </u>
Last Name		First Name		Middle Name	
Alias(es, Nicknames, Maide	en Name, Other Nam	e Changes, Legal or Othe	erwise)		
Present Residence Address	4 Grace	Dr. He	derson	W	89052
Present Residence Address	s-Street or RFD	C	ity	State	/Zip
7667 W. Harris	- Rales Pl	5/2012:	-Present +	tenderen	52018 W
Present Business Address	Naye I.	C	ity	State	/Zip
Pharmacist.					
Occupation		Builde James	30/3	Phone: Residence	
				*	- 614 9640
		Los Anoples	5, CA	Business	15-616-9660
Date of Birth		Place of Birth (City, Co	ounty, State)		
29					Female
Age	Social	Security Number			Sex
Bran	Broda		ZIB		5'8"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or distin	nguishing marks	and/or characteristic	es Knee so	v - right 1	
Are you a citizen of th	e United States?	Yes ⊠ No □ If	alien, registration	n No	
If naturalized, certification	ate No	NA	Date		
Place	NIA		(If natural	lized, document m	ust be verified.)
2. MARITAL INFOR	RMATION:				
Single □ Married	⊠ Separate □ □ □ □ □	d □ Divorced	□ Widowed	□ Engaged	
				Applicant s initi	al Ek

A.	Current Marri	age 04/2	5 2015		Les Angele	2, CA
	Spouse s full n	ame (Maiden) Ch	istopher J	cenedy	City, County S.S. No.	2 CA and State 284 - 84 - 9459
			•			H
					•	371052 Zip
	Telephone: R	esidence .x	5.5	Business	ALV	
	Spouse s emp	loyer ~ AA		Occupation	Engineer	-
	Address of em	ployer NA				9:
R D		jes: If ever legally s				Σip
D. F1	evious mairiag	Date of Order	Date of Place			hv
Name	of Spouse	or Decree	of Marriage			ounty and State
	MIA					
	List of names.	current address and	telephone number	s of previous spo	ouses:	
	Name		City	State	Zip	Telephone
	NA					
3. FA	MILY INFORM	ATION:				
A.	Children and			4-d-childen	mirro Alon Fallon	vin a information.
	LIST All CI Name	ildren, including ste Birth Date	p-children and adop Birth Place	ited children and	Residence A	ddress
Ve	losies then	red+ 05/28/2	oll Lee's S	Smart MO	Hender	unday Grace Dr.
				,		
В.		t Information: e mark the appropris	ate response:			
	√ la	m not subject to a co	ourt order for the su	pport of child.	•	
	pla		listrict attorney or of	her public agenc		am in compliance with a se order for the repayment
	the		roved by the district	t attorney or othe	r public agen	NOT in compliance with cy enforcing the order for itial

AWIL	District attorney or public agency responsible for enforcing the child support order:	
	Name	
	Address NA	
	Contact person ANA	
C.	Parents:	
	List names, residence addresses, dates of birth and most recent occupations of parents	, step-parents,
parent	s- in-law or legal guardian. If retired or deceased, list last address and occupation.	
	Name (Maiden) Birth Date Address	Occupation
Father	Candlester,	
Dla	Dymorsty Henderson, NV 29-572	Travel Agent
Mother	9 Pymorsty Henderson, NV 29052 Candlestat,	
I50	The Dynasky Hendron, NY 39072	Travel Agent
Father-in	Tranderoga Rd	
Jes	n-Law	Resigna
	n-Law Ticonderga Ed	
Ma	regaret Kennedy Power's Grove IL 60016	Teacher
D.	Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brother	s and sisters and of
	their respective spouses.	
	Name (Maiden) Birth Date Address worthing Given the.	Occupation
	Andrea Dymonsky Henderson, UV 39 052	Travel Agent
Spouse	NIA	
	AL III . Kan III	A > >
Spouse	Matthew Kernedy NY, NY 10003	Accountant
	N/A	
	Eria Kennedy Powers from It 60516	comde
Spouse	MIA	
	/- In	
Spouse		
Spouse		
- Terroria 75		
4. E	DUCATION:	
	Name of School Location Dates Attended	Graduate
Gramma		Yes 🔐 No □
School High	2 2006	
School College	Boundy Hills High School Berry Hills CA 2007 - 2001 UC Son Diego Jon Diego, CA 2007 - 2011	Yes M No 🗆
Universi	ny	Yes □ No 🏖
Other	Apprester University Studie Gladele, A? 2014 - 2014	Yes No 🗆
Туре	of degree obtained, if any Phace D.	
Colleg	e or university where obtained Modurestern University - Glandale (At	

5 MILITARY INFORMATION:

Λ.	nave you ever	Scived in any	anned forc	69:	162 🗆 110	4		
	Branch	NIA		Date o	f entry-active	service <u></u>	\ <u>A</u>	
	Date of separat	tion My		Туре с	of discharge	MA	<u> </u>	
	Rating at separ	ration			Serial numb	per <u> </u>		•••••
	While in the mil special or gene regardless of w	eral court marti	al?	Yes □ No □	If yes, furnis			
В.	Have you regis	tered for the d	raft?	Yes □ No 🔽	•			
	County	NA	State	MA	Dat	te registered.	NIA	
6. AF	RRESTS, DETEN not convicted. Have you ever violation for any Yes RESTANTIANT	.) been arrested y reason what	, detained, soever, reg	charged, indict	ed or summo	ned to answe the event? (E	er for any crir except minor	ninal offense o
Date of A	Arrest	Age Cha	ırge	Location-City and	State	Deposition/[Date Arres	ting Agency
1	JIA							
B. C. D. E. G.	Has a criminal arrested or in w page 10. Have you ever or committee? Have you ever commission? Y Have you ever Yes \(\square\) No \(\square\) Have you ever If yes, when? Has any membif you answer to	been question Yes No been subpoer es No been subpoer had a civil or received a pa	e named as ned or depo naed to app naed to test criminal rec rdon or defo	sed by a city, sear or testify be ify for any civil, cord expunged city, corred prosecution, city, cour spouse s fam	tate, federal of efore a federal criminal or action or sealed by a bunty and sta on for any cri- bunty and sta illy ever been	or law enforce al, state or condministrative a court order? te minal offense te convicted of	If yes. furnisement agenceunty grand juproceeding of Yes Door No.	n details on y, commission ry, board or or hearing?
Name			Relationship		Charge		Location	Date
	A/A							
						Applicant s	initial	Ø¢ Page

I.

	Defendant or /Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
	A/\\		-	'	
J.	associated wit	h it as an owne		proprietorship or closely helertner) been a party to a laws	
	Name of Entity		Type of Entity		nate Date(s) of Arbitration/Bankruptcy
	A/U		1,100		
Nonth a	nd Year -To) 8- 11/96	Street 932	t and Number	City	State or County
Ist all	residences you nd Year -To) 8- 11/96	Street 932 232	B Herewis D.	City Los Angeles	
ist all	residences you nd Year -To) 2- 11/96	Street 932 232	B Herculy D. Tudical Dr.	City Los Angeles Los Angeles San Rego	CA
ist all	residences you nd Year -To) 8- 11/96	Street 932 232	B Herewis D.	Los Angales	CA CA
Month an (From RIL)	residences you nd Year -To) 8- 11/96 - 7/207	Street 932 232 90%	B Herculy D. Tudical Dr.	Los Angeles San Dago	CA CA
Month an (From RIE 19	residences you nd Year -To) 8- 11/96 - 7/2007 - 5/11	Street 932 232 90%	B Herewis Dr. Judical Dr. W. Behrand Dr. 3 Sw 36th St	Los Angeles San Rago Glandale	CA CA CA AZ
Month an (From RIE 19	residences you nd Year -To) 8- 11/96 - 7/207 - 5/11 - 5/14	Street 932 232 90%	B Herewis Dr. Judical Dr. W. Behrand Dr. 3 Sw 36th St	San Rego San Rego Slendale Less Summit	CA CA AZ MO

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2005-6/2007	CUS Pharacy	Mared
Title	Description of Duties	Name of Supervisor
Tear ack	Technician (Verica)	Ether Semerava
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9 11 - 3 1 ×	Description of Duties	Marca
Title	Description of Duties	Name of Supervisor
Pharmacy, Fer	lunder Shumaist Superistan	Adrigana Ketic Biched Smith
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8 14 - 3 17 Title	Description of Duties	Mored fransker
Title	Description of Duties	Name of Supervisor
taff phomoc	ist Thermaist duties - retail	Name of Supervisor Gina Rachetts / Brad Adver
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/17 - Present	CVJ Phamaw	gracus-officiations of Horary
Title	Description of Duties	Name of Supervisor
Flater Pharm	acot retail glamacist duties	Chris Scalzith
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant s initial	EF
	Page 6

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	Telephor	ne	Years Known
Name Michelle G. Arbit	Home 5	Valio City	16 67 61	602	(322)52	3-7900	29
Employer NBC Universal	Business	hiersol C	by, Ch 91	1103	1 812 1230 (323) 525 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	132-1611	
Name Nushin Untaneli	Home (Angle	S. CA 9	0032	-	133-4086	14
Employer McLarnix Amade	Business	2010 5.	CA 9	Ave, 0210	(310) 8	37-0102	
Name Riverton Perez		15170 W.			(702)	339 - 2183	6
Employer Bales Pharmacy	Business	15176 W.	Bell Pd.	Sheles 5374	(623) 3	78-3650	
Name Adrijana Keti		4. P~2 5777 €			(623) 623	3-33-8	6
Employer Mayo Chinic		5777 E			(48=)34	2-1500	
Name Horying Phon		DEONE,			(417) 34	18-7735	7
Employer Walgree 75		Hollyter			(100-77	36-6901	
10. Do you have any person s deposite If yes, complete	ry? Yes □	No 🗵	other suc	ch depo	ository, access to a	ny depository or o	do you use any other
Box Number or Type of Deposite	ory	Locatio	n	City a	and State	Authorized Users	
N/x							
the following: Liquor L Doctor C Accountant F Yes ☑ No □ If yes, state type,	awyer contractor ilot where and	Race Real of Sports	horse/ra estate br s promo	ace dog roker of ter		any state, includi Securities deale Barber/Cosmete Trainer or mana	ologist Gaming
If yes, state type,	sed busines when and vies and add	ss or indus where and	stry OU 1 I give na	rside 1 ames ai	ness, venture or ind the State of Nevada nd locations of the l he agency respons	a? Yes □ No 🗅 ousinesses in wh	k ich you were
				••••••	•••••		

13.	Have you ever appeared before any licensing agency or simany reason whatsoever? Yes □ No ☒	nilar authority in or o	utside the State	of Nevada for
14.	Have you ever been denied a personal license, permit, certi or professional activity? Yes □ No 🕱			
	to the above, state where, when and for what reason:			
15.		or related finding of or industry license o	suitability or bee r related finding Yes [of ∃No.∭g
16.	Have you or any person with whom you have been a participal administrative action or proceeding relating to the pharmace	eutical industry?	Yes [
17.	Have you or any person with whom you have been a particity guilty or entered a plea of nolo contendere to any offense, for controlled substances?	ederal or state, relat	ed to prescription Yes	n drugs and/or □ No 🙀
18.	Have you or any person with whom you have been a participermit or certificate of registration relating to the pharmaceu upon voluntary close of a manufacturer	tical industry volunt	arily or otherwise Yes	
19.	pharmaceutical or drug related industry?		Yes [□ N ₄ 🔀
	N/A			
	•			
	Da	ate of photograph	6/7/18	~
		Applicant	ts initial	Page

COUNTY OF CLARK

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this day of

Notary Public

Notary Public, State of Nevada Appointment No. 16-4108-1 My Appt. Expires Oct 28, 2020

(seal)

Applicant s initial

Page 9

ADDITIONAL INFORMATION

<u></u>

Applicant s initial Page 10

Page 1

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

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	6		118	
0				

GENERAL INSTRUCTIONS

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

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

Application for	Pha	Nature of Pharm	acy or Wholesaler	اهمو	
7	1201 W.	Charleston >	Ind. YE.	 12	
		ess of Business for Which			
		If applicable, Name Unde	Which It Is Now Oper		
		ii applicable, Name Onde	William It is Now Oper	aleu	
1. PERSONAL INF	FORMATION:	Eilee		Simpre	
Last Name		First Name	1	Middle Name	
Eddt i failie	morotu			Wilddie Hallie	
Alias(es, Nicknames, Maio					
Present Residence Addre	as Grace	D. H	sade as	24	89052
Present Residence Addre	ss-Street or RFD	Ci	ty	State/Z	
Present Business Address	Ridge Pkung	Dates 5/22 - 240	+ Henders	NV ~	39 052
Present Business Address	s	Ci	ty	State/Z	ip
Phemacist - Fla		Dates 7 to 2 - 9/20			
Present Position with the	Pharmacy or Wholesa	er	∽ 7	Phone:	
				Residence	
		(or Angeles	4.4	Business (202)	616-7600
Date of Birth		Place of Birth (City, Co	ounty, State)		
29					Female
Age	Social	Security Number			Sex
Brown	Branco		218		218"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or dist	tinguishing marks	and/or characteristic	s knee 5car	- roght Kn	e.
Are you a citizen of t	the United States?	Yes ズ No □ If	alien, registration	No	
If naturalized, certific	cate No	!LA	Date		
Place	Alv		(If naturaliz	zed, document mus	at be verified.)
2. MARITAL INFO	RMATION:				
Single Marrie	d 🗹 Separate	d Divorced	□ Widowed □	□ Engaged □	
				Applicant's initial	EK

A.	Current Mari	lage	0716716	2(3		City Course	and Coate	
	Spouse s full	name (M	aiden) Chris	Jugher J. Ka	nnedy	S.S. No. 7	84-84-9	129
				Place	,			
	Resident add	ress	Street	day Grace D	He sheets	State	89.52 Zip	•••••
	Telephone:	Residenc	e <u>L</u>		Business	AIN		
	Spouse s em	ployer	A/A		Occupation	Egesão	~	
	Address of er	nployer	N\A Street		City	State	Zip	
B. P				parated, divorced,				
Name	of Spouse		of Order Decree	Date of Place of Marriage			y unty and State	
	A/L							
		·						
	List of names	, current	address and to	elephone numbers	s of previous spo	ouses:	Telephone	
	A/W							
	AMILY INFORM		lonts:					
A.	Children and List all c			children and adop	ted children and	give the follow	ving information:	
	Name		Birth Date	Birth Place		Residence Ad	dress	D.
Vers	sica kenny	4		Lees Symi	on, E	Henders	A, NV 895	_
В.	Child Suppo Pleas		nation: he appropriate	response:				
	XI	am not su	bject to a cou	rt order for the sup	port of child.			
	pl	an appro	ved by the dist	der for the suppor trict attorney or otl uant to the order;	ner public agency			
	th	e order o	r a plan appro	der for the suppor ved by the district ount owed pursua	attorney or other			
						Applicant s init	tial 💮	

FAMIL	LY INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:	
	Name NAMA	
	Address NA	
	Contact person NA	
C.	Parents:	
	List names, residence addresses, dates of birth and most recent occupations of parents	, step-parents,
parent	s- in-law or legal guardian. If retired or deceased, list last address and occupation.	
	Name (Maiden) Birth Date Address	Occupation
Father	Candlestek	
Oleg	Dynasky Herderson, NV 89052	Travel Agent
Mother	Cardlestick	Travel Agent
Isa	n-Law Henderson, NV 89052	Travel Agent
Father-i	n-Law Tico ideoga Rd.	
Jein	in-Law Trionderaga Rd	Designer
Mac	garet Fernedy Downer's Grove, IL boots	Teacher
D.	Brothers and Sisters:	
	List names, residence addresses, dates of birth and most recent occupations of brothers	s and sisters and of
	their respective spouses. Name (Maiden) Birth Date Address	Occupation
	Welting Gen Are	
Spouse		Travel Agent
	NA 20 Are F1.5	
	Matthew Karnedy MY MY 10003	Accountant
Spouse	ALM	
	Thenderoga Pol	7
Spouse	Ein terredy Downs Gara IL 60516	Tour ande
	A/A	
Spouse		
4 F	DUCATION:	
7		
Gramma		Graduate
School High	John Burroughts Middle Show) Los Azerlas (A 98 - 2002	Yes No 🗆
School	Beverly Hills Hyper Echant Beverly Hilly, co 2002-2006	Yes ☑ No □
College Universi		Yes 🗌 No 🔼
Other	Midwester University- Gladale, At 2011-2017	Yes ☑ No □
Туре	of degree obtained, if any Pharen D	
Colleg	e or university where obtained Modrosten University - Gerdale AZ	
		CX
	Applicant s initial	4

A.	Have you ever served in any armed forces? Yes □ No 赵
	Branch Date of entry-active service VA
	Date of separation Type of discharge NA
	Rating at separation NA Serial number NA
	While in the military service were you ever arrested for an offense which resulted in summary action, a trial of special or general court martial? Yes \(\subseteq \text{No} \subseteq \subseteq If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)
В.	Have you registered for the draft? Yes □ No ☒
	County N State N Date registered N A
6. A	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
A.	not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense of 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.
ate of	Arrest Age Charge Location-City and State Deposition/Date Arresting Agency
	NA
B.	Has a criminal indictment, information or complaint ever been returned against you, but for which you were narrested 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 No No No No No No N
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 🧮
G.	If yes, when?city, county and state
Н.	If yes when?city, county and stateHas 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
-	2\A
	Applicant s initial
	Page

part to a Yes □	lawsuit as either No 🗹 (Other tha	a plaintiff or defendant or a	n arbitration as either a d	
Plaintiff/Defendant o		Court and Case Number	City, County and State	Disposition/Date
NA				
associat	ted with it as an o	hip, business venture, sole wner, officer, director or par mplete the following:	proprietorship or closely tner) been a party to a la	held corporation (while you were
Name of E		Type of Entity		oximate Date(s) of suit/Arbitration/Bankruptcy
NA				
7. RESIDENC List all residence Month and Year (From-To)	es you have had f	or the last 25 years:	City	State or County
9/12/98 - 11/96	,	132 N Laurel Are	Les Angeles	ÇĄ
1196- 7/07	· ·	828 Hercales Dr.	les Angeles	CA
7/07 - 5/11	9	est Judges Dr.	San Days	CĄ
5111 - 514		901 W Behand Dr.	Glarobale	A3
514 - 51a	9	108 SW 36th St	Lees dummit	Mo
5/17 - proper	}	- Sunday Grave Dr.	Herderson	w
				4-

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.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
W/2000 - 6/20-2	CVS Thormany	MD-and
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
9/2011 - 3/2011 Title	Description of Duties	1800
Title	Description of Duties	Name of Supervisor
Pharmacost intern	under pharmonest experience	Adrigana texte
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
	Name/Mailing Address of Employer/Business	5000
8/14 - 3/2017 Title	Description of Duties	Name of Supervisor
_	pharmany regail at	_
Stage Phormacist		Bradley Archer
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
05/2017 - present	2662 W Horas Rodge Play Hendray NV SADZ	2000
Title	Description of Duties	Name of Supervisor
Pharmanist Floor	Maken & Many weight	Chris Scalziti
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
Mark and Van	New Old War Address of Employed Davis	Number of Employed House
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Name of	Where Employed	Street	City State	Zip	Telephone	Years Known
	chelle G. A. bit	Home Shud	Fair Ave \$102		(323)528-7900	29
	rNAC Universal	(=	course for the forces	40 -	(818)232-1611	
	Justin Notareli	** *	Angeles CA 900 200 S. Central Ar	en 54.	(310) 433 - 4 - 86	14
	McCornit Anhar	2	ampton Ca 90	220	(310) 837 -010	.2
Name	wata lecz		12 85383 170 1 Bell Pd.		(702) 339 - 2183	6
	r Beiles Pharmacy		MRC H. Ben Rd. 1 WARRE AS BO37 W. Prockly Fo		(623) (13 - 3657	
	brigano Ketic		erix 42 8505	33	(623) 623-3308	6
	r Mayo Clinic	Business	Programme AZ 8		(480)342-1500	2
Name +	larguier Phan		and Ma 65	721	(417)843-77	35 7
	Wayreers	Business \	- Dister, Ma 6		(412) 376-6	901
	the following: Liquor Doctor Accountant Yes 🖾 No 🗆 If yes, state typ	Lawyer Contractor Pilot e, where and y	Race horse/rac Real estate bro Sports promote	ce dog owner oker or salesm er	Securities	smetologist Gaming
11.	interest in a lice If yes, state typ	ensed busines be, when and w ames and add	s or industry OUT here and give na	SIDE the State mes and locati	nture or industry license of Nevada? Yes	lo ⊠ in wnich you were
12.	Have you ever any reason wh	appeared befo	ore any licensing a □ No ⊠	gency or simil	ar authority in or outsid	le the State of Nevada fo
13.	Have you ever or professional			permit, certific	cate or registration for a	a privileged, occupationa
If yes t	to the above, sta	te where, wher	and for what rea	son:		

Applicant s initial Page 7

14.	Have you ever been refused a business or indust participant in any group which has been denied a suitability?			
	<u> NA</u>			
	Have you or any person with whom you have been administrative action or proceeding relating to the	en a participant in any group been the se pharmaceutical industry?	subject of a Yes □ □	n No ✓
	Have you or any person with whom you have beguilty or entered a plea of nolo contendere to any controlled substances?	y offense, federal or state, related to pro	escription d	rugs and/or No ⊠
17.	Have you or any person with whom you have been permit or certificate of registration relating to the upon voluntary close of a wholesaler	pharmaceutical industry voluntarily or o	otherwise (d Yes 🗆	oth <u>er tha</u> n No ⊠
	Do you have any relatives within the fourth degree pharmaceutical or drug related industry?		Yes □	Na 🎾
			••••	
19.	Will you be actively involved in and aware of the wholesaler?	daily operation of the pharmacy or	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 o operating hours?	r wholesaler during its normal	Yes 🗵	No □
		. ATTACH PHOTOGR	APH	
		TAKEN WITHIN LA	ST	
		30 DAYS HERE		
		Ser person	nal	history
		Decord		
		Date of photograph 67		
		Applicant s initial	O.	Page 8

COUNTY OF CLARK

I, ETLEEN STANDE KENNEDY,, 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 filling of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

Applicant s initial

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ADDITIONAL INFORMATION

Applicant s initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

	1	 A
6	1 +1	

GENERAL INSTRUCTIONS

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

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

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

Application for	Phormuc	y Owners	hp Chang	e	
	du w ch	Natu	e of License	,	
	Name a	nd Address of Establish	ment for Which License	Is Requested	
		If applicable, Name Un	der Which It Is Now Op	erated	
		ii applicable, italiio of	do. William to How op		
1. PERSONAL IN		Christo	does	Jecami	0
Last Name	/	First Nan	ne	Middle Name	
Chris			4		
Alias(es, Nicknames, M					10.
Sur. Su	inday Grace	Dr Hen	derson	NV	/89051 NV 89053 e/Zip
Present Residence Add	ress-Street or RFD		City	State	e/Zip
Lus, de	inday Grace	Dates 5/2017	- Presant	Harderson	NV 89052
Present Business Addre	ess '	1.	City	State	e/Zip
Engineer/s	tay at home	Dates 3/2017	-Present	Phone:	
Occupation	Vac				
			11	Business	U/A
D		incinnati	Hamilton Count County, State)	y OH	
Date of Birth		Place of Birth (City,	County, State)	•	
32			·		1ale
Age	Social	Security Number		4	Sex
Blue	Brown	White	245	Large	6,0"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or di	stinguishing marks	and/or characteris	tics N/A		
Are you a citizen of	f the United States	? Yes 💢 No □	If alien, registration	n No	
If naturalized, certif	ficate No	<i>1</i>	Date		
Place		Α ,,	(If natural	ized, document m	ust be verified.)
2. MARITAL INF	ORMATION:				
Single Marri	ied 💆 Separate	ed Divorced	d □ Widowed	□ Engaged	al CJS
	•			Applicant s initi	al COS

Page 1

MARI	TAL INFORMA	TION-Continu	ed						
A.	Current Mar	riage O	4/25	115		120	262	Angeles,	Ca
	Spouse s full	name (Maide	n)E	ileen D	ymor	sky	S.S. No	Angeles 1	-
								s, la	
								89052 Zip	
	Spouse s em	ployer C	VS.		Occ	upation [harma	cist	••••
	Address of e	mployer 2(eet W	Horizon	Ridge	Henderson	NV State	89052 Zip	
B. F	Previous Marria	ages: If ever	legally separ	ated, divorced	, or ann	ulled, indicat	e below:		
Name	e of Spouse	Date of Or or Decr		Date of Plac		Nature o		/ unty and State	
- Italiic	1)/4	0, 200		ormaniage		71011011		arity aria otato	
	0/10								
							-		
	List of names Name		ress and tele reet	phone numbe City	rs of pr	evious spous State	es: Zip	Telephone	
	NIA								
									_
3. F	AMILY INFOR	MATION:							
A.	Children and	d Dependent		ldren and ado	nted chil	dren and div	e the follow	ing information:	
	Name		th Date	Birth Place	rea cili		Residence Ad	dress	
Vero	nica her	nldy -	w	Lee	8 Su	mait, N	0	tenderson ,	y Grac
							ļ.	tenderson i	NV 89
В.		ort Informationse mark the a		esponse:					
				order for the su	inport of	f child			
							Idaac		iAle =
	р	lan approved	by the distric		ther pub			m in compliance or order for the repart	
		am subject to	a court orde	r for the suppo	ort of one	e or more chi	Idren and N	NOT in compliance	e with

the order or a plan approved by the district attorney or other public agency enforcing the order for Applicant s initial Page 2 the repayment of the amount owed pursuant to the order.

	District attorney or publ	ic agency responsible fo	r enforcing the	child support order	:	
N	Name N/A					
A	Address N/A					
C	Contact person N	A				
	Parents: List names, residence a	addresses, dates of birth	and most reco	ent occupations of p	arents, step-pare	nts,
parents-	n-law or legal guardian	. If retired or deceased,	liet last addre	ss and occupation		
	Name (Maiden)	Birth Date	Address	oo and occupation.	Occupation	
Father				0	ess brove	
Verr	y Kennedy	Cincippati, OH	T	iconderoga, Il	60816	Designa
Mother	1/				ners Grone	0
Marti	e hennedy	Cincinnati, OH	Ī		60516	Teacher
Father-in-L	aw		Ca	ndlestick '	-	(A
)leg 1.	ymovsky	www.u. H	enderson,1		Ivare	1 Agen
Motner-in-L	Law			<i>Mestick</i>	Torrel	Λ
subel	Dymovsky	Ite	enderson, h	N 89052	Trave	- Ayen1
	Brothers and Sisters:					
	List names, residence a their respective spouse	addresses, dates of birth	and most rec	ent occupations of b	rothers and sister	rs and of
	Name (Maiden)	Birth Date	Address		Occupation	1
En	in Kennedy		Downers	Grove, IL 60	SI6 Tour	guide
Spouse)/1					0
11	111 160 1		20	d Ave HLS	1.	1
Spouse Spouse	thew hemedy		NY, NY	10003	Account	ront
N	/ A		(.)	atkins Glen Ave		
And	rea Dymovsk	4	Henderson		Travel	Agent
Spouse	'A			,		l .
Spouse						
4. EDL	JCATION:					
	Name of School	Location	Dates	s Attended	Graduate	
Grammar School	St. Joseph	h Downers	GroveIL	1992 - 2000	Yes 🗓 No	o 🗆
High School	Mon fini	Lomburd	IL	1000 - 2004	Yes 🛛 N	lo 🗆
College University	Rose - Hulma	n TerreHaut	e, In	2004- 2008	Yes 🛛 No	
Other	RockHust	Kansas (ity Mo	2013 - 2015	Yes 🔼 N	
Type of	degree obtained, if any	Masters / m				
		ained Rockhus		ersity		•••••
				Applicant s	initial CS	
						Page 3

5 MILITARY INFORMATION:

	Branch N/A	Date of entry-active service
	Date of separation 1/A	Type of discharge V/A
	Rating at separation N/A	Serial number N/A
		ever arrested for an offense which resulted in summary action, a trial or Yes No If yes, furnish details on page 10. (List all incidents reign or domestic.)
B.	Have you registered for the draft?	Yes ℤ No □
	County Dupage State	Date registered 3/1/2004
6. AF	RRESTS, DETENTIONS, LITIGATIONS not convicted.) Have you ever been arrested, detained violation for any reason whatsoever, r	S AND ARBITRATIONS: (Include those arrests in which you were ed, charged, indicted or summoned to answer for any criminal offense or regardless of the disposition of the event? (Except minor traffic citations, space provided below. List all cases without exception.
Date of	Arrest Age Charge	Location-City and State Deposition/Date Arresting Agency
	NIA	
B.		n or complaint ever been returned against you, but for which you were no as an unindicted co-party? Yes No If yes, furnish details on
C. D. E. F. G.	or committee? Yes □ No ☒ Have you ever been subpoenaed to a commission? Yes □ No ☒ Have you ever been subpoenaed to to the Yes □ No ☒ Have you ever had a civil or criminal of the Yes, when? Have you ever received a pardon or of the Yes when? Has any member of your family or of	eposed by a city, state, federal or law enforcement agency, commission appear or testify before a federal, state or county grand jury, board or testify for any civil, criminal or administrative proceeding or hearing? record expunged or sealed by a court order? Yes No
D. E. F. G.	or committee? Yes □ No ☒ Have you ever been subpoenaed to a commission? Yes □ No ☒ Have you ever been subpoenaed to to the Yes □ No ☒ Have you ever had a civil or criminal of the Yes, when? Have you ever received a pardon or of the Yes when? Has any member of your family or of	appear or testify before a federal, state or county grand jury, board or testify for any civil, criminal or administrative proceeding or hearing? record expunged or sealed by a court order? Yes No city, county and state deferred prosecution for any criminal offense? Yes No city, county and state your spouse s family ever been convicted of a felony? Yes No sestions (B through H) is yes, furnish details on page 10.
D. E. F.	or committee? Yes \(\) No \(\) Have you ever been subpoenaed to a commission? Yes \(\) No \(\) Have you ever been subpoenaed to to Yes \(\) No \(\) Have you ever had a civil or criminal If yes, when? Have you ever received a pardon or of yes when? Has any member of your family or of If you answer to any of the above que	appear or testify before a federal, state or county grand jury, board or testify for any civil, criminal or administrative proceeding or hearing? record expunged or sealed by a court order? Yes No city, county and state deferred prosecution for any criminal offense? Yes No city, county and state your spouse s family ever been convicted of a felony? Yes No sestions (B through H) is yes, furnish details on page 10.

I.

	dant or		Court and Case			
aimant/Resp	ondent I	Date Filed	Number	City, County and State	Disposition/Date	
ass	ociated with i	it as an own			neld corporation (while you vosuit, arbitration or bankrup	
				Approximate Date(s) of		
Nam	ne of Entity	*****	Type of Entity	Lawsu	it/Arbitration/Bankruptcy	
7. RESID						
st all resid	dences you ha	ave had for t	the last 25 years:			
onth and Ye	-		the last 25 years:	City	State or County	
onth and Ye	ar	Stree	et and Number	City Downers Grove	State or County TL	
onth and Yea (From-To)	ar	Stree	-	N .	State or County IL IN	
onth and Yes (From-To) 7/2	ar 00H	7309	et and Number	Downers Grove	State or County IL IN Mo	
onth and Yes (From-To) 7/2 WW - S	00H 6/2008 6/2009	5500 (870)	et and Number Ticon derign Waloosh Are Buckingham La	Dwners Grow Terre Haute Kansas City	IN	
onth and Ye. (From-To) - 7/2 - 7/2 - 2008	6/2008 6/2008 6/2009 7/2011	5500 L 8701 3036	et and Number Ticon derogn Walsosh Are	Dwners Grow Terre Haute Kansas City	IL IN Mo	
onth and Yes (From-To) - 7/20 2008 - 2008 - 2009 -	004 6/2008 6/2009 7/2011 7/2013	5500 l 8701 3036 2886	Sw Gentry Ct. After Circle	Duners Grove Terre Haute Kansas City Lee's Summit Orlando	IL IN MO MO FL	
onth and Ye. (From-To) - 7/2 2014 - 5 2013 - 5	1/2008 6/2008 6/2009 7/2013 7/2013	5500 (8701 3036 2886 3036	et and Number Ticon derign Nationsh Are Bucking ham Ln Sw Gentry Ct.	Duners Grove Terre Haute Kansas City Lee's Summit Orlando Lee's Summit	IL IN MO MO FL H MO	
onth and Ye. (From-To) 7/2 2014 - 5 2017 - 6 2013 - 6 2014 - 6	1/2008 6/2008 6/2009 7/2013 7/2013	3036 3036 908	et and Number Ticon deriga Waloosh Are Bucking ham Ln She Gentry Ct. After Circle She Gentry Lo She Gentry Lo She She St	Duners Grove Terre Haute Kansas City Lee's Summit Orlando Lee's Summit Lee's Summit	IL IN MO MO FL H MO MD	
Onth and Yes (From-To) - 7/2 - 7/2 - 2014 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 7/2 - 5 - 7/2 - 5 - 7/2 - 7/2	ar 6/2008 6/2009 7/2013 5/2014 5/2017	3036 3036 908	et and Number Ticon deriga Waloosh Are Bucking ham Ln She Gentry Ct. After Circle She Gentry Lo She Gentry Lo She She St	Duners Grove Terre Haute Kansas City Lee's Summit Orlando Lee's Summit	IL IN MO MO FL H MO MD	

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

Applicant s initial Page 5

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
5/2008-5/201		Rd, KC Mb 64147 /	Moved to NV
Title	Description of Duties	Name of Supervisor	
Engineer III	Project management and R	ED Michelle W	lood
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	March
8/2005 - 5/2008	Homework Hotline (SSOO Waba	Sh Are Terre Houte IN 47803	Craduated to KC
Title	Description of Duties	Name of Supervisor	
Tutor	Tutored Math and So	ience NIA	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
5/2017 - Presant		NA	
Title	Description of Duties	Name of Supervisor	,
NIA	Railing daughter	NA	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
If additional space is ne	eded, continue on page 10 or provide atta	chment.	

Applicant s initial Page 6

9. CHARACTER REFERENCES: List five character reference who have know you five years or more. Do not include relatives, present employer or employees Years Known Name of Where Employed State Telephone 6:49 Business 310-433-4086 Business Business Phsenix 1 MO 65612 **Business** Do you have any safe deposit box or other such depository, access to any depository or do you use any other person s depository? Yes □ No 🗹 If yes, complete the following: Box Number or Type of Depository Location City and State **Authorized Users** Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Race horse/race dog owner Securities dealer Liquor Insurance Lawyer Barber/Cosmetologist Real estate broker or salesman Gaming **Doctor** Contractor Accountant **Pilot** Sports promoter Trainer or manager Educator Yes
No If yes, state type, where and years held Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes

No

V If yes, state type, when and where and give names and locations of the businesses in which you were

involved, the names and address of all partners and the agency responsible for licensing said business,

venture or industry.

 		•••••	
Applicant s i	initial	CUI	

Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No ☒.				
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☒				
	to the above, state where, when and for what reason:				
/\	<u>/// / / / / / / / / / / / / / / / / / </u>				
15.	participant in any group which has been denied a business suitability?				
16.	Have you or any person with whom you have been a parti administrative action or proceeding relating to the pharma	cipant in any group been the subject of an ceutical industry? Yes □ No ເ			
17.	Have you or any person with whom you have been a parti- guilty or entered a plea of nolo contendere to any offense, controlled substances?				
18.	Have you or any person with whom you have been a parti permit or certificate of registration relating to the pharmace upon voluntary close of a manufacturer	cipant in any group ever surrendered a license, eutical industry voluntarily or otherwise (other than Yes □ No 🎮			
19.	Do you have any relatives within the fourth degree of conspharmaceutical or drug related industry?	ranguinity associated with or employed in the			
	······				
	·	20			
		Date of photograph			
		Applicant s initial Cylic			

COUNTY OF

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

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

Subscribed and Sworn to before me this

Notary Public

promulgated thereunder and agree, if licensed, to abide thereby,

ANTHONY SUNSERI Notary Public, State of Nevada Appointment No. 16-4108-1 Appt. Expires Oct 28, 2020

(seal)

Applicant s initial Page 9

ADDITIONAL INFORMATION

,

Applicant s initial CJK Page 10

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

	New Pharmacy or Ownership Change (Provide current license number if making changes: PH						
Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.							
□ Publicly Traded Corporation – Pages 1.2.3.10.11a&b □ Partnership - Pages 1.2.6.10.11a&b							
Non Publicly Traded Corporation – Pages 1,2,4,10,11a8	&b ☐ Sole Owner – Pages 1,2,8,10,11a&b						
GENERAL INFORMATION to be completed by all to	pes of ownership						
Pharmacy Name: VITALTTY SHARMAU	1						
Physical Address: 3175 ST. POSE PKWY.	, SUITE 120						
City: HENDERSON State:	UV Zip Code: 89052						
Telephone: PONONG CELL PERSONAL FAX:	PENDENG						
Toll Free Number:E-mai	1: PENDING						
Website: PENTRICT							
	18165						
Managing Pharmacist: KHOT HA License Number: 18165							
TYPE OF PHARMACY AND	SERVICES PROVIDED						
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No						
Yes/No	Yes/No						
Yes/No □ 阗 Retail	Yes/No □ ☒ Off-site Cognitive Services						
Yes/No □ 阗 Retail □ 阗 Hospital (# beds)	Yes/No □ ☒ Off-site Cognitive Services □ ☒ Parenteral						
Yes/No □ 阗 Retail □ 阗 Hospital (# beds) □ 阗 Internet	Yes/No □ ☒ Off-site Cognitive Services □ ☒ Parenteral □ ☒ Parenteral (outpatient)						
Yes/No □ 阗 Retail □ 阗 Hospital (# beds) □ 阗 Internet □ 阗 Nuclear	Yes/No □ ☒ Off-site Cognitive Services □ ☒ Parenteral □ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge						
Yes/No □ \X Retail □ \X Hospital (# beds) □ \X Internet □ \X Nuclear □ \X Ambulatory Surgery Center	Yes/No ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ☐ ※ Parenteral (outpatient) ☐ ※ Outpatient/Discharge ☐ ※ Mail Service ☐ ※ Long Term Care						
Yes/No □ \X Retail □ \X Hospital (# beds) □ \X Internet □ \X Nuclear □ \X Ambulatory Surgery Center	Yes/No ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ☐ ※ Parenteral (outpatient) ☐ ※ Outpatient/Discharge ☐ ※ Mail Service ☐ ※ Long Term Care						
Yes/No □ \X Retail □ \X Hospital (# beds) □ \X Internet □ \X Nuclear □ \X Ambulatory Surgery Center	Yes/No ☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral ☐ ☒ Parenteral (outpatient) ☐ ☒ Outpatient/Discharge ☐ ☒ Mail Service ☐ ☒ Long Term Care ☐ ☒ Sterile Compounding						
Yes/No □ 黛 Retail □ 黛 Hospital (# beds) □ 黛 Internet □ 黛 Nuclear □ 黛 Ambulatory Surgery Center 図 □ Community □ 黛 Other:	Yes/No ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ☐ ※ Parenteral (outpatient) ☐ ※ Outpatient/Discharge ☐ ※ Mail Service ☐ ※ Long Term Care ☐ ※ Sterile Compounding ☐ ※ Non Sterile Compounding						

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the	last five	(5) years:	

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes □ No 💢	
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No 🕅	
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes XÍ No □	
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	EXPLANATION I'VES'ANSWER NEXT PACE Yes No	10
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes □ No DX	

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

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

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

Har		
Original Signature	of Person Authorized to Su	bmit Application, no copies or stamps
KHOT HA		05/14/2018
Print Name of Au	horized Person	Date
Board Use Only	Date Processed:	Amount: 4500,00

May 14, 2018

This is a signed statement of explanation for a "yes" answer to question #3 on page 2.

On 01/08/2018 the California Board of Pharmacy came to Kmart Pharmacy #4751 Tehachapi, CA where I am employed for an inspection and did a subsequent investigation involving records from 12/27/2014 to 12/27/2017.

On 04/17/2018 a citation was issued for 1 irregular and invalid prescription (RX# 4536165) filled on 05/03/2017. A copy of the citation is attached for your record. I am in the process of contesting this citation. In regards to this 1 prescription, as a pharmacist I feel I did my due diligent at the time that the prescription was filled. When the prescription was drop off, my staff and I performed the following check list before filling the prescription as is our protocol:

- 1) Verified patient identity at drop off
- 2) CURES the patient to verify medication is not too soon or being abuse
- 3) Doctor was out of area thus called and doctor office verified prescription was written for patient
- 4) Verified patient identity at pick up

MARC KHOI HA 05/14/2018

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:VEVAPA	
Parent Company if any: KHOT HA BLLC	
Mailing Address: 1368 RIVER SPEY AVE	
City: HENDELSON State: NV Zip: 890	12
Telephone:	
Contact Person: KHOT HA	
For any corporation non publicly traded, disclose the following:	
1) List top 4 persons to whom the shares were issued by the corporation	on?
a) NO SHARES WERE ISSUED (KHOT HAIS	SOLE OWNER MANAGER
Name Business Àddress	•
b) Name Business Address	
Name Business Address	
C)Name Business Address	
d) Name Business Address	
2) Provide the number of shares issued by the corporation.	
3) What was the price paid per share?	
List any physician shareholders and percentage of ownership.	
Name: PA	%:
Name:	_%:
Hours of Operation for the pharmacy:	
Monday thru Fridayambpm Saturday	<i>N K</i> _ampm
Sunday N/K ampm 24 Hours	NIX
A Nevada business license is not required, however if the pharmacy has a license please provide the number: KHOI HA RALC NV BUSINESS TO : NV 2	

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

l,	KHOI	HA				
Responsible	Person of K	OI ITA	PLLC	DBA	VITALITY	PHARMACY
hereby ackn	owledge and un	derstand th	at in addition	to the corp	oration's, any owne	er(s),
shareholder	(s) or partner(s)	responsibili	ties, may be i	esponsible	for any violations of	of pharmacy law
that may oc	cur in a pharmac	y owned or	operated by	said corpor	ation.	
l furth	ner acknowledge	and under	stand that the	corporation	n's, any owner(s), s	shareholder(s)
or partner(s)may be named	in any actio	n taken by th	e Nevada S	state Board of Phar	macy against a
pharmacy o	wned by or oper	ated by said	d corporation.			
I furti	her acknowledge	and under	stand that the	corporatio	n's, any owner(s), s	shareholder(s)
or partner(s) cannot require	or permit th	e pharmacist	(s) in said p	charmacy to violate	any provision
of any local	, state or federal	laws or reg	julations perta	ining to the	e practice of pharma	acy.
K	Au	-				
Original Sig	nature of Persor	Authorize	d to Submit A	oplication, r	no copies or stamps	S
_KHOI		·			05/14/2018	<u> </u>
Print Name	of Authorized P	erson		Da	ate	

Managing Pharmacist

Pharmacist Name:	KHOT	HA	License #: 1816 5
Pharmacy Name: _	VITALITY	PHARMACY	

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		Þ (
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	×	
2. been the subject of a board citation or an administrative action whether completed or pending in any state? IL STGN STATEMENT OF EXCHANTION IS MITHURD TO YES! MASWELL,	×	
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		×
If you marked YES to any of the numbered questions above, please include the following information	tion	
Board Administrative Action: State: LA Date: 04)17 2018 Case #: CI 201	7 795	526
And/or Criminal Action: State: NV Date: 10/06/2015 Case #: 12CR County CLARX COUNTY Court: HENDERSON HUNTCER	0143 KL CO	29 ULT

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

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

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

Signature CHOT HA 05/14/2018

Date



California State Board of Pharmacy 1625 North Market Boulevard, Suite N219, Sacramento, CA 95834 Phone (916) 574-7900 Fax (916) 574-8618 www.pharmacy.ca.gov BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY DEPARTMENT OF CONSUMER AFFAIRS GOVERNOR EDMUND G. BROWN JR.

April 17, 2018

DATED MATERIAL ENCLOSED

KHOI VINH HA 1368 RIVER SPEY AVE HENDERSON, NV 89012

> RE: CI 2017 79526 KHOI VINH HA RPH 56072

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- May 17, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- May 01, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 17, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two KHOI VINH HA CI 2017 79526

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Jennifer Sevilla, Associate Enforcement Analyst at (916) 574--7925.

Sincerely

Virginia Herold Executive Officer Board of Pharmacy

Virginia Herold

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

Payment must be made by May 17, 2018.

Make check or money order payable to the Board of Pharmacy. Do not submit cash.

• Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy

Attn: Ericka Busby

1625 North Market Boulevard, Suite N219

Sacramento, CA 95834-1924

(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than May 01, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 17, 2018 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

BOARD OF PHARMACY DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No.
CI 2017 79526	KHOI VINH HA, RPH 56072

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)						
VIOLATION CODE SECTION	VIOLATION CODE SECTION OFFENSE					
CCR, Title 16, § 1761 subd. (a) & (b)/Health & Safety Code § 11164 subd. (a)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission/A pharmacist shall not compound or dispense a prescription for a controlled substance where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose/Prescriptions for schedule II, III, IV, and controlled substance: form and content; record of practitioner dispensing schedule II controlled substance	\$200.00				

CONDUCT:

Irregular and invalid prescriptions

California Code of Regulations Section 1761, states in pertinent subdivisions:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

As related, California Health and Safety Code Section 11164 states in pertinent part, except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1.

Khoi Vinh Ha (RPH 56072) while employed as Pharmacist in Charge of Kmart Pharmacy #4751 (PHY 38996), located at 710 West Tehachapi, Tehachapi, CA, failed to comply. Specifically, an inspection on 01/08/2018, and a subsequent investigation involving records from 12/27/2014 – 12/27/2017, found RPH Ha approved the following prescription to be dispensed by Kmart Pharmacy #4751:

Date	Number	Patient	Drug	Qty
05/03/17	4536165	LP	promethazine/codeine	240

The above prescription document did not have all features required for controlled substance prescription security forms and was missing at least the following:

- 1. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription."
 - a. Read: "DocuGard"
- 2. An identifying number assigned to the approved security printer by the Department of Justice
- 3. A lot number printed on the form and each form within that batch numbered sequentially
- 4. Six quantity check off boxes printed so the prescriber may indicate the quantity by checking the applicable box where the following quantities appear:

1-24

25-49

50-74

75-100

101-150

151 and over

a. Read: "101-150 & over"

- 5. A statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."
 - a. Read: "Prescription is void if the number of drugs is not noted"

In addition to the invalid nature of the prescription forms, some of following irregularities also were present:

- Cash payment
- Out of the area prescriber information reported to CURES

RPH Ha and Kmart Pharmacy #4751 dispensed this irregular and invalid controlled substance prescription without verification and resolution of the irregularities with the prescriber. This was a violation of pharmacy law.

CITATION ISSUED ON: April 17, 2018

TOTAL AMOUNT OF FINE(S): \$200.00

PAYMENT OF FINE(S) DUE BY: May 17, 2018

California State Board of Pharmacy REQUEST FOR OFFICE CONFERENCE

Licensee: KHOI VINH HA

License No: RPH 56072

Citation Number : Cl 2017 79526

	of the Citation refe	erenced abo	ove and not	tification of my rig	thts to
Check 🚶	I contest the Cit	ation and re	quest an C	Office Conference	
	`				
ations for the fo	ollowing reasons (list each vio	lation with	your specific rea	son):
		4, 19			
VINI	r.1+				
2 - 4			Dated:	06/6/1/2	(18)
711. 0	-c -AC/+A/2	34.411			
AM	State:	CA	Zip:	73561	
6) (661) 822	3594	Residence	· V		
		to be conside	ered for the	office conference r	eview or
	-				
		9			
	check And Check	check I contest the Citation or lations for the following reasons (ded attach additional sheets of paper. All State: State	Check I contest the Citation and reserving entire Citation or ations for the following reasons (list each vious ded attach additional sheets of paper.	Check I contest the Citation and request an Contest the Citation and request and Contest the Citation and Republication and Contest the Citation and Citati	Check I contest the Citation and request an Office Conference entire Citation or lations for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons (list each violation with your specific reasons for the following reasons for the following reasons (list each violation with your specific reasons for the following

Sacramento, CA 95834-1924

(916) 574-7925

1	REQUEST I	FOR APPEAL
2	BOARD OF DEPARTMENT OF C	RE THE PHARMACY CONSUMER AFFAIRS CALIFORNIA
4 5	Check I contest the Citation and request Administrative Law Judge.	t an administrative hearing before an
6 7 8	In the Matter of the Citation Against: KHOI VINH HA RPH 56072 Respondent	Citation Case No: CI 2017 79526 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)
9	• •	t me to present my defense to charges contained herein in
11	said Citation.	
		(Respondent)
13	Mailing Address of Respondent:	()
14	The state of the s	
15	(Street Address)	()326 4323
16	(City (State) (Zip)	(Telephone)
17 18	Please indicate whether or not you intend to be represent complete the following:	ted by counsel. If you intend to have counsel, please
19	Mailing Address of Attorney	
20		
21		
22	(Attorney's Name	
23	(Street Address)	
24	(City (State) (Zip)	(Telephone)
25		
26		

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

Date 5 14 2018

GENERAL INSTRUCTIONS

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

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

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

HA	Application for		COMMUNI		HARMACY		
## Applicable, Name Under Which It Is Now Operated 1. PERSONAL INFORMATION: ast Name	VITALITY PHA	AMACY 317	Nature of P 5 51. ROSE	harmacy or クヒwy., ś	Wholesaler UITE 120	HENDERSON	UNV 89052
1. PERSONAL INFORMATION: ast Name	4	Name and Addre	ess of Business for	Which Desi	gnated Representa	ative Is Requested	
Second First Name	///	. <u></u>	applicable, Name	Under Whic	h It Is Now Operat	ed	
HA	1. PERSONAL INF	ORMATION:			·		
State Stat	Last Name		First N	ame H o T		Middle Name	
Tresent Residence Address-Street or RFD 2012 - NOW Dates		den Name, Other Name)	V DN 11	
FIRST SETY AVE 2012-NOW HENDERSON NV, 89012 Present Business Address D. W. TCHACHAST BUYD. 2004-NOW TEHACHAST CAR, 93561 Present Position with the Pharmacy or Wholesaler Phone: Residence HARLIE MARTE MART SHARLY 4751 Business 661-822-3594 Date of Birth Place of Birth City, County, State) HO CHI HINH CITY, VIETNAM NACE Social Security Number Sex MALE Color of Eyes Color of Hair Complexion Weight Build Height PLACK YELLW RETW RETW 1669 185 MEDIUM S'10" Are you a citizen of the United States? Yes No If alien, registration No U/A If naturalized, certificate No N/A Date Place N/A Date (If naturalized, document must be verified.) 2. MARITAL INFORMATION: Single Married Separated Divorced Widowed Engaged Applicant s initial K-H	NIA						
Place of Birth Place of Birth Complexion Weight Build Height Place of Birth States? Yes No If alien, registration No U/A Are you a citizen of the United States? Yes No If alien, registration No U/A Applicant s initial Important	Present Residence Addre	ss-Street or RFD	a - Hawl	City	,	State/Zip)
Present Position with the Pharmacy or Wholesaler HAF-MACTET DO (HARLEE NUMBER PRESENCE) Business G61 - 822 - 359 4 Date of Birth Place of Birth (City, County, State) HO (HT HDH CITY , VIETNAM) Age Social Security Number Sex MALE Color of Eyes Color of Hair Complexion Weight Build Height S' 10 Color of Eyes Color of Hair Complexion MEDIUM S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height Height S' 10 Color of Eyes Color of Hair Complexion Height	PIVER SPEY	AVE		HEN	DERSON	NV,	89012
Present Position with the Pharmacy or Wholesaler HAF-MACTET DO (HARLEE NUMBER PRESENCE) Business G61 - 822 - 359 4 Date of Birth Place of Birth (City, County, State) HO (HT HDH CITY , VIETNAM) Age Social Security Number Sex MALE Color of Eyes Color of Hair Complexion Weight Build Height S' 10 Color of Eyes Color of Hair Complexion MEDIUM S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height Height S' 10 Color of Eyes Color of Hair Complexion Height	Present Business Address	s		City			
Present Position with the Pharmacy or Wholesaler HAF-MACTET DO (HARLEE NUMBER PRESENCE) Business G61 - 822 - 359 4 Date of Birth Place of Birth (City, County, State) HO (HT HDH CITY , VIETNAM) Age Social Security Number Sex MALE Color of Eyes Color of Hair Complexion Weight Build Height S' 10 Color of Eyes Color of Hair Complexion MEDIUM S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height S' 10 Color of Eyes Color of Hair Complexion Height Height Height S' 10 Color of Eyes Color of Hair Complexion Height	10 W: TEHACHAP	E BLUP. 2	Dates	TEHA	CHAPI	CA,	93561
Date of Birth Place of Birth (City, County, State) Ho (HI HIDH CITY, VIETNAM) Rige Social Security Number Sex MALE Color of Eyes Color of Hair PLACK Sex MALE Color of Eyes Color of Hair PLACK Sex MALE Color of Eyes Color of Hair PLACK Sex MALE Color of Eyes Color of Hair PLACK Sex MALE Color of Eyes Color of Hair PLACK Sex MALE Complexion NETIVE Sex MALE Color of Eyes Color of Hair PLACK Sex MALE Color of Eyes Color of Hair PLACK Sex MALE Color of Eyes No I f alien, registration No I f alien, registration No II/A If naturalized, certificate No II/A Place Place Place Place MARITAL INFORMATION: Single Married Separated Divorced Widowed Engaged Applicant s initial Applicant s initial							
Place of Birth Place of Birth (City, County, State) Ho CHT HTWH CITY , UTETNAMY Nge Social Security Number Sex MA LE Color of Eyes Color of Hair Complexion Weight Build Height POWN BLACK YELLOW KITW KEY MENTUM S' 10" Scars, tattoos or distinguishing marks and/or characteristics NUNE Are you a citizen of the United States? Yes No If alien, registration No NIA If naturalized, certificate No NIA Date Place PIA (If naturalized, document must be verified.) 2. MARITAL INFORMATION: Single Married Separated Divorced Widowed Engaged Applicant s initial KH	DHAL MACTES =	al MADICE	WILLDE DUD	JIATU	1.751	0.01	V12 - 2 6 9 1.
Are you a citizen of the United States? Yes No If alien, registration No U/A If naturalized, certificate No U/A Place V/A Sex MA LE Sex MA LE Weight Build Height NEDTUM S' 10" If alien, registration No U/A (If naturalized, document must be verified.) Applicant s initial K-H Applicant s initial K-H Applicant s initial K-H	INAPPRICISI A	~ (AMECIE	KMKH III	MAILY	4/3/	Business 661	-022-3379
Sex MALE Color of Eyes Color of Hair Complexion Weight Build Height POWN PLACK MEMUNI MATE MEMUNI M	Date of Birth		Place of Birth (C	ity, County,	State)	10 /	
Sex MALE Color of Eyes Color of Hair Complexion Weight Build Height POWN PLACK MEMUNI MATE MEMUNI M	•		HO CHI	HIJUIT (ETY, US	TETNAM	
Color of Eyes Color of Hair Complexion Weight Build Height Flow BLACK Flow MSTAN GO IS MENTUM S' 10" Scars, tattoos or distinguishing marks and/or characteristics NUNE Are you a citizen of the United States? Yes No If alien, registration No N/A If naturalized, certificate No N/A Date Place N/A (If naturalized, document must be verified.) 2. MARITAL INFORMATION: Single Married Separated Divorced Widowed Engaged Applicant s initial KH	Age	Social S					Sex
Scars, tattoos or distinguishing marks and/or characteristics	•		'				MALE
Scars, tattoos or distinguishing marks and/or characteristics	Color of Eyes	Color of Hair		,	Weight	Build	•
Are you a citizen of the United States? Yes No If alien, registration No U/A If naturalized, certificate No U/A Place V/A Compared Comp	BROWN	BLACK	4ELLOW/1	KIM	160 185	MEDIUM	5'10"
Place	Scars, tattoos or dis	tinguishing marks	and/or characte	ristics	NONE		
Place	Are you a citizen of	the United States?	Yes A No □	If alie	n, registration N	NO NIA	
2. MARITAL INFORMATION: Single □ Married X Separated □ Divorced □ Widowed □ Engaged □ Applicant s initial ► H	If naturalized, certific	cate No N/I	+		Date		
Single □ Married X Separated □ Divorced □ Widowed □ Engaged □ Applicant s initial ► ₩	Place N	1K			(If naturalize	ed, document mus	t be verified.)
Applicant's initial	2. MARITAL INFO	ORMATION:					
Applicant's initial	Single □ Marrie	ed X Separate	ed □ Divore	ced □	Widowed	l Engaged □	
Applicant's Initial 17	onglo o mane	ra pa coparate		-34 🗀	,,,,,,,,,,,,		KH
FAUC						Applicant's initial,	Page

MA	DITAL	INFO	MATION	-Continued

A.	Curren	t Marria	age 2	066 - N	10W		L	AS VE	GA>, C	LAKK	COUNT	4, NEVITU
	Spouse	s full n	ame (Ma	o aiden) Tu	ate YET T	HI N	THYEN		City, Coun S.S. No	ty and Sta		
							e of Birth					
	Resider	nt addre	ess	PLTVEP Street	siey a	Vt	HENDE, City	RSON	µ√ State	Zip	9012	
	Telepho	one: R	CEUL esidenc	e			Busine	ss <i>.</i>	702-	754	- 190	0
	Spouse	s emp	oyer	SUNSET	CLIN	TC	Occupa	ation	HYSIC,	IAN	ASSI	STANT
	Addres	s of em	ployer <u>.8</u>	530 W. Street	SUNSET	29. #1	O LA	y veg	AS N State	V 8	9113	
B. Pr	evious	Marriag	jes: If e	ver legally	separated	l, divorced	d, or annulle	ed, indica	ate below	:		
Name o	of Spous	se		of Order Decree		ate of Plac of Marriage	e e	Nature Actio		City County	and State)
N	A											
								·····		·		
									, , , , , , , , , , , , , , , , , , , ,			
	List of	names, Name	current	address ar Street	nd telepho	ne numbe City	ers of previ	State	uses:	Zip	Telephone	
							-					
3. F <i>A</i>		en and	Depend	dents:								
	L	ist all ch Name	nildren, i	ncluding st Birth Date		n and add	opted childr	en and o	Residenc	e Address	1	
MATB	EUF		HA				GAS, NV		HEND	PIVE	R SPEY	AVE 9012
THETU	FR V	TNH	HA			LAS V	egas, N	V	HEND	RIVE	R SPEY	AVE 39012
										-	<u></u> -	
B.	Child		rt Inform e mark	nation: the approp	riate respo	onse:						
		X ∣ Ia	m not s	ubject to a	court orde	er for the s	support of c	hild.				
		pla	an appro	ect to a cou oved by the ount owed p	district at	torney or		or more of agency	children a enforcin	nd am ing the ord	n complia der for the	nce with a repayment
		the	e order o	or a plan ap	oproved b	y the distr	oort of one o ict attorney uant to the	or other	public ag	ency en	forcing th	e order for
						•		A	pplicants	s initial		Page 2

FAMIL'	Y INFORMATION-Continued District attorney or public agency	responsible fo	r enforcina th	e child support ord	ler:		
	Name	•	•	• •		_	
	Address						
	Contact person					-	
C.	Parents:	***************************************				•	
	List names, residence addresses	s, dates of birth	and most re	cent occupations o	f parents, step-parents,		
parents	s- <u>in-law or legal guardian. If retire</u>	d or deceased.	list last addr	ess and occupation	n	-	
		h Date	Address		Occupation	-	
Father				ACKSON AVE. A		- 	P
LONG	- HA		SAN 30	SE, UA 95116		NE WALL	
Mother		•		VE. #83	PETIRE		
CHT	Vu	<i>F</i>		ETUHTS, CA 917		LISI -	
Father-in	n-Law OC NGUYEN			W ST.	DECENSE	ALTST (n e 0 <
-	<u> </u>			CGE, CO 80212	- MALT SIE	-	.002
Mother-i			DEPEN		HOME M	IKER	
(), () (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		offeri Fu	19E, CO 8021		=	
D.	Brothers and Sisters: List names, residence addresses their respective spouses.	s, dates of birt	h and most re	ecent occupations o	of brothers and sisters and	of	
	Name (Maiden)	Birth Date	Address CHERR	YWOOD LN	Occupation	_	
KIM	HA (SISTER)		WA HEIM,	CA 92804	HATE STYLIST		
Spouse	WISH MYER (ANAHEIM,		STREPGTHEN AND CON	OKTION ING	(oACH
KHAN	our HA (BROTHER) (LAGU TOUSTON, TX	MA TEPLACE DL.	ACCOUNTANT		
Spouse	OPLE						
	UH BUI (SBIEIL)	,		TAGE PL A, GA 30005	FINANCIAL CO	NS4CTANT	
Spouse			HERM	FTAGE PL TA, CAA 30005	GLOBAL MALVETTACY T	IMAGER	tbn
1111/2	<i>D</i>		CHIRICI	17) 47. 2002		_	
Spouse						_	
·							
						_	
4. E	DUCATION:						
Gramm	Name of School	Location		ites Attended 37 ~ 1989	Graduate		
School	FLAGSTAFF MIDDLE SCHOOL	PLAGSTAFF,	,_	9-1989	Yes 🕅 No 🗆	_	
High <u>School</u>	LOS AMIGOS HIGH SCHOOL	FOUNTAIN VA	ELEY, CA 19	192-1993	Yes 🕅 No 🗆	_	
College	ity CALLFORNER STATE UNLUCRETTY A	HUELTH FILLE	LTON, OR	1993 - 1999	Yes 🕅 No 🗆		
Other	WIVERSTY OF SOUTHERN CALIFORNIA	PHARMACY LOS	MUTELES, CA	2000-2004	Yes M No 🗆		
	and an analysis	OR OF DIT	ARMA CM		163 24 140 🗀		
Туре	of degree obtained, if any 🏽 🎾 다		1 C 0 1 DH	ALL CALTES	2 1 T A		
Colle	ge or university where obtained	NYUELOXIY	or sound	WW Chille			
					, , , , , , , , L		
				Applica	nt s initial F-1+	Page 3	

5 MILITARY INFORMATION:

A.	Have you ever serve	-	_			
	Branch		Date of e	entry-active servi	ce	
	Date of separation		Type of	discharge		
	Rating at separation			Serial number		
	While in the military s special or general co regardless of where t	urt martial? hey occurred-fore	Yes □ No □ eign or domestic.)	n offense which re If yes, furnish def	esulted in summary a ails on page 10. (Lis	ction, a trial or t all incidents
В.	Have you registered	for the draft?	Yes □ No 🎗			
	County	State		Date reg	istered	•••••
6. AF	RESTS, DETENTION not convicted.) Have you ever been violation for any reas Yes 🗓 No 🗆 If yes	arrested, detaine on whatsoever, re	d, charged, indicted egardless of the dis	d or summoned to sposition of the ev	o answer for any crim vent? (Except minor t	inal offense or
Date of A	Arrest Age	Charge	Location-City and S	tate De	position/Date Arrest	ing Agency
2/201	2 37	DUI	HENDERSON, NI	GUILTY	106 2015 RECKLESS HIVING	HENDERSON POLICE BEPN
В.	Has a criminal indict arrested or in which page 10.	you were named	as an unindicted co	o-party? Yes 🗆	No A If yes. furnish	details on
B. C. D. E.	arrested or in which page 10. Have you ever been or committee? Yes Have you ever been commission? Yes ☐ Have you ever been Yes ☐ No X Have you ever had:	you were named questioned or de No X subpoenaed to a No X subpoenaed to to	as an unindicted or eposed by a city, sta appear or testify bef estify for any civil, or record expunged or	o-party? Yes ate, federal or law fore a federal, sta criminal or admini r sealed by a cou	No A If yes. furnish wenforcement agency te or county grand justrative proceeding out order? Yes	n details on y, commission ry, board or or hearing?
C. D. E.	arrested or in which page 10. Have you ever been or committee? Yes Have you ever been commission? Yes Have you ever been Yes No Manage Nave you ever had all fyes, when?	you were named questioned or de No X subpoenaed to a No X subpoenaed to to	as an unindicted or eposed by a city, sta appear or testify bef estify for any civil, or record expunged or city, con deferred prosecutio	o-party? Yes ate, federal or law fore a federal, sta criminal or admini r sealed by a cou unty and state n for any crimina	No A If yes. furnish y enforcement agency te or county grand ju strative proceeding o rt order? Yes No	n details on y, commission ry, board or or hearing?
C. D. E. F.	arrested or in which page 10. Have you ever been or committee? Yes Have you ever been commission? Yes Have you ever been Yes No Manage Nave you ever had all fyes, when?	you were named questioned or de No X subpoenaed to a No X subpoenaed to to a civil or criminal ved a pardon or o your family or of	as an unindicted of eposed by a city, state appear or testify before estify for any civil, or ecord expunged or city, condeferred prosecution city, conyour spouse s family	o-party? Yes ate, federal or law fore a federal, sta criminal or admin r sealed by a cou unty and state n for any crimina unty and state ly ever been con	No A If yes. furnish y enforcement agency te or county grand ju strative proceeding o rt order? Yes No offense? Yes No victed of a felony? Yes	n details on y, commission ry, board or or hearing?
C. D. E. F.	arrested or in which page 10. Have you ever been or committee? Yes Have you ever been commission? Yes Have you ever been Yes No Market N	you were named questioned or de No X subpoenaed to a No X subpoenaed to to a civil or criminal ved a pardon or o your family or of	as an unindicted of apposed by a city, state appear or testify beforestify for any civil, or record expunged or city, condeferred prosecution city, conyour spouse s familiestions (B through here	o-party? Yes ate, federal or law fore a federal, sta criminal or admin r sealed by a cou unty and state n for any crimina unty and state ly ever been con	No A If yes. furnish y enforcement agency te or county grand ju strative proceeding o rt order? Yes No offense? Yes No victed of a felony? Yes	n details on y, commission ry, board or or hearing?
C. D. E. F. G.	arrested or in which page 10. Have you ever been or committee? Yes Have you ever been commission? Yes Have you ever been Yes No Market N	you were named questioned or de No X subpoenaed to a No X subpoenaed to to a civil or criminal ved a pardon or o your family or of	as an unindicted of apposed by a city, state appear or testify beforestify for any civil, or record expunged or city, condeferred prosecution city, conyour spouse s familiestions (B through here	o-party? Yes ate, federal or law fore a federal, sta criminal or admini r sealed by a cou unty and state n for any crimina unty and state ly ever been con H) is yes, furnish	No A If yes. furnish wenforcement agency te or county grand justrative proceeding out order? Yes \(\square \) No offense? Yes \(\square \) No victed of a felony? Yes details on page 10.	n details on y, commission ry, board or or hearing?

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

l.

laintiff/Defendant or laimant/Respondent	Date Filed	Court and Case Number	City, County and S	tate Di	sposition/Date
and the second of the second o	Date 1 ned	Training	Oity, County and O		sporta i v di c
associated wit	h it as an own		ole proprietorship or clopartner) been a party t		
Name of Entity		Type of Entity		Approximate Date(s) of Lawsuit/Arbitration/Ba	
r. RESIDENCES:	ı have had for	the last 25 years:			
onth and Year (From-To)	Stre	et and Number	City	State or Co	unty
2012 - NOW	PI	USR SPEY AVE	HENDERSON	NV, CL	ARIC COUNTY
12004 - 05/2012	3491 B/	GABLT CT	LAS VEGAS		
[2000 - 09/2004	? n	AAN ST	AL HAMBRA	CA, LOS	ANGUS COUNTY GE COUNTY
5 1992 - 05 200	0 4080 h), 15T ST	SANTA ANA	CA, OF AN	GE COUNTY
					

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

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.

Nonth and Year	Name/Mailing Address of Employer/Business KHART PHARMALY 110 W. TEHACHART BLVD	Number of Employed Hours
2004-NOW	KHART PHARMALY 710 W. TEHACHAPE BLVD TEHACHAPE, CA 93561	APPRIXIMATELY 26,880 HOURS
Title 2.4.1	Description of Dyties	Name of Supervisor
Fille PPH MACUST IN CHING	Description of Duties APH DUTTES LEPILING, DIFFENSING, COUNSELL LEE RUNNING PAY TO DAY OPERATIONS OF SHARM	ALY DAVID HAN ANDEW HE
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
worth and fear	Name/wailing 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 KH

9. CHARACTER REFERENCES:

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

	<u>employer or em</u> Vhere Employed	Street	City State	Zip	Telephone	Years K	nown
	FUH PHAN)		E. LOWER IDGE	DR	714-300-5000		YEARS
	PAVID EVANS P	WD 177		1 UITÉ 200 780	714-665-4543	60	, ,,,,
		PH Home SANT	BICENTENNI	AL WAY H913	626-512-3181	15	YEARS
		- L6	BICENTENN	ZA/ WIAY	707-393-372	7-	
		UENT Business SA	RAULTAG	VAW 2	714-334-560		YEARS
		PH Home LA		, CA 9230	114-334-2001	0 14	167
Employer	FORMER KMART	PH Business	RETERE PORTOLA ST		7/2 /20 87	-	11 CA C
Name CH	ristian aguyé	Home VIC	TORUFLLE, CA	1 92395	760-628-872		YEARS
Employer	REDUTE TIME!	Business VI	OT NEY SAME	TT AVE	760-241-050		
Name Ct	HAU DANGTRAN	V PH Home LA	S VEGAS, NV	89141	714-654-221	13 6	YEARS
Employer	FORMER KMIRT	ROW Business Cu	PRENTLY HOM	E TAKING YA	LE NEW BABY		
10.	Have you ever	held a privilege	d, occupational	or professiona	al license in any state, inc	cluding but	not limited to
	the following:		•	·		-	
	Liquor Doctor	Lawyer Contractor		ace dog owner proker or sales			Insurance Gaming
	Accountant	Pilot	Sports promo		Trainer or r		Educator
	Yes X No 🗆		oports prome	3(0)	Trainer or r	nanagoi	Ladodioi
		oe, where and y	ears held				
11.	interest in a lice of the state	ensed business pe, when and w names and addr	or industry OU here and give n	ITSIDE the Statement and local	enture or industry license te of Nevada? Yes	No 阪 in which yo	u were
12.	Have you eve any reason wi	r appeared befo	ore any licensing □ No ఏ(g agency or sin	nilar authority in or outsic	le the State	e of Nevada for
13.		r been denied a		se, permit, cert	ificate or registration for	a privileged	d, occupational
If yes t	to the above, st	ate where, wher	and for what re	eason:			
	•••••						

Applicant s initial // Page 7

	participant in any group which has been denied a business or industry license or relate suitability?	ed finding of Yes □ No 🛣
15.	Have you or any person with whom you have been a participant in any group been the administrative action or proceeding relating to the pharmaceutical industry? A.S. JANED STATEMENT OF EXILABITION OF MUSWEL "YES" IS	e subject of an Yes A No □ ATTAUED:
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to prontrolled substances?	orescription drugs and/or Yes □ No 💢
17.	Have you or any person with whom you have been a participant in any group ever sur permit or certificate of registration relating to the pharmaceutical industry voluntarily o upon voluntary close of a wholesaler	
18.	Do you have any relatives within the fourth degree of consanguinity associated with o 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. 21.	Will you be employed fulltime with the pharmacy or wholesaler? Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes 💢 No □
	Date of photograph 6	4/2018 tial K-H