

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 NO 2759)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

Publicly Traded Corporation – Pages 1,2,3,10,11a&b Partnership - Pages 1,2,6,10,11a&b
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ken's Professional Compounding Pharmacy
 Physical Address: 2202 W Charleston Blvd, Ste # 13
 City: Las Vegas State: NV Zip Code: 89102
 Telephone: 702-384-3784 Fax: 702-384-3796
 Toll Free Number: N/A E-mail: N/A
 Website: N/A
 Managing Pharmacist: Eileen Kennedy License Number: 19576

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input checked="" type="checkbox"/>	<input type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding
		<input checked="" type="checkbox"/>	<input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Eileen Kennedy
Print Name of Authorized Person

6/7/18
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: Sunday Grace Drive

City: Henderson State: NV Zip: 89052

Telephone: 323-366-2060 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) Eileen Kennedy Sunday Grace Dr, Henderson NV 89052
Name Business Address

b) Chris Kennedy Sunday Grace Dr, Henderson NV 89052
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? 700

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9:00</u> am	<u>5:30</u> pm	Saturday	<u>10:00</u> am	<u>2:00</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181354781

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

I, Eileen Kennedy
Responsible Person of Kennedy Pharmacy Group LLC., dba Ken's Pharmacy
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

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

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



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

Eileen Kennedy
Print Name of Authorized Person

6/7/18
Date

Managing Pharmacist

Pharmacist Name: Eileen Kennedy

License #: 19576

Pharmacy Name: Ken's Pharmacy

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

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

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

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

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

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

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



Signature

6/7/18

Date

Kennedy Pharmacy Group LLC

List of Officers and Directors

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

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

Date 6/6/18

GENERAL INSTRUCTIONS

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

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

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

Application for Pharmacy Ownership Change
Nature of License
2602 W. Charleston Blvd. Ste #13
Name and Address of Establishment for Which License Is Requested
Ken's Pharmacy
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Kennedy First Name Eileen Middle Name Simone

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

Present Residence Address-Street or RFD Sunday Grace Dr. City Henderson State/Zip NV 89052

Present Business Address 2662 W. Horizon Ridge Pkwy Dates 5/2017-present City Henderson State/Zip NV 89052

Occupation Pharmacist-Fluster Dates 5/2017-present

Phone: Residence Business 702-616-9660

Date of Birth Place of Birth (City, County, State) Los Angeles, CA

Age 29 Social Security Number Sex Female

Color of Eyes Brown Color of Hair Brown Complexion 21B Weight Build 5'8" Height

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

Are you a citizen of the United States? Yes [X] No [] If alien, registration No

If naturalized, certificate No N/A Date

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

2. MARITAL INFORMATION:

Single [] Married [X] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial EK

MARITAL INFORMATION-Continued

A. **Current Marriage** 04/25/2015 Los Angeles, CA
Date City, County and State
 Spouse's full name (Maiden) Christopher J Kennedy 284-84-9459
S.S. No.
 Date of Birth _____ Place of Birth Cincinnati, OH
 Resident address Sunday Grace Dr. Henderson NV 89052
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation Engineer
 Address of employer N/A
Street City State Zip

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

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

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

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

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Veronica Kennedy</u>	<u>05/28/2016</u>	<u>Lees Summit, MO</u>	<u>Sunday Grace Dr. Henderson NV 89052</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial EK

FAMILY INFORMATION-Continued

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

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father		Candlestick, Henderson, NV 89052	Travel Agent
<u>Oleg Dymovsky</u>	<u>---</u>	Candlestick, Henderson, NV 89052	Travel Agent
Mother		Ticonderoga Rd Downer's Grove, IL 60516	Designer
<u>Isabel Dymovsky</u>	<u>---</u>	Ticonderoga Rd Downer's Grove, IL 60516	Teacher
Father-in-Law		Ticonderoga Rd Downer's Grove, IL 60516	Teacher
Mother-in-Law		Ticonderoga Rd Downer's Grove, IL 60516	Teacher

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse		Watkins Glen Ave. Henderson, NV 89052	Travel Agent
<u>Andrea Dymovsky</u>	<u>---</u>	2nd Ave #65 NY, NY 10003	Accountant
Spouse		Ticonderoga Rd. Downer's Grove, IL 60516	Travel Guide
<u>Matthew Kennedy</u>	<u>---</u>	Ticonderoga Rd. Downer's Grove, IL 60516	Travel Guide
Spouse			
<u>Erin Kennedy</u>	<u>---</u>		
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Itn Burroughs Middle School</u>	<u>Los Angeles, CA</u>	<u>- 2002</u>
High School	<u>Beverly Hills High School</u>	<u>Beverly Hills, CA</u>	<u>2002 - 2006</u>
College University	<u>UC San Diego</u>	<u>San Diego, CA</u>	<u>2007 - 2011</u>
Other	<u>Midwestern University</u>	<u>Glendale, AZ</u>	<u>2011 - 2014</u>

Type of degree obtained, if any Pharm D.

College or university where obtained Midwestern University - Glendale, AZ

Applicant's initial EC

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes No

County N/A State N/A Date registered N/A

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant s initial EF

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
9/12/88 - 11/96	932 N Laurel Ave.	Los Angeles	CA
11/96 - 7/2007	2323 Hercules Dr.	Los Angeles	CA
7/07 - 5/11	9085 Judicial Dr.	San Diego	CA
5/11 - 5/14	5901 W. Behrend Dr.	Glendale	AZ
5/14 - 5/17	908 SW 36th St	Lees Summit	MO
5/17 - present	Sunday Frame Dr.	Henderson	NV

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	CVS Pharmacy	Moved

Title	Description of Duties	Name of Supervisor
Tech/ clerk	Technician (Medical)	Esther Semarova

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/11-3/14	Safeway Pharmacy	Moved

Title	Description of Duties	Name of Supervisor
Pharmacy intern	under Pharmacist supervision	Adrijana Ketic / Richard Smith

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/14-3/17	CVS Pharmacy	Moved / transfer

Title	Description of Duties	Name of Supervisor
Staff pharmacist	Pharmacist duties - retail	Gina Rochette / Brad Archer

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/17-present	CVS Pharmacy	currently on disability - surgery

Title	Description of Duties	Name of Supervisor
Fluor Pharmacist	retail pharmacist duties	Chris Scatizzi

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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <i>Michelle G. Arbit</i>	Home	<i>100 Fair Ave #102</i>	<i>Studio City, CA</i>	<i>91602</i>	<i>(222) 528-7900</i>	<i>29</i>
Employer <i>NBC Universal</i>	Business	<i>100 Universal City Plaza. Bldg 1230 4th flr</i>	<i>Universal City, CA</i>	<i>91608</i>	<i>(818) 232-1611</i>	
Name <i>Mushin Abtaneli</i>	Home	<i>2014 S. Central Ave,</i>	<i>Los Angeles, CA</i>	<i>90035</i>	<i>(310) 423-4086</i>	<i>14</i>
Employer <i>McLornik Ambulance</i>	Business	<i>W. El Cortez Pl.</i>	<i>Compton, CA</i>	<i>90210</i>	<i>(310) 837-0102</i>	
Name <i>Dinara Peres</i>	Home	<i>15170 W. Bell Rd. Ste 100</i>	<i>Peoria, AZ</i>	<i>85372</i>	<i>(702) 339-7183</i>	<i>6</i>
Employer <i>Bales Pharmacy</i>	Business	<i>H. Patrick Four Trail</i>	<i>Surprise, AZ</i>	<i>85374</i>	<i>(623) 398-3650</i>	
Name <i>Adrijana Ketic</i>	Home	<i>5777 E Mayo Blvd.</i>	<i>Phoenix, AZ</i>	<i>85033</i>	<i>(623) 628-3358</i>	<i>6</i>
Employer <i>Mayo Clinic</i>	Business	<i>W. Daniels St.</i>	<i>Phoenix, AZ</i>	<i>85254</i>	<i>(480) 342-1500</i>	
Name <i>Harrison Pharm</i>	Home	<i>101 Industrial Park Dr</i>	<i>Ozark, MO</i>	<i>65724</i>	<i>(417) 848-7735</i>	<i>7</i>
Employer <i>Walgreens</i>	Business	<i>Kellster, MO</i>	<i>65672</i>		<i>(417) 336-6901</i>	

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<i>N/A</i>			

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

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

Yes No

If yes, state type, where and years held

Kansas & Missouri - Pharm D. 2014 - ~~2014~~ present

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

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

Applicant s initial *EF*

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

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

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A



Date of photograph 6/7/19

Applicant's initial EK

ss.

COUNTY OF CLARK

I, EILEEN SIMONE 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 cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

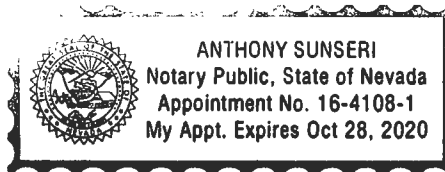
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of

JUNE, 2018

Notary Public



(seal)

Applicant s initial ES
Page 9

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

Date 6/7/13

GENERAL INSTRUCTIONS

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

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

Application for Pharmacy Ownership Change
Nature of Pharmacy or Wholesaler
2202 W. Charleston Blvd. Ste. #13
Name and Address of Business for Which Designated Representative Is Requested
Kare's Pharmacy
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kennedy Last Name Eileen First Name Simone Middle Name

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

--- Sunday Grace Dr. Present Residence Address-Street or RFD Henderson City NV 89052 State/Zip

2162 W. Horizon Ridge Pkwy Present Business Address Henderson City NV 89052 State/Zip

Pharmacist - Fluor Present Position with the Pharmacy or Wholesaler 5/2012 - present Dates

Phone: Residence _____
Business (702) 616-7600
--- Date of Birth Los Angeles, CA Place of Birth (City, County, State)

29 Age Female Sex

Brown Color of Eyes Brown Color of Hair 218 Weight 5'8" Height

Scars, tattoos or distinguishing marks and/or characteristics Knee Scar - right knee

Are you a citizen of the United States? Yes No If alien, registration No. _____
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 FK Page 1

A. **Current Marriage** 04/25/2015 Los Angeles, CA
Date City, County and State
 Spouse's full name (Maiden) Christopher J. Kennedy 284-84-9459
S.S. No
 Date of Birth _____ Place of Birth Cincinnati, OH
 Resident address _____
Street City State Zip
Sunday Grace Dr. Henderson NV 89052
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation Engineer
 Address of employer _____
Street City State Zip

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

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

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

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

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Veronica Kennedy</u>		<u>Lees Summit, MO</u>	<u>Sunday Grace Dr. Henderson, NV 89052</u>

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial CK

FAMILY INFORMATION-Continued

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

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father		<u>Candlestick</u>	
<u>Oleg Dymovsky</u>	<u>01-01-1960</u>	<u>Henderson, NV 89052</u>	<u>Travel Agent</u>
Mother		<u>Candlestick</u>	
<u>Isabel Dymovsky</u>	<u>01-01-1960</u>	<u>Henderson, NV 89052</u>	<u>Travel Agent</u>
Father-in-Law		<u>Ticonderoga Rd.</u>	
<u>Jerry Kennedy</u>	<u>01-01-1960</u>	<u>Downer's Grove, IL 60516</u>	<u>Designer</u>
Mother-in-Law		<u>Ticonderoga Rd</u>	
<u>Margaret Kennedy</u>	<u>01-01-1960</u>	<u>Downer's Grove, IL 60516</u>	<u>Teacher</u>

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse		<u>Watkins Glen Ave</u>	
<u>Andrea Dymovsky</u>	<u>01-01-1960</u>	<u>Henderson, NV 89052</u>	<u>Travel Agent</u>
Spouse		<u>22nd Ave Fl.5</u>	
<u>Matthew Kennedy</u>	<u>01-01-1960</u>	<u>NY, NY 10003</u>	<u>Accountant</u>
Spouse		<u>Ticonderoga Rd</u>	
<u>Erin Kennedy</u>	<u>01-01-1960</u>	<u>Downer's Grove, IL 60516</u>	<u>Tour Guide</u>
Spouse		<u>N/A</u>	
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>John Burroughs Middle School</u>	<u>Los Angeles, CA</u>	<u>98 - 2002</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Beverly Hills High School</u>	<u>Beverly Hills, CA</u>	<u>2002 - 2006</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UC San Diego</u>	<u>San Diego, CA</u>	<u>2007 - 2011</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other <u>Midwestern University - Glendale</u>	<u>Glendale, AZ</u>	<u>2011 - 2014</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm D.

College or university where obtained Midwestern University - Glendale, AZ

Applicant's initial JK

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes No

County N/A State N/A Date registered N/A

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant s initial or

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Michele G. Arbit</u>	Home	<u>Fair Ave #102</u> <u>Studio City, CA 91602</u>	<u>CA</u>	<u>91602</u>	<u>(323) 528-7900</u>	<u>29</u>
Employer <u>NBC Universal</u>	Business	<u>100 Universal City Plaza 31st Fl</u> <u>Universal City, CA 91608</u>	<u>CA</u>	<u>91608</u>	<u>(818) 232-1611</u>	
Name <u>Nathia Nataneli</u>	Home	<u>Los Angeles, CA 90035</u> <u>2020 S. Central Ave.</u>	<u>CA</u>	<u>90035</u>	<u>(310) 433-4586</u>	<u>14</u>
Employer <u>McComick Ambulance</u>	Business	<u>Compton, CA 90220</u> <u>-W. El Cortez St.</u>	<u>CA</u>	<u>90220</u>	<u>(310) 827-0102</u>	
Name <u>Divata Perez</u>	Home	<u>Peoria, AZ 85383</u> <u>1570 W. Bell Rd. Ste 100</u>	<u>AZ</u>	<u>85383</u>	<u>(702) 339-2153</u>	<u>6</u>
Employer <u>Beltes Pharmacy</u>	Business	<u>Surprise, AZ 85374</u> <u>W. Priddy Fear Trail</u>	<u>AZ</u>	<u>85374</u>	<u>(623) 329-3650</u>	
Name <u>Abrizana Katic</u>	Home	<u>Phoenix, AZ 85088</u> <u>5777 E. Mayo Blvd.</u>	<u>AZ</u>	<u>85088</u>	<u>(623) 628-3308</u>	<u>6</u>
Employer <u>Mate Clinic</u>	Business	<u>Phoenix, AZ 85251</u> <u>W. Donnell St.</u>	<u>AZ</u>	<u>85251</u>	<u>(480) 342-1500</u>	
Name <u>Hagerman Pharm</u>	Home	<u>Worcester, MA 01571</u> <u>101 Industrial Park Dr</u>	<u>MA</u>	<u>01571</u>	<u>(417) 843-7735</u>	<u>7</u>
Employer <u>Walgreens</u>	Business	<u>Worcester, MA 01572</u>	<u>MA</u>	<u>01572</u>	<u>(417) 326-6901</u>	

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

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

Yes No

If yes, state type, where and years held

Kansas & Missouri - Pharm D. 2014 - present

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

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

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

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

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

Applicant's initial EL

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

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

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

ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

See personal history
Record

Date of photograph 6/7/13

Applicant's initial et

SS.

COUNTY OF CLARK

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

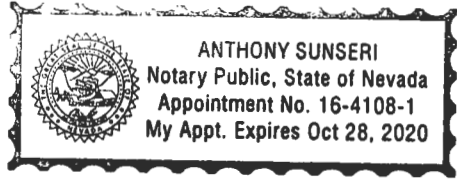
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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

Original Signature of Applicant

Subscribed and Sworn to before me this 17th day of

JUNE, 2018.

Notary Public



(seal)

Applicant's initial ek -----
Page 9

Date 6/7/18

GENERAL INSTRUCTIONS

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

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

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

Application for Pharmacy Ownership Change
Nature of License
2002 W Charleston Blvd Ste 13
Name and Address of Establishment for Which License Is Requested
Ken's Pharmacy
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Kennedy First Name Christopher Middle Name Jerome
Chris

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

Present Residence Address-Street or RFD Sunday Grace Dr Henderson NV 89052
City State/Zip

Present Business Address Sunday Grace Henderson, NV 89052
Dates 5/2017 - Present City State/Zip

Occupation Engineer/Stay at home Dad Dates 5/2017 - Present
Phone: Residence Business

Date of Birth Place of Birth (City, County, State) Cincinnati, Hamilton County, OH
Business N/A

Age 32 Social Security Number Male

Color of Eyes Blue Color of Hair Brown Complexion White Weight 245 Build Large Height 6'0"

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

Are you a citizen of the United States? Yes [X] No [] If alien, registration No

If naturalized, certificate No Date

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

2. MARITAL INFORMATION:

Single [] Married [X] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial CJF

FAMILY INFORMATION-Continued

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

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Jerry Kennedy	Cincinnati, OH	Ticonderoga, IL 60516 <i>Downers Grove</i>	Designer
Mother Martie Kennedy	Cincinnati, OH	Ticonderoga, IL 60516 <i>Downers Grove</i>	Teacher
Father-in-Law Oleg Dymovskiy	Henderson, NV 89052 <i>Candlestick</i>	Travel Agent
Mother-in-Law Isabel Dymovskiy	Henderson, NV 89052 <i>Candlestick</i>	Travel Agent

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Erin Kennedy	Ticonderoga, IL 60516 <i>Downers Grove</i>	Tour guide
Spouse N/A			
Matthew Kennedy	2nd Ave #LS NY, NY 10003	Accountant
Spouse N/A			
Andrea Dymovskiy	Watkins Glen Ave Henderson, NV 89052	Travel Agent
Spouse NA			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Joseph	Downers Grove, IL	1992 - 2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Montini	Lombard, IL	2000 - 2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Rose-Hulman	Terre Haute, IN	2004 - 2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Rockhurst	Kansas City, MO	2013 - 2015	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Masters / MBA

College or university where obtained Rockhurst University

Applicant's initial CSK

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes No

County DuPage State IL Date registered 3/11/2004

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

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

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

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
1989 - 7/2004	7309 Ticonderoga	Downers Grove	IL
7/2004 - 5/2008	5500 Wabash Ave	Terre Haute	IN
6/2008 - 6/2009	8701 Buckingham Ln	Kansas City	MO
7/2009 - 7/2011	3036 SW Gentry Ct.	Lee's Summit	MO
7/2011 - 7/2013	2856 Afton Circle	Orlando	FL
8/2013 - 5/2014	3036 SW Gentry Ln	Lee's Summit	MO
5/2014 - 5/2017	908 SW 36 th St	Lee's Summit	MO
5/2017 - Present	Sunday Grace Dr	Henderson	NV

Applicant's initial

CJK

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <i>Michelle Arbit</i>	Home	<i>Fair Ave #102 Studio City Ca</i>	<i>Ca</i>	<i>91602</i>	<i>323-528-7900</i>	<i>5</i>
Employer <i>NBC Universal</i>	Business	<i>100 Universal City Plaza 4th Floor Universal City Ca</i>	<i>Ca</i>	<i>91602</i>	<i>818-232-1611</i>	
Name <i>Nashin Nataneli</i>	Home	<i>South Point View St. Los Angeles, Ca</i>	<i>Ca</i>	<i>90035</i>	<i>310-433-4086</i>	<i>5</i>
Employer <i>McGonick Ambulance</i>	Business	<i>2020 S Central Ave Compton, Ca</i>	<i>Ca</i>	<i>90220</i>	<i>310-837 0102</i>	
Name <i>Michael Bund</i>	Home	<i>Lee's Summit, Mo 14510 Bollts Rd</i>	<i>Mo</i>	<i>64082</i>	<i>816-401 3782</i>	<i>10</i>
Employer <i>Honeywell</i>	Business	<i>561 Gentry Ct. KC, Mo</i>	<i>Mo</i>	<i>64147</i>	<i>816-488-2575</i>	
Name <i>Adrijana Ketic</i>	Home	<i>W Prickly Pear Tr. Phoenix, AZ</i>	<i>AZ</i>	<i>85083</i>	<i>623-628-3308</i>	<i>5</i>
Employer <i>Mayo Clinic</i>	Business	<i>577 E. Mayo Blvd Phoenix, AZ</i>	<i>AZ</i>	<i>85254</i>	<i>480-342-1500</i>	
Name <i>Hong Pham</i>	Home	<i>W Daniels St. Ozark, MO</i>	<i>MO</i>	<i>65724</i>	<i>417-848-7735</i>	<i>5</i>
Employer <i>Walgreens</i>	Business	<i>1st Industrial Park Dr Hollister, Mo</i>	<i>Mo</i>	<i>65112</i>	<i>417-336-6901</i>	

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<i>N/A</i>			

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

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

Yes No
If yes, state type, where and years held

N/A

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

N/A

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

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

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

N/A

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

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

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

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

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



Date of photograph _____

Applicant's initial CJA

STATE OF Nevada

SS.

COUNTY OF Clark

I, Chris 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 or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

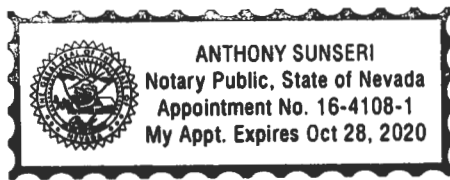
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Chris Kennedy
Original Signature of Applicant

Subscribed and Sworn to before me this 7th day of

JUNE, 2018

[Signature]
Notary Public



(seal)

Applicant s initial CK Page 9

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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> 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.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: VITALITY PHARMACY

Physical Address: 3175 ST. ROSE PKWY., SUITE 120

City: HENDERSON State: NV Zip Code: 89052

Telephone: PENDING ^{CELL PERSONAL} Fax: PENDING

Toll Free Number: N/A E-mail: PENDING ^{PERSONAL}

Website: PENDING

Managing Pharmacist: KHOE HA License Number: 18165

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds ____) <input type="checkbox"/> <input checked="" type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input checked="" type="checkbox"/> <input type="checkbox"/> Community <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding <input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding <input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____
All boxes must be checked For the application to be complete	

101340

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

KHOI HA
Print Name of Authorized Person

05/14/2018
Date

Board Use Only	Date Processed: _____	Amount: <u>\$500.00</u>
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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

 KHOI HA 05/14/2018

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: KHOI HA PLLC

Mailing Address: 1368 RIVER SPEY AVE

City: HENDERSON State: NV Zip: 89012

Telephone: 714-326-4323 Fax: N/A

Contact Person: KHOI HA

For any corporation non publicly traded, disclose the following:

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

- a) NO SHARES WERE ISSUED (KHOI HA IS SOLE OWNER/MANAGER)
 Name Business Address
- b) _____
 Name Business Address
- c) _____
 Name Business Address
- d) _____
 Name Business Address

2) Provide the number of shares issued by the corporation. 0

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: KHOI HA PLLC
NV BUSINESS ID: NV 20171490636

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

I, KHOI HA

Responsible Person of KHOI HA PLLC DBA VITALITY PHARMACY

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

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

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



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

KHOI HA
Print Name of Authorized Person

05/14/2018
Date

Managing Pharmacist

 Pharmacist Name: KHOI HA

 License #: 18165

 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state? <i>P. SIGN STATEMENT OF EXPLANATION IS ATTACHED TO "YES" ANSWER.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>CA</u> Date: <u>04/17/2018</u> Case #: <u>CI 2017 79526</u>		
And/or Criminal Action: State: <u>NV</u> Date: <u>10/06/2015</u> Case #: <u>12CR014329</u>		
County: <u>CLARK COUNTY</u> Court: <u>HENDERSON MUNICIPAL COURT</u>		

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

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

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

KHOI HA
Signature

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.

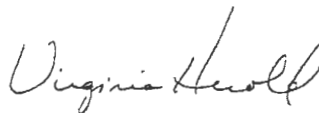
Page two
KHOI VINH HA
CI 2017 79526

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

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 CI 2017 79526	Name, License No. KHOI VINH HA, RPH 56072
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JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
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 : CI 2017 79526

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check I contest the Citation and request an Office Conference.

Check One:

I contest the entire Citation or

specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name: KHOI VINH HA

Signature: [Signature]

Dated: 06/01/2018

Address of Service: 716 W SACRAMENTO BLVD

City: SACRAMENTO State: CA Zip: 95861

Telephone: (Business) (916) 522 3594 Residence: _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

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.

Application for COMMUNITY PHARMACY
Nature of Pharmacy or Wholesaler
VITALITY PHARMACY 3175 ST. ROSE PKWY., SUITE 120 HENDERSON, NV 89052
Name and Address of Business for Which Designated Representative Is Requested
N/A
if applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name HA First Name KHOI Middle Name VENH

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

Present Residence Address-Street or RFD RIVER SPEY AVE 2012 - NOW City HENDERSON State/Zip NV, 89012
Dates

Present Business Address 710 W. TEHACHAPI BLVD. 2004 - NOW City TEHACHAPI State/Zip CA, 93561
Dates

Present Position with the Pharmacy or Wholesaler PHARMACIST IN CHARGE K MART PHARMACY 4751
Phone: Residence _____ Business 661-822-3594

Date of Birth _____ Place of Birth (City, County, State) HO CHI MINH CITY, VIETNAM

Age 43 Social Security Number _____ Sex MALE

Color of Eyes BROWN Color of Hair BLACK Complexion YELLOW/ASIAN Weight 160 LBS Build MEDIUM Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

MARITAL INFORMATION-Continued

A. **Current Marriage** 2006 - NOW LAS VEGAS, CLARK COUNTY, NEVADA
 Date City, County and State
 Spouse's full name (Maiden) TUYET THI NGUYEN S.S. No. _____
 Date of Birth _____ Place of Birth DENVER, CO
 Resident address RIVER SPEY AVE HENDERSON NV 89012
 Street City State Zip
 Telephone: Residence CELL Business 702-754-1900
 Spouse's employer SUNSET CLINIC Occupation PHYSICIAN ASSISTANT
 Address of employer 8530 W. SUNSET RD. #110 LAS VEGAS NV 89113
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
MAIBELLA ALO HA		LAS VEGAS, NV	RIVER SPEY AVE HENDERSON, NV 89012
THAIER VENH HA		LAS VEGAS, NV	RIVER SPEY AVE HENDERSON, NV 89012

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial KH

FAMILY INFORMATION-Continued

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

Name.....
 Address.....
 Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father LONG HA		N. JACKSON AVE. #F24 SAN JOSE, CA 95116	RETIRED ASSEMBLY LINE WORKER
Mother CHI VU		S. 6TH AVE. #83 HACIENDA HEIGHTS, CA 91745	RETIRED HAIR STYLIST
Father-in-Law TRUOC NGUYEN		DEPEW ST. WHEAT RIDGE, CO 80212	DECEASED HAIR SPECIALIST COOL
Mother-in-Law THUAN NGUYEN		DEPEW ST. WHEAT RIDGE, CO 80212	HOME MAKER

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
KIM HA (SISTER)		W CHERRYWOOD LN ANAHEIM, CA 92804	HAIR STYLIST
Spouse RANDY WISHMYER		W CHERRYWOOD LN ANAHEIM, CA 92804	STRENGTHEN AND CONDITIONING COACH
KHANG HA (BROTHER)		LAGUNA TERRACE DR HOUSTON, TX 77041	ACCOUNTANT
Spouse DIVORCE			
QUYNH BUI (SISTER)		HERMITAGE PL ALPHARETTA, GA 30005	FINANCIAL CONSULTANT
Spouse MAN BUI		HERMITAGE PL ALPHARETTA, GA 30005	GLOBAL MARKETING MANAGER IBM
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School FLAGSTAFF MIDDLE SCHOOL	FLAGSTAFF, AZ	1987-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School SINAGUA HIGH SCHOOL	FLAGSTAFF, AZ	1989-1992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
School LOS ANGELES HIGH SCHOOL	FOUNTAIN VALLEY, CA	1992-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University CALIFORNIA STATE UNIVERSITY FULLERTON	FULLERTON, CA	1993-1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other UNIVERSITY OF SOUTHERN CALIFORNIA PHARMACY	LOS ANGELES, CA	2000-2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any... DOCTOR OF PHARMACY

College or university where obtained... UNIVERSITY OF SOUTHERN CALIFORNIA

5 MILITARY INFORMATION:

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

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

B. Have you registered for the draft? Yes No

County State Date registered

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
11/22/2012	37	DUI	HENDERSON, NV	10/06/2015 GUILTY RECKLESS DRIVING	HENDERSON POLICE DEPARTMENT

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

Name	Relationship	Charge	Location	Date

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
05/2012 - NOW	REVER SPEY AVE	HENDERSON	NV, CLARK COUNTY
09/2004 - 05/2012	3491 BAGNOLI CT	LAS VEGAS	NV, CLARK COUNTY
05/2000 - 09/2004	? MAIN ST	AL HAMBRA	CA, LOS ANGELES COUNTY
05/1992 - 05/2000	4080 W. 1ST ST	SANTA ANA	CA, ORANGE COUNTY

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 09/2004-NOW	Name/Mailing Address of Employer/Business K MART PHARMACY 710 W. TEHACHAPE BLVD TEHACHAPE, CA 93561	Number of Employed Hours APPROXIMATELY 26,880 HOURS
Title STAFF RPH PHARMACEUTICAL IN CHARGE	Description of Duties RPH DUTIES (FILLING, DISPENSING, COUNSELING, ETC) RUNNING DAY TO DAY OPERATIONS OF PHARMACY	Name of Supervisor DAVID HAN ANDREW HENNER
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name MEANH PHAN	Home	E. LOWRIDGE DR	CA	92867	714-200-5000	26 YEARS
Employer DAVID EVANS AND ASSOCIATES INC	Business	1772 17TH ST SUITE 200	CA	92780	714-665-4543	
Name REBECCA LEE RPH	Home	BICENTENNIAL WAY #913	CA	95403	626-512-3181	15 YEARS
Employer KAISER PERMANENTE	Business	461 BICENTENNIAL WAY	CA	95403	707-393-3722	
Name CRATIC WILLEY RPH	Home	RAWLINGS WAY	CA	92530	714-334-5606	14 YEARS
Employer FORMER KMART RPH	Business	RETIRED				
Name CHRISTIAN NGUYEN RPH	Home	PORTOLA ST	CA	92395	760-628-8728	8 YEARS
Employer ALLCARE PHARMACY	Business	12498 HESPERIA RD #102	CA	92395	760-241-0508	
Name CHAM DANG TRAN RPH	Home	PENEY SUMMIT AVE	NV	89141	714-654-2243	6 YEARS
Employer FORMER KMART RPH	Business	CURRENTLY HOME TAKING CARE NEW BABY				

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

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

Yes No

If yes, state type, where and years held

RPH LICENSE IN CALIFORNIA 2004 - NOW

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

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

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

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

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

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

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

A SIGNED STATEMENT OF EXPLANATION OF ANSWER "YES" IS ATTACHED:

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

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

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

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

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

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



Date of photograph 6/4/2018

Applicant's initial KH