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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check 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: All City Pharmacy #2

Physical Address: 8352 W Warm Springs Rd

City: Las Vegas State: NV Zip Code: 89113 Telephone: _____

(702) 834-7704 Fax: (702) 834-7705 Toll Free Number: _____

E-mail: info@allcitypharmacy.com

Website: allcitypharmacy.com

Managing Pharmacist: Jared S Kohn License Number: 19641

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

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

Garen Garakhanyan
Print Name of Authorized Person

11/20/19
Date

Board Use Only

Date Processed: _____

Amount: 600.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Lamb Blvd #4
City: Las Vegas State: NV Zip: 89110
Telephone: (702) 834-7704 Fax: (702) 834-7705
Contact Person: Garen Garakhanyan

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Business Address
b) N/A
Name Business Address
c) N/A
Name Business Address
d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A / none %: N/A
Name: N/A / none %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5 pm Saturday — am — pm
Sunday — am — pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 2016 116 1525

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Garen Garakhanyan

Business Name: All City Pharmacy

Current Business Address: 821 N Lamb Blvd #4

City: Las Vegas State: NV Zip Code: 89110

Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: Garen Garakhanyan %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5:00 pm

Saturday 7 am — pm

Sunday — am — pm

24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20161161525

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

I, Garen Garakhamyan

Responsible Person of All City Pharmacy INC.

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

Garen Garakhamyan

Print Name of Authorized Person

11/20/19

Date

Managing Pharmacist

Pharmacist Name: Jared Scott Kohn

License #: 19641

Pharmacy Name: All City 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"/>

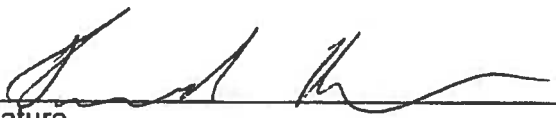
If you marked YES to any of the numbered questions above, please include the following information

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

11/20/19

Date

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191119378542

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

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ALL CITY PHARMACY L.L.C.

Nevada Business Identification # NV20161161525

Expiration Date: March 31, 2020

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

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



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2019

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

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



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

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ALL CITY PHARMACY L.L.C.

NAME OF ENTITY

NV20161161525

Entity or Nevada Business
Identification Number (NVID)

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

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

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

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E0124232016-8
Secretary of State State Of Nevada	Filing Number 20190297473
	Filed On 11/20/2019 12:07:30 PM
	Number of Pages 2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

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

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

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

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

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

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

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

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

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

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



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Carson City, Nevada 89701-4201
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www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

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

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

State

89110

Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

State

89110

Zip/Postal Code

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

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

X Garen Garakhanyan

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

UNSIGNED

Manager

Title

11/20/2019

Date



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

Annual or Amended List and State Business License Application - Continued

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

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

Address

City

State Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

Address

City

State Zip/Postal Code

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

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

X Garen Garakhanyan

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

UNSIGNED

Manager

Title

11/20/2019

Date



March 29, 2019

Re: Case # 17-070-PH-S

I am writing this response in to the notification received regarding the above case. The board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge to work with and dispense intravenous medications.

The Board then told me to get a new pharmacist, which I did immediately. If there are any questions or concerns or additional suggestions please feel free to contact me personally or the pharamcy

Respectfully



Garen Garakhanyan

Owner

All City Pharmacy LLC

821 N. LAMB BLVD #4, LAS VEGAS, NV 89110

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM


2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 29 day of March, 2018.

Garen Garakhamyan
Type or print name


Authorized Representative for:
ALL CITY PHARMACY, LLC
-2-

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 17-070-RPH-S
)	17-070-PH-S
Petitioner,)	
v.)	
)	
JAIME CORDOBA-HERNANDEZ, RPH)	STIPULATED FACTS
Certificate of Registration No. 17533, and)	(Jaime Cordoba-Hernandez Only)
)	
ALL CITY PHARMACY, LLC)	
Certificate of Registration No. PH03609,)	
)	
Respondents.)	
	/	

S. PAUL EDWARDS, ESQ., prosecutor for the State of Nevada, State Board of Pharmacy (Board) and Respondent Jaime Cordoba-Hernandez (Cordoba-Hernandez), Certificate of Registration No. 17533, represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law,

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action.

a. In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, the Board found Cordoba-Hernandez guilty of creating a fraudulent prescription and dispensing a dangerous drug to a friend. The Board revoked Cordoba-Hernandez's pharmacist registration in that action. In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board

reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in the box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.


15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

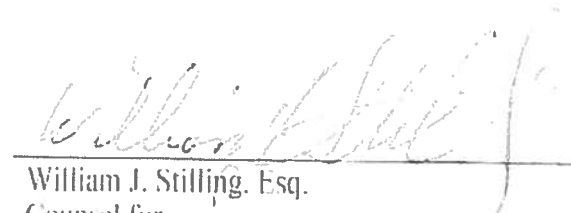
AGREED:

Signed this 1 day of April 2019



S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 10th day of April 2019



William J. Stilling, Esq.
Counsel for
Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jaime Cordoba Hernandez, RPh
4333 Reno HWY, #19
Fallon, NV 89406

William Stilling, Esq.
215 S. State St., Suite 500
Salt Lake City, Utah 84111

All City Pharmacy
821 N. Lamb Blvd., #4
Las Vegas, NV 89110


SHIRLEY HUNTING,

THE UNIVERSITY OF CHICAGO
 5408 S. UNIVERSITY AVE.
 CHICAGO, ILL. 60637

) CASE NO. 17-070-RPH-S
) 17-070-PH-S

...

i

) FINDINGS OF FACT,
) CONCLUSIONS OF LAW,
) AND ORDER

)))))

Respondents.

/

Respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), filed a written response to the Accusation on file in the case. It did not appear at the hearing, nor did it have counsel appear on its behalf.

Based on the evidence presented, the Board enters the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Respondent Cordoba-Hernandez, through his counsel, stipulated to certain facts in writing on April 10, 2019 (Stipulated Facts).¹ The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

- All City Pharmacy did not dispute any of the facts alleged in the Board's December 13, 2018 Accusation when it filed its written Response on March 29, 2019.

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly."

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Cordoba-Hernandez claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin that would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars (\$2,500.00) to investigate and prosecute this matter.

CONCLUSIONS OF LAW

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

ORDER

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.

ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.

iii. Pay a fine of five thousand dollars (\$5,000.00).

iv. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.

ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.

iii. Attend the entire day of at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

- a. Pay a fine of five thousand dollars (\$5,000.00).
- b. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.
- c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars (\$500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 2 day of April 2019.



Jason Penrod, President
Nevada State Board of Pharmacy

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/20/19

GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy
All City Pharmacy (#2) Nature of License
Name and Address of Establishment for Which License Is Requested 8353 W. Warm Springs Rd. Las Vegas, NV 89113
N/A If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Garakhanyan Last Name Garen First Name Middle Name

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

Bow Canyon Ct Las Vegas NV 89147 Present Residence Address-Street or RFD City State/Zip

821 N Lamb Blvd Present Business Address 9-12-2016 Dates - current (For All City Pharmacy #1)

owner Occupation 11/3/2017 Dates - current

Yerevan Armenia Place of Birth (City, County, State) (702)834-7704 Phone: Residence Business

41 Date of Birth male Sex

Brown Color of Eyes Black Color of Hair olive Complexion 120 Weight Small Build 5'8 Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No. Date September 17, 2007

Place LAS VEGAS, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial GG

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kristina Gurgian	2-8-2016	6-4-2000	Las Vegas Divorce	Las Vegas Clark NV

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

Name	Street	City	State	Zip	Telephone
Kristina Gurgian	Garden Mist	Las Vegas	NV	89135	

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
Alex Garakhamyan		Las Vegas	Las Vegas NV 89147 Bow Canyon Ct
David Garakhamyan		Las Vegas	Las Vegas NV 89147 Bow Canyon Ct

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 GG

FAMILY INFORMATION-Continued

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

Name NIA

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

HRAIR Garakhanyan		GRANDCANYON Dr	Las Vegas NV 89147
-------------------	--	----------------	--------------------

Mother

Tsovik Garakhanyan		SGrand Canyon Dr	Las Vegas, NV 89147
--------------------	--	------------------	---------------------

Father-in-Law

NIA

Mother-in-Law

NIA**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
---------------	------------	---------	------------

NIA

Spouse

NIA

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Abovian #5	Abovian Armenia	1984-94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Abovian #5	Abovian Armenia	1984-94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any NIACollege or university where obtained NIAApplicant's initial GG

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch NIA 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 NIA 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>NIA</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>NIA</u>				

Applicant's initial GG

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

3/2014-current	Bow Canyon Ct	Las Vegas NV	89147
1/2010 - 2/2014	8984 English Falls way	Las Vegas NV	89139
6/2005 - 12/2009	6682 Zephyr Wind	Las Vegas NV	89139
5/2008 - 5/2005	6022 Golden Harmony	Las Vegas NV	89031
3/1999 - 4/2002	2500 Karen Ave #12	Las Vegas NV	89121
4/1997 - 2/1999	620 W Milford	Glendale, CA	91203
1/1990 - 3/1997	2 Micoro #9	Abovian	Armenia

Applicant's initial GG

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
11/2017-current	All City Pharmacy 821 N Lamb Blvd Las Vegas NV	N/A
owner	Oversee Operations	self
7/2015-current	Vegas Car Center 4350 Arville #16 Las Vegas NV	N/A
owner	Oversee Operations	self
3/2015-1/2017	Elevate Capital 8337 W Sunset Las Vegas NV	Sold
owner	Oversee Operations	self
3/2012-3/2014	GG Wholesale 6069 Ft Apache Las Vegas	SOLD Business
owner	Oversee Daily Operations	self
1/2012-3/2012	unemployed	
1/2010-1/2012	Step Vegas 3970 Mojave Las Vegas NV	Bus Closed
Consult.	Real Estate Consult.	Steve Arakelian
9/2008-1/2010	NMBIL Capital 640 Bridger Ave Las Vegas	Other Job
Asset Mgr.	Administration	Johnathan Mynes
4/2003-8/2008	MLS Mortgage 4850 W Flamingo Las Vegas NV	Closed
Loan officer	originate loans	EDDIE KAWA

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

Applicant's initial GG Page 6

ADDITIONAL INFORMATION

Employment Continued:

2/2000 - 4/2003 In & Out Tire & Auto other job
 5410 S Deatur
 Pos: Technician Las Vegas NV 89113 Varied.
 Duties: General Mechanic Task

2/1999 - 2/2000 Cessars Palace other job
 3570 S Las Vegas Blvd
 Las Vegas NV 89109 Corporate
 Pos: Valet Duties: Valet Park Cars

6/1997 - 2/1999 Ask Gold Comp moved.
 620 Olive
 Los Angeles, CA 90302
 Pos: Sales Varied.
 Duties: Sales Managers

1st Job is one above ASK Gold

Applicant's initial

GG

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>Natasha Bell</u>	Home	<u>3 Agnew Valley Ct</u>	<u>Las Vegas</u>	<u>NV 89178</u>		<u>1 - 15 yrs</u>
Employer <u>Touro MED School</u>	Business	<u>874 American Pac</u>	<u>Fic Henderson</u>	<u>NV 89014</u>		
Name <u>Caroline Caruthers</u>	Home	<u>5 First Lady Ave</u>	<u>Las Vegas</u>	<u>NV 89148</u>		<u>20 yrs</u>
Employer <u>Home Funding</u>	Business	<u>1820 E Warm Springs</u>	<u>#130 Las Vegas</u>	<u>NV 89119</u>		
Name <u>Gelke Karapetian</u>	Home	<u>Wicked Edge</u>	<u>Las Vegas</u>	<u>NV 89113</u>		<u>14 yrs</u>
Employer <u>Arizona Trucking + Catering</u>	Business	<u>224 W. Wicked Edge</u>	<u>Las Vegas</u>	<u>NV 89115</u>		
Name <u>Leo Flangas</u>	Home	<u>Montessori St</u>	<u>Las Vegas</u>			<u>12 yrs</u>
Employer <u>Flangos Law</u>	Business	<u>6005 3rd St</u>	<u>Las Vegas</u>	<u>NV 89101</u>		
Name <u>Kisicki Kardi</u>	Home	<u>N Jackson St</u>	<u>Glendale</u>	<u>CA 91206</u>		
Employer <u>Union Bank</u>	Business	<u>330 N Brand</u>	<u>#160 Glendale</u>	<u>CA 91203</u>		<u>30 yrs</u>

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

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

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 or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

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

N/A

Applicant's initial

GG

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 ☒

N/A



Date of photograph 11/20/19

Applicant's initial GG

STATE OF Nevada

SS.

COUNTY OF Clark

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

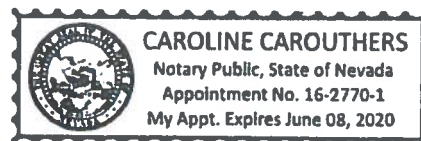
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of November 2019

[Signature]
EXPIRES 6/8/2020
Notary Public

(seal)



Applicant's initial GG
Page 9

[illegible]

Page 10

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

Date 11/20/19

GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy
All City Pharmacy #2 8352 W Warm Springs Rd. Las Vegas NV 89113
Nature of Pharmacy or Wholesaler
Name and Address of Business for Which Designated Representative Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name KOHN First Name JARED Middle Name SCOTT
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
1 Gabriel Drive Las Vegas NV 89119
Present Residence Address-Street or RFD City State/Zip
821 N. Lomb Blvd #4 Las Vegas NV 89110
Present Business Address City State/Zip
Pharmacist in charge 1/25/19 to Present
Present Position with the Pharmacy or Wholesaler
Phone:
Residence
Business 702 834 7704
Date of Birth 1-1-1987 Place of Birth (City, County, State) St. Louis, Missouri
Age 32 years Social Security Number _____ Sex M
Color of Eyes Brown Color of Hair Black Complexion Fair White Weight 158 lbs Build Athletic Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics 1.5 inch scar on inside of right elbow

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 JK Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
Date
 Spouse's full name (Maiden) _____ City, County and State
 S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Ana Priscila Salinas Flores	Divorce decree	10/14/19	Marriage date	
		Nye County, NV	7/18/16	Clark County, NV

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

Name	Street	City	State	Zip	Telephone
Ana Priscila Salinas Flores	Siclair St.	Las Vegas	NV	89121	

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
N/A			

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 N

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

Leonard Kohn

, ,

Clayton Rd. Chesterfield MO. 63017

Food Business Owner

Mother

Renae Lamberg

, ,

Clayton Rd. Chesterfield MO. 63017

Teacher

Father-in-Law

N/A

Mother-in-Law

N/A

D. Brothers and Sisters:

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

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

Spouse

Danielle Kohn

, ,

40th St Newport Beach CA 92663

Real Estate Agent

Peter Branson

Spouse

Jacob Kohn

, ,

Tel Aviv, Israel

Tech Company

Spouse

Spouse

4. EDUCATION:

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

Grammar

School

Solomon Schechter Day School Chesterfield, MO 1994-1999

Yes ☒ No ☐

High

School

Parkway Central High Chesterfield, MO 2002-2006

Yes ☒ No ☐

College

University

University of Missouri St. Louis St. Louis, MO 2008-2013

Yes ☒ No ☐

Other

Rosenman University of Health Sciences Henderson, NV 2014-2017

Yes ☒ No ☐

Type of degree obtained, if any Ph.D.

College or university where obtained Rosenman University of Health Sciences

Applicant's initial M

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
N/A					

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
N/A				

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

1987-2014 13650 Clayton Rd Chesterfield, MO 63017

2014-2016 2096 Bannock Ave #1028 Henderson, NV 89014

2016-2019 1500 Cardinal Peak Lane #202 Las Vegas, NV 89144

2019-Present Gabriel Alon Las Vegas NV 89119

Applicant's initial JA

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.

8/17 to 11/17	CVS 7190 W Craig Rd Las Vegas, NV	1300 Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Staff Pharmacist	Chris Scatizzi
Title	Description of Duties	Name of Supervisor

11/17 - 1/19	Quire Pharmacy 8205 W Warm Springs Las Vegas NV	2800 Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist in charge	All Pharmacist duties	Hajra Baboch
Title	Description of Duties	Name of Supervisor

1/19 to Present	All City Pharmacy 821 N Lamb Blvd Las Vegas, NV	2000 Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist in charge	All Pharmacist duties	Goran Gora Khanyan
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial AK Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ernie Zita</u>	Home	<u>Las Vegas, NV</u>	<u>89117</u>			<u>5</u>
Employer <u>MGM</u>	Business	<u>Las Vegas, NV</u>	<u>89117</u>			
Name <u>Robert Purdy</u>	Home	<u>Las Vegas, NV</u>	<u>89101</u>			<u>5</u>
Employer <u>Purdy Law</u>	Business	<u>Las Vegas, NV</u>	<u>89101</u>			
Name <u>Arcon Baca</u>	Home	<u>Las Vegas, NV</u>	<u>89031</u>			<u>5</u>
Employer <u>Andersen Window</u>	Business	<u>Las Vegas, NV</u>	<u>89031</u>			
Name <u>Robin Ruckman</u>	Home	<u>St. Louis, MO</u>	<u>63146</u>			<u>10</u>
Employer <u>JCC St. Louis</u>	Business	<u>St. Louis, MO</u>	<u>63146</u>			
Name <u>Karen Feldman</u>	Home	<u>Las Vegas, NV</u>	<u>89135</u>			<u>5</u>
Employer <u>Real Estate</u>	Business	<u>Las Vegas, NV</u>	<u>89135</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

.....

.....

.....

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

.....

.....

.....

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

.....

.....

.....

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

.....

.....

.....

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

Applicant's initial

AK

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

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

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

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

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

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

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

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

ATTAC

TAK

30



Date of photograph 11/20/19

Applicant's initial ML

STATE OF Nevada

ss.

COUNTY OF Clark

I, Jared Kohn, 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 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 26th day of November, 2019

[Signature]
EXPIRES 6/8/2020
Notary Public

(seal)



Applicant's initial [Signature] Page 9

ADDITIONAL INFORMATION

N/A

Applicant's initial



12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check 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: All City Pharmacy #3

La Bonita Supermarket

Physical Address: 6000 W. Cheyenne Las Vegas NV 89108

City: Las Vegas

NV

State: Zip Code:

Telephone:

(702) 834-7704

Fax: (702) 834-7705

Toll Free Number:

E-mail: info@allcitypharmacy.com

Website: allcitypharmacy.com

Managing Pharmacist: Jared S. Kohn

License Number: 19641

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

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
Karen Garakhanyan
Print Name of Authorized Person
12-3-2019
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A
Parent Company if any: N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Fax: N/A
Contact Person: N/A

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: N/A
Registration number issued: N/A
Stock Exchange: N/A

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>8</u> pm	Saturday	<u>9</u> am	<u>5</u> pm
Sunday	<u>9</u> am	<u>5</u> pm	24 Hours	<u>2</u>	

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

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Lamb Blvd #4
City: Las Vegas State: NV Zip: 89110
Telephone: (702) 834-7704 Fax: (702) 834-7705
Contact Person: Garen Garakhanyan

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Business Address
b) N/A
Name Business Address
c) N/A
Name Business Address
d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A / None %: N/A
Name: N/A / None %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday — am — pm Saturday — am — pm
Sunday — am — pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20161161525

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General N/A Limited N/A

List names of 4 largest partners and percentage of ownership:

Name: N/A %: N/A
Name: N/A %: N/A
Name: N/A %: N/A
Name: N/A %: N/A

Partnership Name: N/A
Mailing Address: N/A
City, State Zip Code: N/A
Telephone Number: N/A Fax Number: N/A
Contact Person: N/A

List any physician shareholders and percentage of ownership.

Name: NONE %: N/A
Name: NONE %: N/A
Name: NONE %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 7 am 7 pm Saturday 7 am 7 pm
Sunday 7 am 7 pm 24 Hours 7

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: 7

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Garen Garakhanyan
Business Name: All City Pharmacy
Current Business Address: 821 N. Lamb Blvd #4
City: Las Vegas State: NV Zip Code: 89110
Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: Garen Garakhanyan %: 100
Name: _____ %: _____
Name: _____ %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 5 pm
Sunday 9 am 5 pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 2016 1161525

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

I, Garen Garakhanian
Responsible Person of All City Pharmacy Inc.
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

Garen Garakhanian
Print Name of Authorized Person

12-3-19
Date

Managing Pharmacist

Pharmacist Name: Talad Scott Koker

License #: 17841

Pharmacy Name: All City 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

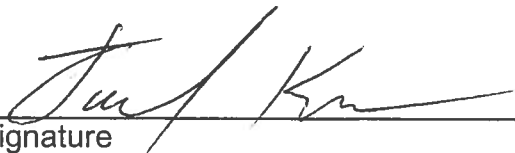
Board Administrative Action: State: _____ Date: _____ Case #: _____

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

12.2.19
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12-3-19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Retail Pharmacy
All City Pharmacy #3 Nature of License
La Bonita Supermarket 6006 W Cheyenne Las Vegas NV Name and Address of Establishment for Which License Is Requested
89108 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Garakhanyan Last Name Baren First Name Middle Name
N/A Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Bow Canyon Ct Las Vegas NV 89147 Present Residence Address-Street or RFD City Las Vegas NV 89147 State/Zip
821 N Lamb Blvd Present Business Address City Las Vegas NV State/Zip
owner Occupation Dates 11/3/2017 - current
41 Date of Birth Yerevan Armenia Place of Birth (City, County, State)
41 Age Male Sex
Brown Color of Eyes Black Color of Hair Olive Complexion 120 Weight Small Build 5'8 Height

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

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

If naturalized, certificate No. Date September 17 2007

Place Las Vegas NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial GG

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
 Date _____ City, County and State _____
 Spouse's full name (Maiden) N/A S.S. No. N/A
 Date of Birth N/A Place of Birth _____
 Resident address N/A
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence N/A Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street _____ City _____ State _____ Zip _____

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kristin Gurgian	2-8-2016	6-4-2000	Divorce	Las Vegas Clark

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

Name	Street	City	State	Zip	Telephone
Kristina Gurgian		Garden Mist	NV	#1055	Las Vegas 89135

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
Alex Garakhanyan		Las Vegas	Las Vegas NV Bow Canyon
David Garakhanyan		Las Vegas	Las Vegas NV Bow Canyon 89147

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 Ceb

FAMILY INFORMATION-Continued

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

Name N/A

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

HRAIR Garalchanyan		S. Grand Canyon Dr #	Las Vegas NV 89147
--------------------	--	----------------------	--------------------

Mother

Isaiah Shemirian (Garalchanyan)		S. Grand Canyon Dr #	Las Vegas NV 89147
---------------------------------	--	----------------------	--------------------

Father-in-Law

Mother-in-Law

*Both Retired

D. Brothers and Sisters:

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

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

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

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Abouian #5	Abouian Armenia	1984-94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Abouian #5	Abouian Armenia	1984-94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any N/ACollege or university where obtained N/AApplicant's initial GG

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NIA 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 NIA State NIA Date registered NIA**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
----------------	-----	--------	-------------------------	-----------------	------------------

NIA

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

NIAApplicant's initial GG

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

3/2014 - Current	5 Bow Canyon Ct	Las Vegas	NV 89147
1/2010 - 2/2014	8984 English Falls Way	Las Vegas	NV 89139
6/2005 - 12/2009	6682 Zephyr Wind	Las Vegas	NV 89139
5/2002 - 5/2005	6022 Golden Harmony	Las Vegas	NV 89031
3/1999 - 4/2002	2500 Karen Ave #12	Las Vegas	NV 89121
4/1997 - 2/1999	620 W Milford	Glendale	CA 91203
1/1990 - 3/1997	2 Micora #9	Armenia	

Applicant's initial

CG

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
11/2017 - Current	All City Pharmacy 821 N. Las Vegas Blvd #4	WLA
Title	Description of Duties	Name of Supervisor
owner	Oversee Operations	self
8/9/10		
7/2015 - Current	Vegas Car Center 4350 Arville #16 Las Vegas NV	
Title	Description of Duties	Name of Supervisor
owner	Oversee Operations	self
8/9/13		
3/2015 - 11/2017	Elevate Capital 8337 W Sunset Las Vegas	Sold
Title	Description of Duties	Name of Supervisor
owner	oversee operation	self
NU 8/11/13		
3/2012 - 3/2016	EG Wholesale 6069 ft Apache Las Vegas	Sold Business
Title	Description of Duties	Name of Supervisor
owner	Oversee Daily Operations	self
1/2012 - 3/2012	unemployed	
Title	Description of Duties	Name of Supervisor
1/2010 - 1/2012	Step Vegas 3970 Mojave Las Vegas NV	Bus Closed
Title	Description of Duties	Name of Supervisor
Consult.	REAL Estate Consult	Steve Araderian
		other job
9/2008 - 1/2010	NMBIL Capital 640 Bridger Ave Las Vegas	
Title	Description of Duties	Name of Supervisor
Asset Mgr	Administration	Jonathan Mynes
4/2003 - 5/2008	MCS Mortgage 4850 W Flamingo Las Vegas NV	Closed
Title	Description of Duties	Name of Supervisor
Loan Officer	originate loans	Eddie Kawa

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

Applicant's initial

Page 6

Employment Continued:

2/2000 - 4/2003 - IL + Out Tire & Auto ^{other job}
 5410 S Decatur
 Las Vegas NV 89113 Varied
 Pos: Technician

Duties: General Mechanic
 Supervisor: Varied

2/1999 - 2/2000 Caesars Palace ^{other job}
 3570 S Las Vegas Blvd
 Las Vegas NV 89109

Pos: Valet Duties: Valet/Park Cars ^{Corporate}

6/1997 - 2/1999 ASK Gold Corp. moved
 620 Olive
 Los Angeles, CA 90302

Pos: Sales Duties: Sales Mgr.

1st Job is one above ASK Gold

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>Natasha Bell</u>	Home	<u>3 Agave Valley Ct</u>	<u>Las Vegas</u>	<u>NV 89178</u>	<u>215415</u>	
Employer <u>Touro MED School</u>	Business	<u>874 American Pacific</u>	<u>Henderson</u>	<u>NV 89014</u>		
Name <u>Caroline Caruth</u>	Home	<u>First Lady Ave</u>	<u>Las Vegas</u>	<u>NV 89148</u>		
Employer <u>Home Funding</u>	Business	<u>1820 E Warm Springs</u>	<u>Las Vegas</u>	<u>NV 89119</u>		
Name <u>Gevorg Karapetian</u>	Home	<u>WICKED EDGE</u>	<u>Las Vegas</u>	<u>NV 89113</u>		
Employer <u>Arizona Trucking</u>	Business	<u>224 WICKED EDGE</u>	<u>Las Vegas</u>	<u>NV 89113</u>		
Name <u>Leos Flangas</u>	Home	<u>S 3rd St</u>	<u>Las Vegas</u>	<u>NV 89101</u>		
Employer <u>Flangas Law</u>	Business	<u>1410 S 3rd St</u>	<u>Las Vegas</u>	<u>NV 89101</u>		
Name <u>Kiso Karali</u>	Home	<u>N Jackson St</u>	<u>Glendale</u>	<u>CA 91203</u>		
Employer <u>Union Park</u>	Business	<u>330 N Brand</u>	<u>Glendale</u>	<u>CA 91203</u>		

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

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

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

N/A

Applicant's initial

GG

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 ☒

N/A

ATTN

TAI

30



Date of photograph

11/20/19

Applicant's initial

06

STATE OF Nevada

ss.

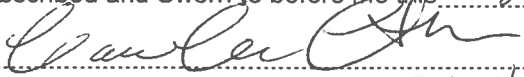
COUNTY OF Clark

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

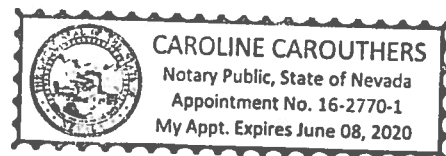
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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


Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of December 2019


Expires 6/8/2020
Notary Public

(seal)



Applicant's initial CC

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

Date 12-2-19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Beta 1 Pharmacy
Nature of Pharmacy or Wholesaler

All City Pharmacy #3
Name and Address of Business for Which Designated Representative is Requested
La Bonita Supermarket 6000 W. Cheyenne Las Vegas NV
If applicable, Name Under Which It Is Now Operated 89108

1. PERSONAL INFORMATION:

Last Name KoHN First Name JARED Middle Name SCOTT

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

Gabriel Drive Las Vegas NV 89119
Present Residence Address-Street or RFD City State/Zip

821 N. AMB BLVD #4
Present Business Address City State/Zip

Pharmacist in Charge 12/5/19 to Present
Present Position with the Pharmacy or Wholesaler

Phone:
Residence _____
Business 702 834-7704

Date of Birth 12/1/87 Place of Birth (City, County, State) St. Louis, Mo. Missouri

Age 32 years Social Security Number _____ Sex M

Color of Eyes Brown Color of Hair Brown Complexion Fair/white Weight 158 lbs Build Athletic Height 5'10

Scars, tattoos or distinguishing marks and/or characteristics 1.5 inch scar on inside of right elbow

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 JK

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Ana Priscila Salinas Flores</u>	<u>10/14/19</u>	<u>Divorce</u>	<u>Marriage Date</u>	<u>7/18/16</u>
		<u>Nyc County NY</u>		<u>Clark County NV</u>

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

Name	Street	City	State	Zip	Telephone
<u>Ana Priscila Salinas Flores</u>	<u>3891 Sinclair St.</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89121</u>	<u>(702) 98-9245</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>N/A</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 JK Page 2

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

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

Father	Leonard Kohn	11/1	Chesterfield Food Business Owner
		Clayton Rd	MO 63017

Mother	Renee Lamberg	1/1	Chesterfield Teacher
		Clayton Rd	MO 63017

Father-in-Law

N/A

Mother-in-Law

N/A

D. Brothers and Sisters:

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

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

Spouse	Danielle Kohn	1/1	Newport Beach Real Est. Agent
		1401st	CA 92663

Peter Bronson

Spouse	Jacob Kohn	1/1	Tel Aviv - Israel Tech Company
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Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
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Grammar School	Solomon Schechter Day School	Chesterfield MO	1994-1999
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

High School	Parkway Central High	Chesterfield MO	2002-2006
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

College University	University of Missouri	St Louis MO	2008-2013
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Other	Rasmussen University of Health Sciences	Henderson NV	2014-2017
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm D.

College or university where obtained Rasmussen University of Health Science

Applicant's initial J

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
N/A					

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
N/A				

Applicant's initial _____ JK

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1987-2014 13650 Clayton Rd Chesterfield MO 63017

2014-2016 - 2096 Ramrod Ave #1028 Henderson NV 89014

2016-2019 - 1500 Cardinal Park Lane #202 Las Vegas NV 89144

2019-Present - ? Gabriel Drive Las Vegas NV 89119

Applicant's initial JK

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.

8/17 to 11/17	CVS 7190 W Craig Rd Las Vegas NV	1500 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Staff Pharmacist	Chris Scatthi
Title	Description of Duties	Name of Supervisor

11/17 - 11/19	Quix Pharmacy 8205 W Warm Springs Las Vegas NV	2800 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Pharmacist in charge All Pharmacist Matters	Hajra Baloch
Title	Description of Duties	Name of Supervisor

1/19 to Present	All City Pharmacy 821 N. Lamb Blvd Las Vegas NV	2000 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Pharmacist in charge All Pharmacist Duties	Garen Gorakhanian
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

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

Applicant's initial JK

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>Ernie Zita</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89117</u>		<u>5</u>
Employer <u>MGM</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89117</u>		
Name <u>Robert Purdy</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89101</u>		<u>5</u>
Employer <u>Purdy Law</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89101</u>		
Name <u>Ramon Buda</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89031</u>		<u>5</u>
Employer <u>Anderson Window</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89031</u>		
Name <u>Rob. N. Rikeman</u>	Home	<u>St Louis</u>	<u>MO</u>	<u>63146</u>		<u>10</u>
Employer <u>Jee St Louis</u>	Business	<u>St Louis</u>	<u>MO</u>	<u>63146</u>		
Name <u>Karen Ferdinand</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89135</u>		<u>5</u>
Employer <u>Real Estate</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89135</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

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

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

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

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

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

Applicant's initial ME

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

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

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

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

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

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

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

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



Date of photograph 11/20/19

Applicant's initial jd

STATE OF Nevada

ss.

COUNTY OF Clark

I, Jared Kohn, 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 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.

Jared Kohn
Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of December 2019

Caroline Carothers
Expires 6/8/2020
Notary Public

(seal)



Applicant's initial JK

[illegible]

[Handwritten signature]

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ALL CITY PHARMACY L.L.C.

Nevada Business Identification # NV20161161525

Expiration Date: March 31, 2020

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

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



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2019

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

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



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

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ALL CITY PHARMACY L.L.C.

NAME OF ENTITY

NV20161161525

Entity or Nevada Business
Identification Number (NVID)

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

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

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

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E0124232016-8
Secretary of State	Filing Number
State Of Nevada	20190297473
	Filed On
	11/20/2019 12:07:30 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

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

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 6803.020 Insurance Co. provide license or certificate of authority number

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

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

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

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

For nonprofit entities formed under NRS Chapter 32 and 80: **Charitable Solicitation Information - check applicable box**

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

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

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



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 634-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

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

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

Address

City

State Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

Address

City

State Zip/Postal Code

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

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

X Garen Garakhanyan

Manager

11/20/2019

Title

Date

Signature of Officer, Manager, Managing Member,
General Partner, Managing Partner, Trustee,
Subscriber, Member, Owner of Business,
Partner or Authorized Signer

FORM WILL BE RETURNED IF
UNSIGNED



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

Annual or Amended List and State Business License Application - Continued

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

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Country

Name

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

Address

City

State Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Country

Name

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

Address

City

State Zip/Postal Code

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

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.333, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Garen Garakhanyan

Manager

11/20/2019

Title

Date

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

UNSIGNED

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (36) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191119378542

You may verify this certificate

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



Nevada State Board of Pharmacy

965 CAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-364-2091 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

March 12, 2019

All City Pharmacy
821 N Lamb Blvd #4
Las Vegas, NV 89110

Dear Sir or Madam:

The discipline hearing for case number 17-070-PH-S which was sent by certified mail on December 12, 2018 has been scheduled for the following:

Wednesday, April 10, 2019
9:00 am or soon thereafter
Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, Nevada

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact us.

Sincerely,

Candy M. Nally

Candy M. Nally
Licensing Specialist



ALL CITY PHARMACY, LLC.

March 29, 2019

Re: Case # 17-070-PH-S

I am writing this response in to the notification received regarding the above case. The board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge to work with and dispense intravenous medications.

The Board then told me to get a new pharmacist, which I did immediately. If there are any questions or concerns or additional suggestions please feel free to contact me personally or the pharmacy

Respectfully

Garen Garakhanyan

Owner

All City Pharmacy LLC

821 N. LAMB BLVD #4, LAS VEGAS, NV 89110

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

PH: (702) 834-7704 FAX: (702) 834-7705

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 29 day of March, 2018.

Garen Grakhanyan
Type or print name

[Signature]
Authorized Representative for:
ALL CITY PHARMACY, LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JAIME CORDOBA-HERNANDEZ, RPH
Certificate of Registration No. 17533, and

ALL CITY PHARMACY, LLC
Certificate of Registration No. PH03609,

Respondents.

) CASE NO. 17-070-RPH-S
) 17-070-PH-S
)
)
)

) STIPULATED FACTS
) (Jaime Cordoba-Hernandez Only)
)
)
)
)
)

S. PAUL EDWARDS, ESQ., prosecutor for the State of Nevada, State Board of Pharmacy (Board) and Respondent Jaime Cordoba-Hernandez (Cordoba-Hernandez), Certificate of Registration No. 17533, represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law.

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action.

a. In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, the Board found Cordoba-Hernandez guilty of creating a fraudulent prescription and dispensing a dangerous drug to a friend. The Board revoked Cordoba-Hernandez's pharmacist registration in that action. In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board

reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescript on that "Pl arm to dose Abx" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancemycin without supplies. Alta Care faxed the prescription to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in the box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

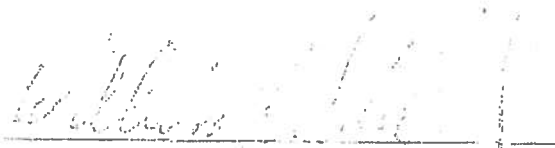
- a. The strength of Heparin would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

AGREED:

Signed this 22 day of April 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 22nd day of April 2019



William J. Stilling, Esq.
Counsel for
Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

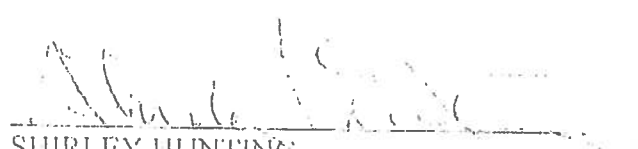
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Jaime Cordoba Hernandez, RPh
4333 Reno HWY, #19
Fallon, NV 89406

William Silling, Esq.
215 S. State St. Suite 500
Salt Lake City, Utah 84111

All City Pharmacy
821 N. Lamb Blvd., #4
Las Vegas, NV 89110


SHIRLEY HUNTING,

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 17-070-RPH-S
)	7-070-PH-S
Petitioner,)	
v.)	
JAIMIE CORDOBA-HERNANDEZ, RPH,)	FINDINGS OF FACT,
Certificate of Registration No. 17533, and)	CONCLUSIONS OF LAW,
)	AND ORDER
ALL CITY PHARMACY, LLC)	
Certificate of Registration No. PH03605,)	
)	
Respondents)	
	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of the State of Nevada, Board of Pharmacy. William J. Stilling, Esq., appeared on behalf of Respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533 (Cordoba-Hernandez). Cordoba-Hernandez was also present.

Respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), filed a written response to the Accusation on file in the case. It did not appear at the hearing, nor did it have counsel appear on its behalf.

Based on the evidence presented, the Board enters the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Respondent Cordoba-Hernandez, through his counsel, stipulated to certain facts in writing on April 10, 2019 (Stipulated Facts).¹ The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

¹ All City Pharmacy did not dispute any of the facts alleged in the Board's December 13, 2018 Accusation when it filed its written Response on March 29, 2019.

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly."

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Cordoba-Hernandez claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin that would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars (\$2,500.00) to investigate and prosecute this matter.

CONCLUSIONS OF LAW

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

ORDER

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.

ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.

iii. Pay a fine of five thousand dollars (\$5,000.00).

iv. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.

ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.

iii. Attend the entire day or at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

- a. Pay a fine of five thousand dollars (\$5,000.00).
- b. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.
- c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars (\$500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

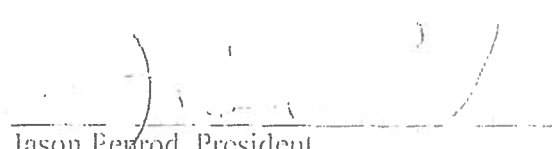
26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 4 day of April 2019.



Jason Perrod, President
Nevada State Board of Pharmacy

12C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check 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: All City Pharmacy #4

Physical Address: 2851 N. Green Valley Pkwy

City: Henderson State: NV Zip Code: 89014 Telephone: _____

(702) 834-7704 Fax: (702) 834-7705 Toll Free Number: _____

E-mail: info@allcitypharmacy.com

Website: allcitypharmacy.com

Managing Pharmacist: Jared S Kohn License Number: 19641

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

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

Print Name of Authorized Person

Date

12-3-19

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A
Parent Company if any: N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Fax: N/A
Contact Person: N/A

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: N/A
Registration number issued: N/A
Stock Exchange: N/A

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>8</u> pm	Saturday	<u>9</u> am	<u>5</u> pm
Sunday	<u>9</u> am	<u>5</u> pm	24 Hours	<u> </u>	

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

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Lamb Blvd #4
City: Las Vegas State: NV Zip: 89110
Telephone: (702) 834-7704 Fax: (702) 834-7705
Contact Person: Garen Garabedian

For any corporation non publicly traded, disclose the following:

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

a) N/A Name Business Address
b) N/A Name Business Address
c) N/A Name Business Address
d) N/A Name Business Address

2) Provide the number of shares issued by the corporation. N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A / None %: N/A
Name: N/A / None %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday — am — pm Saturday — am — pm
Sunday — am — pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20161161525

Include with the application for a non publicly traded corporation continued

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership:

General N/A Limited N/A

List names of 4 largest partners and percentage of ownership:

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Partnership Name: N/A

Mailing Address: N/A

City, State Zip Code: N/A

Telephone Number: N/A Fax Number: N/A

Contact Person: N/A

List any physician shareholders and percentage of ownership.

Name: none %: N/A

Name: none %: N/A

Name: none %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday N/A am N/A pm

Saturday N/A am N/A pm

Sunday N/A am N/A 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: N/A

Include with the application for a partnership continued

Designated representative form. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Garen Garakhanyan
Business Name: All City Pharmacy
Current Business Address: 821 N Lamb Blvd #4
City: Las Vegas State: NV Zip Code: 89110
Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: Garen Garakhanyan %: 100
Name: _____ %: _____
Name: _____ %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 5 pm
Sunday 9 am 5 pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20161161525

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

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

I, Garen Garakhanyan
Responsible Person of All City Pharmacy Inc
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

Garen Garakhanyan
Print Name of Authorized Person

12/3/19
Date

Managing Pharmacist

Pharmacist Name: Tared Scott Kohn

License #: 19641

Pharmacy Name: All City 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

12-3-19

Date

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

Date 12-2-19

GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy
All City Pharmacy #4 Nature of Pharmacy or Wholesaler
2851 n. Green Valley Pkwy Name and Address of Business for Which Designated Representative Is Requested
Henderson NV
89014 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name KOHN First Name Jared Middle Name Scott
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Present Residence Address-Street or RFD Gabriel Drive Las Vegas City Las Vegas State/Zip NV 89119
Present Business Address 821 N Lamb Blvd #4 City Las Vegas State/Zip NV 89110
Present Position with the Pharmacy or Wholesaler Pharmacist in Charge Dates (1/25/19) 1/25/19 - Present
Phone: Residence _____ Business 702 834 7704
Date of Birth 32 years Place of Birth (City, County, State) St Louis Missouri
Age 32 years Social Security Number _____ Sex M
Color of Eyes Brown Color of Hair Brown Complexion Fair white Weight 158 Build Athletic Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics 1.5 inch scar on inside of right elbow

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 JK

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ Business _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Ana Priscilla Salinas Flores	10/14/19	DIVORCE	MARRIAGE	7/18/16 LV/Clark NV.
		NYC County NY		

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

Name	Street	City	State	Zip	Telephone
Ana Priscilla Salinas Flores	Sindaro St.	Las Vegas	NV	89121	

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
N/A			

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 JK Page 2

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

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

Father

Leonard Kohn	11/1/51	Clayton Rd Chesterfield MO 63017	Food Bus. Owner
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Mother

Renee Lanberg	11/1/72	Clayton Rd Chesterfield MO 63017	Teacher
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Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

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

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

Spouse

Danielle Kohn	3/11/85	130 40th St New Port + Beach CA 92663	Real Estate Agent
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Spouse

Peter Branson			
Jacob Kohn	10/13/91	Tel Aviv Israel	Tech Company

Spouse

Spouse

4. EDUCATION:

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

Grammar School	Solom Scheter Day School	Chesterfield MO	1994-1999 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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High School	Parkway Central High School	Chesterfield MO	2002-2006 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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College	University of Missouri	St Louis MO	2008-2013 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---------	------------------------	-------------	---

University	Roseman University of Health Sciences	Herndon VA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
------------	---------------------------------------	------------	---

Other			
-------	--	--	--

Type of degree obtained, if any	Pharm D		
---------------------------------	---------	--	--

College or university where obtained	Roseman University of Health Sciences		
--------------------------------------	---------------------------------------	--	--

Applicant's initial *JK*

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

NA

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

n/a

Applicant's initial JA

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

1987-2017	13650 Clayton Rd	Chesterfield	MO 63017
2014-2016	2096 Ramona Ave	#1028 Henderson	NV 89014
2016-2019	1500 Cardinal Park Lane	#204 Las Vegas	NV 89144
2019-Present	Gabriel Dr	Las Vegas	NV 89115

Applicant's initial

JD

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.

8/17 - to 11/17 CUS 7150 W Craig Dallas Vegas NV 1300 HRS
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Pharmacist staff Pharmacist Chris Scott, Jr.
 Title Description of Duties Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/17-1/19	Rice Pharmacy 8205 W Warm Springs	2800 HRS
Title	Description of Duties	Name of Supervisor
		Las Vegas NV

Title	Description of Duties	Name of Supervisor	Date
Pharmacist-in-Charge	All Pharmacist Duties	Haya Baloch	8.7.2017

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/19 - Present	Allcity Pharmacy 821 N Lamb Blvd Las Vegas NV	2000 HRS

Title	Description of Duties	Name of Supervisor

Title	Description of Duties	Name of Supervisor
Pharmacist in Charge	All Pharmacist Duties	Garen Garabekyan

[illegible]

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

[illegible]

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

[illegible]

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

[illegible]

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

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

Applicant's initial 

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ernie Zita</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89117</u>		<u>2 5 yrs</u>
Employer <u>MGM</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89117</u>		
Name <u>Robert Purdy</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89101</u>		<u>5 yrs</u>
Employer <u>Purdy Law</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89101</u>		
Name <u>Aaron Boca</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89031</u>		<u>5 yrs</u>
Employer <u>Anderson Window</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89031</u>		
Name <u>Robin R. Coleman</u>	Home	<u>St Louis</u>	<u>MO</u>	<u>63146</u>		<u>10</u>
Employer <u>JCC St Louis</u>	Business	<u>St Louis</u>	<u>MO</u>	<u>63146</u>		
Name <u>Karen Feidman</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89135</u>		<u>3</u>
Employer <u>Real Estate</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89135</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

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

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

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

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

N/A

Applicant's initial

J-

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

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

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

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

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

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

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

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

ATTACH PHOTOGRAPH



Date of photograph 11/20/19

Applicant's initial JK

STATE OF NEVADA

ss.

COUNTY OF Clark

I, Jared S Kohn, 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.

Jared S Kohn
Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of December 2019

Caroline Carothers
Expires 6/8/2020
Notary Public



Applicant's initial JK

This image shows a full page of a handwriting practice worksheet. It consists of numerous horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The lines are light gray and extend from the left margin to the right edge of the page. There is no text or other markings on the page.





NEVADA STATE BUSINESS LICENSE

ALL CITY PHARMACY L.L.C.
Nevada Business Identification # NV20161161525

Expiration Date: March 31, 2020

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

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



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2019

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

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



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

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ALL CITY PHARMACY L.L.C.

NAME OF ENTITY

NV20161161525

Entity or Nevada Business
Identification Number (NVID)

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

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

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

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E0124232016-8
Secretary of State	Filing Number
State Of Nevada	20190297473
	Filed On
	11/20/2019 12:07:30 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

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

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 6803.020 Insurance Co, provide license or certificate of authority number

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

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

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

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

For nonprofit entities formed under NRS Chapter 32 and 80: Charitable Solicitation Information - check applicable box

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

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

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



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

Annual or Amended List and State Business License Application - Continued

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

CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :				
GAREN GARAKHANYAN			USA	
Name			Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110	
Address		City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :				
GAREN GARAKHANYAN			USA	
Name			Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110	
Address		City	State	Zip/Postal Code

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

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

X Garen Garakhanyan

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

UNSIGNED

Manager

Title

11/20/2019

Date



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

Annual or Amended List and State Business License Application - Continued

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

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV 89110

Address

City

State Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV 89110

Address

City

State Zip/Postal Code

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

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.333, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Garen Garakhanyan

Manager

11/20/2019

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

Title

Date

UNSIGNED

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY** (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191119378542

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



Nevada State Board of Pharmacy

955 CAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-504-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacynev.gov • Website: bop.nv.gov

March 12, 2019

All City Pharmacy
821 N Lamb Blvd #4
Las Vegas, NV 89110

Dear Sir or Madam:

The discipline hearing for case number 17-070-PH-S which was sent by certified mail on December 12, 2018 has been scheduled for the following:

Wednesday, April 10, 2019
9:00 am or soon thereafter
Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, Nevada

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact us.

Sincerely,

Candy M Nally

Candy M. Nally
Licensing Specialist



ALL CITY PHARMACY, LLC.

March 29, 2019

Re: Case # 17-070-PH-S

I am writing this response in to the notification received regarding the above case. The Board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge to work with and dispense intravenous medications.

The Board then told me to get a new pharmacist, which I did immediately. If there are any questions or concerns or additional suggestions please feel free to contact me personally or the pharmacy

Respectfully



Garen Garakhanyan

Owner

All City Pharmacy LLC

821 N. LAMB BLVD #4, LAS VEGAS, NV 89110

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

PH: (702) 834-7704 FAX: (702) 834-7705


2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 4th day of March, 2018.

Garen Grakhanyan
Type or print name


Authorized Representative for:
ALL CITY PHARMACY, LLC
-2-

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

1) CASE NO. 17-070-RPH-S

) 17-070-PH-S

Petitioner.

V.

JAIIME CORDOBA-HERNANDEZ, RPH
Certificate of Registration No. 17533, and

1) STIPULATED FACTS

1) (Jaime Cordoba-Hernandez Only)

ALL CITY PHARMACY, LLC
Certificate of Registration No. PH03609,

Respondents.

S. PAUL EDWARDS, ESQ., prosecutor for the State of Nevada, State Board of Pharmacy (Board) and Respondent Jaime Cordoba-Hernandez (Cordoba-Hernandez), Certificate of Registration No. 17533, represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law.

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Fast discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action.

a. In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, the Board found Cordoba-Hernandez guilty of creating a fraudulent prescription and dispensing a dangerous drug to a friend. The Board revoked Cordoba-Hernandez's pharmacist registration in that action. In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board

reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abs" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in the box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.


16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.


AGREED:

Signed this day of April 2019

Signed this 1st day of April 2019



S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy



William J. Stilling, Esq.
Counsel for
Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

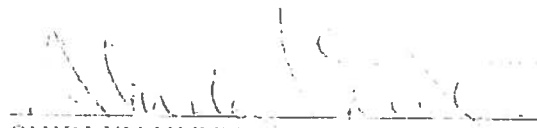
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Jaime Cordoba Hernandez, RPh
4333 Rero HWY, #19
Fallon, NV 89406

William Stilling, Esq.
215 S. State St. Suite 500
Salt Lake City, Utah 84111

All City Pharmacy
821 N. Lamb Blvd., #4
Las Vegas, NV 89110


SHIRLEY HUNTING,

) CASE NO. 17-070-RPH-S
) 17-070-PH-S

1

)

) FINDINGS OF FACT,
) CONCLUSIONS OF LAW,
) AND ORDER

)

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The Nevada State Board of Pharmacy (BoPh) heard this matter at its regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of the State of Nevada, Board of Pharmacy. William J. Stilling, Esq., appeared on behalf of Respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533 (Cordoba-Hernandez). Cordoba-Hernandez was also present.

Respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), filed a written response to the Accusation on file in the case. It did not appear at the hearing, nor did it have counsel appear on its behalf.

Based on the evidence presented, the Board enters the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Respondent Cordoba-Hernandez, through his counsel, stipulated to certain facts in writing on April 10, 2019 (Stipulated Facts).¹ The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

- All City Pharmacy did not dispute any of the facts alleged in the Board's December 13, 2018 Accusation when it filed its written Response on March 29, 2019.

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly."

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Cordoba-Hernandez claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin that would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars (\$2,500.00) to investigate and prosecute this matter.

CONCLUSIONS OF LAW

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

ORDER

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.

ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.

iii. Pay a fine of five thousand dollars (\$5,000.00).

iv. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.

ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.

iii. Attend the entire day of at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

- a. Pay a fine of five thousand dollars (\$5,000.00).
- b. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.
- c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars (\$500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 1 day of April 2019.



Jason Penrod, President
Nevada State Board of Pharmacy

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/3/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Retail Pharmacy
All City Pharmacy #4 Nature of License
Name and Address of Establishment for Which License Is Requested 2851 N. Green Valley Pkwy. Henderson, NV 89014
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Garakhanyan Last Name Garen First Name Middle Name

none Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1100 Bow Canyon Ct Las Vegas NV 89147 Present Residence Address-Street or RFD
Las Vegas NV 89110 City State/Zip

821 N Lamb Blvd Present Business Address
9-12-2016 - current Dates City State/Zip Las Vegas NV 89110

owner Occupation 11/3/2017 - current Dates

Phone: Residence Business (702) 834-7704

4/1 Date of Birth Yerevan Armenia Place of Birth (City, County, State)

41 Age Male Sex

Brown Color of Eyes Black Color of Hair olive Complexion 120 Weight small Build 5'8" Height

Scars, tattoos or distinguishing marks and/or characteristics none

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

If naturalized, certificate No September 17, 2007 Date

Place Las Vegas NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial GB

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kristina Gurgian	2-8-2014	6-4-2000	marriage divorce	Las Vegas Clark County NV

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

Name	Street	City	State	Zip	Telephone
Kristina Gurgian	1 Garden Mist	Las Vegas	NV	89135	5

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
Alex Garakhanyan		Las Vegas	3 Bow Canyon Ct Las Vegas NV 89147
David Garakhanyan		Las Vegas	5 Bow Canyon Las Vegas NV 89147

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

6C

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

Name N/A

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			
HRAIR Garakhanyan	6-5-1908	GRAND CANYON Las Vegas NV 89147	retired
Mother			
Tsuvik (Shamirian) Garakhanyan	6-11-1908	GRAND CANYON Las Vegas NV 89147	retired
Father-in-Law			

Mother-in-Law _____

D. Brothers and Sisters:

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

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

Spouse N/A

Spouse N/A

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Abovian #5	Abovian Armenia 1984-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Abovian #5	Abovian Armenia 1984-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial GE

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch NIA 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 NIA State NIA Date registered NIA

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

NIA

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

NIA

Applicant's initial GE

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

3-2014-Current	1 Bow Canyon Ct	Las Vegas	NV 89147
1/2010 - 2/2014	8984 English Falls Way	Las Vegas	NV 89139
6/2005 - 12/2009	6682 Zephyr Wind	Las Vegas	NV 89139
5/2002 - 5/2005	6022 Golden Harmony	Las Vegas	NV 89031
3/1999 - 4/2002	2500 Karen Ave #2	Las Vegas	NV 89121
4/1997 - 2/1999	620 W Milford	Glendale	CA 91203
1/1990 - 3/1997	2 Micoro #9	Abovian	Armenia

Applicant's initial

GB

6. EMPLOYMENT.

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2017 - current	All City Pharmacy 821 N Lamb Blvd #4 Las Vegas NV 89110	N/A
Title	Description of Duties	Name of Supervisor
owner	Oversee Operations	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2015 - current	Vegas Car Center 4350 Arville #14 Las Vegas NV 89103	N/A
Title	Description of Duties	Name of Supervisor
owner	Oversee - Operations	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2015 - 1/2017	Elevate Capital 8337 W Sunset Rd LV NV	Sold
Title	Description of Duties	Name of Supervisor
owner	oversee Operations	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2012 - 3/2016	GG Wholesale 6069 Ft Apache Las Vegas NV	Sold
Title	Description of Duties	Name of Supervisor
owner	Oversee Operations	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2012 - 3/2012	unemployed	
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2010 - 1/2012	Step Vegas 3970 Mojave Las Vegas NV 89119	Bus. Closed
Title	Description of Duties	Name of Supervisor
Consult	REAL Est. Consult.	Steve Arabelian

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2008 - 1/2010	NMBL Capital 640 Bridger Ave Las Vegas	other job
Title	Description of Duties	Name of Supervisor
Asset mgr	Administration	Jonathan Mynes

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/2003 - 8/2008	MLS Mortgage 4850 W Flamingo Ln NV	closed
Title	Description of Duties	Name of Supervisor
Loan officer	originate loans	EDDIE KAWA

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

Applicant's initial GG Page 6

Employment Continue:

2/2000 - 4/2003 In + Out Tire + Auto other Job
 5416 S Decatur
 Pos: Tech Las Vegas NV 89113

Duties: General Mechanic Super: Varied

2/1999 - 2/2000 - Caesars Palace other Job
 3570 S Las Vegas Blvd
 Pos: Valet Las Vegas NV 89109
 Super: Corporate

Duties: Park Cars

6/1997 - 2/1999 ASK Gold Company Moved
 620 Olive
 Pos: Sales Los Angeles, CA 90302
 Super: Mgr Varied

Duties: Sales

1st Job is ASK GOLD

3. 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>Natasha Bell</u> Home		<u>Agnew Valley</u>	<u>NV</u>	<u>89178</u>		<u>15 yrs</u>
Employer <u>Touame School</u> Business	<u>874 American</u>	<u>Pacific</u>	<u>Henderson</u>	<u>NV</u>	<u>89014</u>	<u>4</u>
Name <u>Caroline Carathers</u> Home		<u>First Lady Ave</u>	<u>LV</u>	<u>NV</u>	<u>89148</u>	<u>30 yrs</u>
Employer <u>Home Funding</u> Business	<u>1820 E Warm Spring</u>	<u>#130</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89119</u>	<u>2</u>
Name <u>Gavor Karapetian</u> Home		<u>Wicked Edge</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89113</u>	<u>14 yrs</u>
Employer <u>Arizona Trucking + Catering</u> Business	<u>24 Wicked Edge</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89113</u>		<u>3</u>
Name <u>Leo Flanagan</u> Home		<u>Montesaurri St</u>	<u>Las Vegas</u>	<u>NV</u>		<u>12 yrs</u>
Employer <u>Flanagan Law</u> Business	<u>600 S 3rd St</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89104</u>		
Name <u>Kiso Kardi</u> Home		<u>N Jackson St</u>	<u>Glendale</u>	<u>CA</u>	<u>91206</u>	<u>30 yrs</u>
Employer <u>Union Bank</u> Business	<u>330 N Brand</u>	<u>#160</u>	<u>Glendale</u>	<u>CA</u>	<u>91203</u>	<u>3</u>

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

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

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 or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

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

N/A

Applicant's initial

66

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 ☒

N/A



Date of photograph

11/20/19

Applicant's initial

GE

COUNTY OF

Clark

I, Garer Garakhanyan,

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 3rd day of December 2019



EXPIRES June 8, 2020

Notary Public

(seal)

Applicant's initial GG

12D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check 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: ATLANTIC PHARMACY

Physical Address: 2815 W. LAKE MEAD BLVD, SUITE 109

City: NORTH LAS VEGAS State: Zip Code: 89032 Telephone:

702-241-9653 Fax: 702-346-1718 Toll Free Number:

E-mail: atlanticpharmacylv@gmail.com

Website: www.atlanticrx.com

Managing Pharmacist: EMMANUEL KODJOE License Number: 18367

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: N/A

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: N/A

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

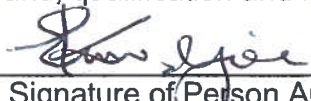
Within the last five (5) years:

- 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

EMMANUEL KODJOE
Print Name of Authorized Person

10/03/2019
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: PINNACLE ABSOLUTE CARE, LLC

Mailing Address: 840 CHAPARRAL DR

City: MESQUITE State: NV Zip: 89027

Telephone: 702-241-9653 Fax: 702-346-1718

Contact Person: EMMANUEL KODJOE

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Business Address

b) N/A
Name Business Address

c) N/A
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday CLOSED am _____ pm

Sunday CLOSED 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: NV20171449639

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: EMMANUEL KODJOE

Business Name: ATLANTIC PHARMACY

Current Business Address: 2815 W. LAKE MEAD BLVD, SUITE 109

City: NORTH LAS VEGAS State: NV Zip Code: 89032

Telephone: 702-241-9653 Fax: 702-346-1718

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday CLOSED am _____pm

Sunday CLOSED 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: NV20171449639

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

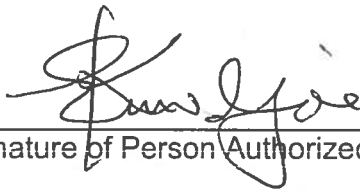
I, EMMANUEL KODJOE

Responsible Person of ATLANTIC 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

Emmanuel Kodjoe
Print Name of Authorized Person

10/03/2019
Date

Managing Pharmacist

Pharmacist Name: EMMANUEL KODJOE

License #: 18367

Pharmacy Name: ATLANTIC 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

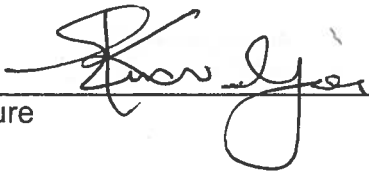
Board Administrative Action:	State: <u>N/A</u>	Date: <u>N/A</u>	Case #: <u>N/A</u>
And/or Criminal Action:	State: <u>N/A</u>	Date: <u>N/A</u>	Case #: <u>N/A</u>
County	<u>N/A</u>	Court:	<u>N/A</u>

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.

Signature



10/03/2019
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/02/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Nevada Pharmacy License

Nature of License

PINNACLE ABSOLUTE CARE LLC, 840 CHAPARRAL DR, MESQUITE, NV 89027

Name and Address of Establishment for Which License Is Requested

Doing Business As: Atlantic Pharmacy, 2815 W. Lake Mead Blvd, Suite 109, North Las Vegas, NV 89032

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kodjoe

Emmanuel

Last Name

First Name

Middle Name

N/A

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

Chaparral Dr

Mesquite

NV/ 89027

Present Residence Address-Street or RFD

City

State/Zip

2815 W. Lake Mead Blvd, Suite 109

Dates N/A (yet to start)

North Las Vegas

NV/ 89032

Present Business Address

City

State/Zip

Pharmacist

Dates N/A (yet to start)

NV/89032

Occupation

Phone:

Residence

N/A

Business

N/A

Accra, Ghana

Date of Birth

Place of Birth (City, County, State)

46

M

Age

Social Security Number

Sex

Brown

Black

Black

177 lbs

N/A

5'07"

Color of Eyes

Color of Hair

Complexion

Weight

Build

Height

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

Permanent Resident

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

If naturalized, certificate No. N/A Date N/A

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

2. MARITAL INFORMATION:

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

Applicant's initial EK

MARITAL INFORMATION-Continued

A. **Current Marriage** 12/04/1999 Accra, Ghana
Date City, County and State
 Spouse's full name (Maiden) Gladys Ampong S.S. No.
 Date of Birth Place of Birth Takoradi, Ghana
 Resident address Chaparral Dr Mesquite NV 89027
Street City State Zip
 Telephone: Residence N/A Business 702-345-3312
 Spouse's employer Aumbria Health Occupation Physician
 Address of employer 350 Falcon Ridge Pkwy, Suite 102 Mesquite NV 89027
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	N/A	N/A	N/A	N/A

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

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

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Cameron Kodjoe		Accra, Ghana	Chaparral Dr, Mesquite, NV 89027

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

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Francis Kodjoe		Deceased	N/A
Mother			
Sabina Offah		Deceased	N/A
Father-in-Law			
Moses Ampong		P.O.Box 1, Accra, Ghana	Businessman (Ret.)
Mother-in-Law			
Mercy Cobbinah		P.O.Box, Dadieso, Ghana	Teacher (Ret.)

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
Michael Kodjoe		Donald Rd, Croydon, UK	Chartered Accountant
Spouse			
Selasie Kodjoe		Donald Rd, Croydon, UK	Teacher
Clara Kodjoe		Deceased	N/A
Spouse			
N/A			
Harriet Kodjoe		P.O.Box, Saltpond, Ghana	Social Worker
Spouse			
N/A			
Benjamin Kodjoe		P.O.Box 1, Saltpond, Ghana	Businessman
Spouse			
N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ideal Preparatory School	Takoradi, Ghana	1980 - 1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	St. Augustine's College	Cape-Coast, Ghana	1986 - 1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Ghana, Legon	Accra, Ghana	1994 - 1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Eastern New Mexico University	Portales, NM	2004 - 2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PharmDCollege or university where obtained Roseman Univeristy of Health Sciences, Henderson, NV 2009 - 2012

Applicant's initial

EK

5 MILITARY INFORMATION:A. Have you ever served in any armed forces? Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

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

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
N/A	N/A	N/A	N/A	N/A	N/A

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? N/A city, county and state N/AG. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state N/AH. 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
N/A	N/A	N/A	N/A	N/A

Applicant's initial EK

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	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	N/A	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
03/2015 - Present	Chaparral Dr	Mesquite	NV
08/2014 - 03/2015	4010 Watford Way	Fayetteville	NC
08/2012 - 08/2014	2811 Powder Ridge Dr	Bismarck	ND
08/2009 - 08/2012	840 Chaparral Dr	Mesquite	NV
09/2007 - 08/2009	22900 Nicholas Ave	Euclid	OH
12/2006 - 01/2007	24350 Garden Dr, Apt 1405	Euclid	OH
01/2004 - 12/2006	ENMU 2846 1500 S. Ave K	Portales	NM
01/2002 - 01/2004	4 South Norwood	Croydon	UK
06/1980 - 01/2002	KB 455 Korle-Bu	Accra	Ghana

Applicant's initial

EK

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.

01/2018 Owner/Managing Pharmacist Mesquite Pharmacy 114 N. Sandhill Blvd, Ste B Pharmacy Closed/Sold

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2017	Walmart Pharmacy, 6570 E. Lakemead Blvd, Las Vegas,NV	Laid off due to restructuring
Title	Description of Duties	Name of Supervisor
Floater Pharmacist	Verifying and dispensing medications,patient counseling	Johnny Lopez
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2015	Walmart Pharmacy, 1120 W. Pioneer Blvd, Mesquite,NV	Stepped down as Manager
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Managing daily operations of pharmacy/dispensing	Sean Rammell
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2014	Walmart Pharmacy, 7701 S. Raeford Rd, Fayetteville,NC	Relocation to Nevada
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing medications,patient counseling	Kim Monroe
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014	CVS Pharmacy, 4923 Raeford Rd, Fayetteville,NC	Changed jobs for better conditions
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing medications,patient counseling	Gloria Johnson
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2014	Elbowoods Memorial Health Center, 1058 College Dr, Newtown,ND	Relocation to N. Carolina
Title	Description of Duties	Name of Supervisor
Relief Pharmacist	Verifying and dispensing medications,patient counseling	Adel Moe
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2013-05/2014	Unemployed	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2012	Sanford Health, 300N. 7th St,Bismarck,ND	Left for better paying job
Title	Description of Duties	Name of Supervisor
In-patient Staff Pharmacist	Verifying and dispensing medications,patient counseling	Gregory Fritz
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2009-11/2012	Went back to school (Roseman University)	N/A
Title	Description of Duties	Name of Supervisor
Student	N/A	N/A

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

Applicant's initial EK

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 Alexander Odame	Home	Rock Island Rd.	VA	22150		31
Employer N/A	Business	N/A				
Name Dr. Edward Ofori	Home	N/A				
Employer Self employed	Business	Mesquite Women's Clinic				
Name Dr. prince Ofori-Mensah	Home	1 Ave E,	Langhorne PA,	19047		
Employer N/A	Business	N/A				
Name Derek Boateng	Home	N/A				
Employer Self Employed	Business	Health Matters Pharmacy				
Name Judy Boateng	Home	N/A				
Employer N/A	Business	N/A				

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

Applicant's initial EK

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 ☒

N/A

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

N/A

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

N/A

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

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

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A



Date of photograph 10/04/2019

Applicant's initial EK

STATE OF Nevada

SS.

COUNTY OF Clark

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

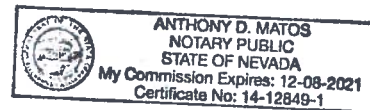
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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


Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of

October, 2019


Notary Public



(seal)

Applicant's initial EK

ADDITIONAL INFORMATION

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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N/A

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N/A

N/A

N/A

N/A

Applicant's initial PK

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

Date 10/03/2019

GENERAL INSTRUCTIONS

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

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

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

Application for Nevada Pharmacy License

Nature of Pharmacy or Wholesaler
Pinnacle Absolute Care LLC, 840 Chaparral Dr, Mesquite, NV, 89027

Name and Address of Business for Which Designated Representative Is Requested
Doing Business As: Atlantic Pharmacy, 2815 W. Lake Mead Blvd, Suite 109, North Las Vegas, 89032
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Kodjoe</u>	<u>Emmanuel</u>	
Last Name	First Name	Middle Name
<u>N/A</u>		

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

<u>Chaparral Dr</u>	<u>Mesquite</u>	<u>NV/ 89027</u>
Present Residence Address-Street or RFD	City	State/Zip

<u>2815 W. Lake Mead Blvd, Suite 109</u>	Dates	<u>N/A (yet to start)</u>	<u>North Las Vegas</u>		<u>NV/ 89032</u>
Present Business Address		City			State/Zip

<u>Managing Pharmacist</u>	Dates	<u>N/A (yet to start)</u>	<u>North Las Vegas</u>		<u>NV/ 89032</u>
Present Position with the Pharmacy or Wholesaler					

Phone:
Residence N/A

Business 702-241-9653

	<u>Accra, Ghana</u>	
Date of Birth	Place of Birth (City, County, State)	

<u>46</u>		<u>M</u>
Age	Social Security Number	Sex

<u>Brown</u>	<u>Black</u>	<u>Black/Dark</u>	<u>177 lbs</u>	<u>N/A</u>	<u>5'07"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

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

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No. Permanent Resident USCIS #

If naturalized, certificate No. N/A Date N/A

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

2. MARITAL INFORMATION:

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

Applicant's initial EK

MARITAL INFORMATION-Continued

A. **Current Marriage**..... 12-04-1999..... Accra, Ghana
Date City, County and State
 Spouse's full name (Maiden)..... Gladys Among..... S.S. No.....
 Date of Birth..... Place of Birth..... Takoradi, Ghana
 Resident address..... Chaparral Dr..... Mesquite..... NV..... 89027
Street City State Zip
 Telephone: Residence..... N/A..... Business..... 702-345-3312
 Spouse's employer..... Aumbria Health..... Occupation..... Physician
 Address of employer..... 350 Falcon Ridge Pkwy, Suite 102..... Mesquite..... NV..... 89027
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	N/A	N/A	N/A	N/A

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

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

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Cameron Kodjoe		Accra, Ghana	Chaparral Dr, Mesquite, NV 89027

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	Francis Kodjoe		Deceased	N/A
Mother	Sabina Offah		Deceased	N/A
Father-in-Law	Moses Ampong		P.O.Box KB Korle-Bu, Ghana	Businessman
Mother-in-Law	Mercy Cobbinah		P.O.Box , Dadieso, Ghana	Teacher (Retired)

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
	Michael Kodjoe		Donald Rd, Croydon, UK CRO 3EQ	Charted Accountant
Spouse	Selasi Kodjoe		Donald Rd, Croydon, UK CRO 3EQ	Stay at home mom
	Clara Kodjoe		Deceased	N/A
Spouse	N/A	N/A	N/A	N/A
	Harriet Kodjoe		P.O.Box Saltpond, Ghana	Social Worker
Spouse	N/A	N/A	N/A	N/A
	Benjamin Kodjoe		P.O.Box 1 Saltpond, Ghana	Businessman
Spouse	N/A	N/A	N/A	N/A

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ideal Prep. School	Takoradi, Ghana	1980-1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	St. Augustine's College	Cape-Coast, Ghana	1986-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	University of Ghana	Accra, Ghana	1994-1998	
University	Eastern New Mexico University	Portales, NM	2004-2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Roseman University of Health Sciences	Henderson, NV	2009-2012	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... BS (University of Ghana), MBA (International University), MS (Eastern New Mexico Univ)

College or university where obtained..... PharmD (Roseman University of Health Sciences)

Applicant's initial..... EK

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.) N/A

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

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

Applicant's initial EK

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	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	N/A	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
03/2015 - Present	Chaparral Dr	Mesquite	NV
08/2014 - 03/2015	4010 Watford Way	Fayetteville	NC
08/2012 - 08/2014	2811 Powder Ridge Dr	Bismarck	ND
08/2009 - 08/2012	840 Chaparral Dr	Mesquite	NV
01/2007 - 08/2009	22900 Nicholas Ave	Euclid	OH
12/2006 - 01/2007	24350 Garden Dr	Euclid	OH
01/2004 - 12/2006	ENMU 2846 1500 S. Ave K	Portales	NM
01/2002 - 01/2004	#4 South Norwood Hill	Croydon	UK
06/1980 - 01/2002	KB 455 Korle-Bu	Accra	Ghana

Applicant's initial EK

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.

01/2018	Mesquite Pharmacy, 114 N. Sandhill Blvd, Suite B & C	3,360 Hours
Owner/Managing Pharmacist Managing daily operations of the pharmacy plus dispensing duties.		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/2017	Walmart Pharmacy, 6570 E. Lakemead Blvd, Las Vegas,NV	800 Hours
Title	Description of Duties	Name of Supervisor
Floater Pharmacist	Verifying and dispensing prescriptions, patient counseling	Johnny Lopez
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
04/2015	Walmart Pharmacy, 1120 W. Pioneer Blvd, Mesquite, NV	3,360 Hours
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Managing daily operation of the pharmacy and dispensing duties as well	Sean Rammell
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
12/2014	Walmart Pharmacy, 7701 S. Raeford Rd , Fayetteville, NC	640 Hours
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing prescriptions, patient counseling	Kim Monroe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2014	CVS Pharmacy, 4923 Raeford Rd, Fayetteville, NC	320 Hours
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing prescriptions, patient counseling	Gloria Johnson
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
06/2014	Elbowoods Memorial Health Center, 1058 College Dr,Newtown,ND	480 Hours
Title	Description of Duties	Name of Supervisor
Relief Pharmacist	Verifying and dispensing prescriptions, patient counseling	Adel Moe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/2012	Sanford Health Pharmacy, 300 N. 7th St, Bismarck,ND	2,080 Hours
Title	Description of Duties	Name of Supervisor
In-Patient Pharmacist	Verifying and dispensing prescriptions, patient counseling	Gregory Fritz
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor

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

Applicant's initial

EK

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 Alexander Odame	Home	4 Rock Island Rd, Apt 201,	Springfield, VA	22150,		31
Employer N/A	Business	N/A				
Name Dr. Edward Ofori	Home	N/A				8
Employer Mesquite Women's Clinic	Business	Bertha Howe Ave,	Mesquite, NV	89027		
Name Dr. Prince Ofosu-Mensah	Home	Ave E, Langhorne,	PA	19047		20
Employer N/A	Business	N/A				
Name Derek Boateng	Home	N/A				20
Employer Walgreens Pharmacy	Business	N/A				
Name Judy Boateng	Home	N/A				20
Employer N/A	Business	N/A				

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

N/A

N/A

N/A

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

N/A

N/A

N/A

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 ☒

N/A

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

N/A

N/A

Applicant's initial EK

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

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

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

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

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

N/A

N/A

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 ☐

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A



Date of photograph 10/04/2019

Applicant's initial EK

STATE OF Nevada

SS.

COUNTY OF Clark

I, Emmanuel Kodjoe, 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 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 4th day of

October

2019


Notary Public



(seal)

Applicant's initial EK

ADDITIONAL INFORMATION

N/A

Applicant's initial EK

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PINNACLE ABSOLUTE CARE L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/17/2017, and is in good standing in this state.

I further certify that the above **DOMESTIC LIMITED-LIABILITY COMPANY (86)** has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/04/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191004271977

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

12E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)

Check 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: COMBINED WELLNESS PHARMACY

Physical Address: 2605 EAST FLAMINGO ROAD

City: LAS VEGAS State: Zip Code: 89121 Telephone:

702-847-6565 Fax: 702-847-6569 Toll Free Number:

E-mail: Combinedwellnesspharmacy@gmail.com

Website: N/A

Managing Pharmacist: Shih Huei Bia License Number: 19847

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

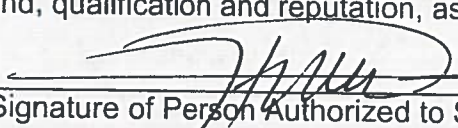
Within the last five (5) years:

- 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 ☐
REPRIMAND LETTER
- 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

MARTIN CHIBUEZE
Print Name of Authorized Person

5/6/19
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: mediconcepts llc
Mailing Address: P.O. Box 36368
City: Las Vegas State: NV Zip: 89133
Telephone: 702 969 3499 Fax: N/A
Contact Person: MARTIN CHIBUEZE

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Business Address
b) N/A
Name Business Address
c) N/A
Name Business Address
d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 4 pm pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/A

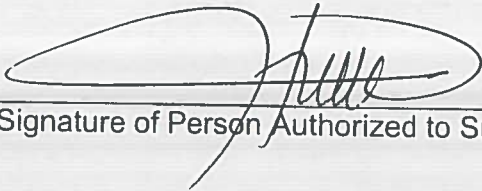
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20151057393

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

I, MARTIN CHIBUEZE
Responsible Person of COMBINED WELLNESS 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

MARTIN CHIBUEZE
Print Name of Authorized Person

5/7/19
Date

Managing Pharmacist

Pharmacist Name: Shih Huei Bie License #: 19847

Pharmacy Name: COMBINED WELLNESS 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

5/7/19

Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/6/19

GENERAL INSTRUCTIONS

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

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

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

Application for PHARMACY
COMBINED Wellness pharmacy 2605 E. Flamingo Rd LV NV 89121
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name CHIAUEZE First Name MARTIN Middle Name OBINNA
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A
Present Residence Address-Street or RFD E. RUSSELL RD City Las Vegas State/Zip NV 89121
Present Business Address 2605 E. Flamingo Rd City Las Vegas State/Zip NV 89121
Occupation PHARMACIST Phone: 702 847-6565
Date of Birth 8 Place of Birth (City, County, State) NIGERIA
Age 41 Social Security Number _____ Sex _____

Color of Eyes Brown Color of Hair Black Complexion Dark Weight 160 lb Build Average Height 5ft 8in

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

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial jc Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** June 15th 2017 Las Vegas NV
 Date City, County and State
 Spouse's full name (Maiden) FEOMA IROESBWAH S.S. No. 7
 Date of Birth _____ Place of Birth NIGERIA
 Resident address E. RUSSELL RD Las Vegas NV 89120
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation HOME MARKER
 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>NJIDEKA CHIBUEZE</u>	<u>10/16</u>	<u>6/2002 Reno</u>	<u>DIVORCED</u>	<u>Las Vegas</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>DOM CHIBUEZE</u>		<u>RENO</u>	<u>Las Vegas</u>
<u>MARTIN CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>
<u>CHILUA CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</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 JD

FAMILY INFORMATION-Continued

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

Name Nevada Child Support CenterAddress 1960 E. Flamingo Rd Las Vegas NV 89119Contact person NA**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	Dominic Chiquere		Desert Seco El Paso TX 79912	Physician Retired
Mother	Caroline Chiquere			RN - Retired
Father-in-Law	NA			
Mother-in-Law	NA			

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Uche Chiquere		1 Shady Springs Dr Pearland TX 77581	Forensic Psychologist
Spouse	Chizum Chiquere		10920 W 49th St TX 75042	RN
Spouse	Ogechi Chiquere		London	Law Student
Spouse	NA			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	NA			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Federal Govt College	Nigeria	1990-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of El Paso	Texas	2000-2002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	Roseman College of Pharmacy	Nevada	2002-2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm DCollege or university where obtained Roseman College of PharmacyApplicant's initial fb

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 El Paso State Texas Date registered 1999

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	Disposition/Date	Arresting Agency
12/23/10	32	DUI	Sparks, NV	Dropped 3/2011	Sparks police
Jan 2016 Detained, charged with DV-Strangulation - currently on probation for 36 month since 8/2017					

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

N/A

Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

- 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
E. Russell	Las Vegas	NV	12/16-Date
909 Washington ave	Las Vegas	NV	12/13 - 8/16
7900 Verde Springs Dr	Las Vegas	NV	8/13 - 12/13
6717 Rolling meadows, #121	Sparks	NV	11/10 - 8/13
672 N. Taylor St	Fallon	NV	2/09 - 11/10
5884 Lorenzo Dr	Grand prairie	Tx	11/06 - 12/08
1005 Desierto Seco	El Paso	Tx	8/2000 - 8/2002

Applicant's initial  Page 5

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.

2/2009-5/13	CVS pharmacy 461 W. William Ave Fallon NV 89404	8,320 Based on 40 hrs/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	ED Smith
Title	Description of Duties	Name of Supervisor
5/13-7/14	CVS pharmacy 8320 W. Cheyenne Ln NV 89125	2080 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	Matt Ray
Title	Description of Duties	Name of Supervisor
8/15-8/16	Sam Club pharmacy 8080 W. Tropical Las Vegas NV 89149	1700 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	Tina Beatty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Cletus Amadi</u>	Home	<u>Jacaranda Bay & Las Vegas</u>				
Employer <u>lifecore phony</u>	Business	<u>3050 E. Desert Inn</u>	<u>LV</u>	<u>702697</u>	<u>2101</u>	<u>5yrs</u>
Name <u>John Andria</u>	Home	<u>1 Tejon Pines Dr. HN 89074</u>				
Employer <u>Green valley phony</u>	Business	<u>2245 N. Green valley</u>	<u>HN NV</u>	<u>89014</u>		<u>10yrs</u>
Name <u>Pamela o Bah</u>	Home	<u>Britton Rose Dr. LV NV 89178</u>				
Employer <u>Pipeline Lx</u>	Business	<u>Las Vegas, NV</u>				
Name <u>Charles Lacy</u>	Home	<u>Lavender lane, La Canada CA 91011</u>				
Employer <u>Roseman Univ</u>	Business	<u>411 Sunset way</u>	<u>HN</u>	<u>89014</u>		
Name <u>Nnamdi Oluwa</u>	Home	<u>3 Terraca Verde Ave Las Vegas 702268</u>				
Employer <u>UNC</u>	Business	<u>Surgical dept</u>	<u>1800 W. Charleston Blvd</u>	<u>LV</u>	<u>89102</u>	<u>5yrs</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

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

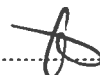
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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

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

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

Applicant's initial



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

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

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

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

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

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

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

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



Date of photograph 3/15/19

Applicant's initial [Signature]

STATE OF Nevada

SS.

COUNTY OF Clark

I, MARTIN CHIBUEZE, 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

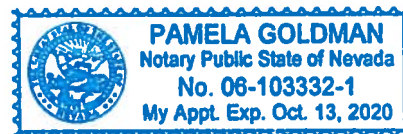
Subscribed and Sworn to before me this 11th day of

march 2019



Notary Public

(seal)



Applicant's initial M

ADDITIONAL INFORMATION

Lined area for additional information.

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

Date 8-7-19

GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy
Nature of Pharmacy or Wholesaler
COMBINED WELLNESS Pharmacy 2605 E. Flamingo Rd LV NV 89121
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name CHIBUEZE First Name MARTIN Middle Name OBINNA

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

E. Russell Rd Las Vegas NV 89120
Present Residence Address-Street or RFD City State/Zip

2605 E. Flamingo Rd Las Vegas NV 89121
Present Business Address City State/Zip

pharmacist _____ _____
Present Position with the Pharmacy or Wholesaler Dates

Phone: _____
Residence _____
Business 202 847 6565

_____ ONITSHA, NIGERIA
Date of Birth Place of Birth (City, County, State)

41 _____ MALE
Age Social Security Number Sex

Brown Black Dark 160 lb Average 5ft 8in
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. Current Marriage June 15th 2017 CLARK
 Date City, County and State
 Spouse's full name (Maiden) IFEOMA IKOESHILAM S.S. No. _____
 Date of Birth _____ Place of Birth NIGERIA
 Resident address E. RUSSELL RD Las Vegas NV 89120
 Street City State Zip
 Telephone: Residence _____ Business NA
 Spouse's employer NA Occupation HOME MAKER
 Address of employer NA
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Njideka Chibueze</u>	<u>10/21/16</u>	<u>Reno</u>	<u>DIVORCED</u>	<u>Las Vegas NV</u>

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

Name	Street	City	State	Zip	Telephone
<u>NA</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>DOM Chibueze</u>	<u>1</u>	<u>RENO</u>	<u>Las Vegas</u>
<u>MARTIN CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>
<u>CHIZUKA CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</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 [Signature]

FAMILY INFORMATION-Continued

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

Name Nevada child support center
 Address 1900 E. Flamingo Rd Las Vegas NV 89119
 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	DOMINIC CHIBUEZE		DESIENTO EL PASO TX 79912	PHYSICIAN RETIRED
Mother	CAROLINE CHIBUEZE			NURSE RETIRED
Father-in-Law	N/A			
Mother-in-Law	NA		Deceased	

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
	UCHE CHIBUEZE		7 Shady Springs Dr PEARLAND TX 77684	Forensic Psychologist
Spouse	N/A			
	CHIZUNA CHIBUEZE		10200 9th St TX 75052	RN
Spouse	N/A			
	OGECHI CHIBUEZE		LONDON	LAW Student
Spouse	N/A			
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	FED. GOVT COLLEGE	NGERIA	1990-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of El Paso	TX	2000-2002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	Roseman college of pharmacy		2002-2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type of degree obtained, if any	PHARM D			
College or university where obtained	ROSEMAN COLLEGE OF PHARMACY PHARM D			

Applicant's initial

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 24A-50 State TEXAS Date registered 1999

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
12/23/10	32	DUI	SPARKS, NV	DROPPED 3/2011	SPARKS POLICE
Jan 2016 Detained, charged with Domestic Violence - Strangulation ^{ex wife case} Currently under going probation for 36 months since 2/2017					

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
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n/a

Applicant's initial *[Signature]*

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

	E RUSSELL RD	Las Vegas	NV 89120 12/16-06/22
	909 Washington Oaks St	Las Vegas	NV 89128 12/13-8/18
	7900 Verde Springs Dr	Las Vegas	NV 89128 8/13-12/13
	6717 Rolling meadows Dr Apt 123	Sparks	NV 89424 11/10-5/13
	672 W. Taylor St	Fallon	NV 89406 2/09-10/10
	5884 Lorenzo Dr Grand prairie TX		75052 1/2006-12/08
	1005 Desierto Seco drive	El Paso TX	79912 8/2000-8/2002

Applicant's initial




8. EMPLOYMENT:

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

2/2009/5/2013	CVS pharmacy 461 W. William Ave Fallon NV 89406	8,320 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist/manager duties	ED Smith
Title	Description of Duties	Name of Supervisor
6/2013-7/14	CVS pharmacy 8320 W. Cheyenne Ave LV NV 89129	2000 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist/manager duties	MARK RAY
Title	Description of Duties	Name of Supervisor
8/2014-5/2016	Sams Club 8080 W. Tropical LV NV 89149	1700
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist/manager	TINA BEATTY
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial 

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Cletus Amadi</u>	Home	<u>Jacaranda Bay Lv Nr</u>				<u>5 yrs</u>
Employer <u>Life Care Pharmacy</u>	Business	<u>3050 E. Desert Inn Cv Nr 7026972105</u>				
Name <u>John Amozia</u>	Home	<u>7 Teton Pines Dr Henderson</u>				<u>12 yrs</u>
Employer <u>Green Valley Pharmacy</u>	Business	<u>2245 N. Green Valley Henderson 89114</u>				
Name <u>Pamela O'Ball</u>	Home	<u>1 Britton Rose Dr Lv Nr 89171</u>				<u>12 yrs</u>
Employer <u>Pipeline Rx</u>	Business	<u>Las Vegas Nr</u>				
Name <u>Charles Lacy</u>	Home	<u>Lavender Lane LA Canada CA 9104</u>				<u>12 yrs</u>
Employer <u>Rosemann Univ.</u>	Business	<u>11 Sunset way Henderson 89104</u>				<u>P</u>
Name <u>Akin Kolade</u>	Home	<u>Yonice Ct Las Vegas</u>				<u>6 yrs</u>
Employer <u>Cal psychiatric</u>	Business	<u>3201 Maryland pkway #318 Lv Nr 89009</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

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 LB

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

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

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

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

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

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

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

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

ATT

T/



Date of photograph 3/5/19

Applicant's initial

STATE OF Texas ss.

COUNTY OF El Paso

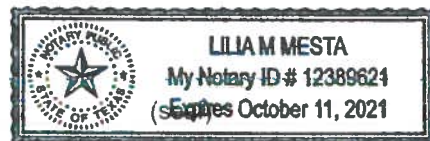
I, MARTIN CHIRQUEZE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a 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 10 day of May, 2019

Lilia M Mesta
Lilia M Mesta
Notary Public



NEVADA STATE BOARD OF PHARMACY

985 DAMONTE RANCH PKWY, SUITE 206 – RENO, NV 89521 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: Application on file

** (Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: Combined Wellness pharmacy Store #: _____

Address: 2605 E. Flamingo Rd

City: Las Vegas State: * NV Zip: NV 89121

Telephone: 702 969 3499 Fax: _____

New Managing Pharmacist Name: MARTIN CHIBUEZE

License #: 17555 Date Started: 9/30/19

Pharmacy email: CombinedWellness@gmail.com

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.

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.

		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 <u>any</u> state?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action:	State: <u>NV</u>	Date: <u>6/7/17</u>	Case #: <u>16-015-RPH-S-S</u>
		<u>Reprimand letter</u>	
Criminal Action:	State: <u>NV</u>	Date: <u>11-15-15</u>	Case #: <u>15F17802x</u>
		County: <u>Clark</u>	Court: <u>Judge</u>

Case pending to be dropped

PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE 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. (NRS 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 the 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 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 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 of New Managing Pharmacist (no stamps or copies)

9/30/19

Date

Board Use Only

Date Received: _____

Amount: _____

50.00

Page 2 of 2



Nevada State Board of Pharmacy

431 W PLUMB LANE • RENO NEVADA 89509
(775) 850 1440 • 1-800 364 2081 • FAX (775) 850-1444
E mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

June 7, 2017

Mr. Martin O. Chibueze, R.Ph.
Village Walk Drive #3205
Henderson, Nevada 89139

Re: Nevada State Board of Pharmacy Case No. 16-015-RPH-B-S
Certificate of Registration No. 32832

Dear Mr. Chibueze,

In the above referenced matter, the Nevada State Board of Pharmacy in their May 31, 2017 meeting, ordered Board Staff to submit a public letter of reprimand to you as part of your discipline for your failure to adequately counsel and document that counseling for your patient L.T. upon dispensing her Adderall prescription.

Accordingly, it is my unpleasant duty as Executive Secretary of the Nevada State Board of Pharmacy to formally and publically reprimand you for your conduct, which reflects unfavorably upon the pharmacy profession as a whole.

We encourage you to use the utmost care in your future practice of pharmacy.

Sincerely,

A handwritten signature in blue ink, appearing to read "Larry L. Pinson", followed by a stylized flourish.

Larry L. Pinson, Pharm. D.
Executive Secretary

REGISTER OF ACTIONS

CASE NO. 15F17802X

State of Nevada vs. CHIBUEZE, MARTIN

§
§
§
§
§

Case Type: **Felony**
Date Filed: **12/02/2015**
Location: **JC Department 10**

PARTY INFORMATION

Defendant **CHIBUEZE, MARTIN**

Lead Attorneys
Jamie S Hendrickson
Retained
702-333-0007(W)

State of
Nevada

State of Nevada

CHARGE INFORMATION

Charges: CHIBUEZE, MARTIN

	Statute	Level	Date
1. Dom battery by strangulation [54740]	200.485.2	Felony	11/15/2015
2. Coerc w/force or threat of force [53159]	207.190.2a	Felony	11/15/2015
3. Kidnapping, 2nd degree [50075]	200.310.2	Felony	11/15/2015
4. Kidnapping, 2nd degree [50075]	200.310.2	Felony	11/15/2015
5. Home invasion, (1st) [50435]	205.067.2	Felony	11/15/2015

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

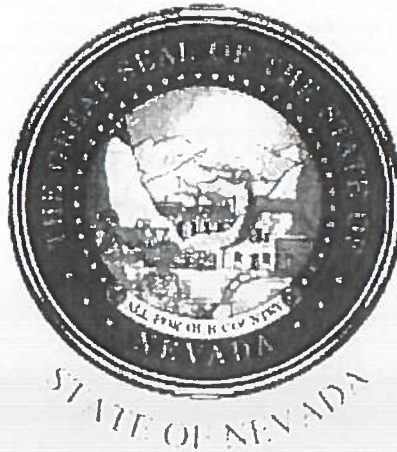
05/02/2016 **Disposition** (Judicial Officer: Tobiasson, Melanie A.)
1. Dom battery by strangulation [54740]
Bound Over to District Court as Charged (PC Found)
2. Coerc w/force or threat of force [53159]
Bound Over to District Court as Charged (PC Found)
3. Kidnapping, 2nd degree [50075]
Bound Over to District Court as Charged (PC Found)
4. Kidnapping, 2nd degree [50075]
Bound Over to District Court as Charged (PC Found)
5. Home invasion, (1st) [50435]
Bound Over to District Court as Charged (PC Found)

OTHER EVENTS AND HEARINGS

12/01/2015 **CTRACK Track Assignment JC01**
12/02/2015 **Criminal Complaint**
12/02/2015 **Request for Arrest Warrant Filed**
12/02/2015 **Filed Under Seal**
12/02/2015 **Declaration of Warrant Summons (Affidavit)**
12/04/2015 **Arrest Warrant Request** (7:30 AM) (Judicial Officer Tobiasson, Melanie A.)
Result: Arrest Warrant Issued
12/04/2015 **Minute Order - Department 10**
12/04/2015 **Arrest Warrant Ordered to be Issued**
\$15,000/\$15,000
12/04/2015 **Warrant Issued**
12/04/2015 **Arrest Warrant - Face Sheet**
12/04/2015 **Arrest Warrant Confidential**
01/19/2016 **Motion to Place on Calendar**
to Allow Defendant to Surrender, Request to do a Walk-Through at the Clark County Detention Center, and to Release on His Own Recognizance
01/22/2016 **Initial Appearance** (8:30 AM) (Judicial Officer Tobiasson, Melanie A.)
No Bail Posted
Result: Matter Heard
01/22/2016 **Motion**
Motion by Defense for a O/R Walk- Through - Motion Granted
01/22/2016 **Warrant Walk - Through Granted**
O/R
01/22/2016 **Release Order - Own Recognizance** (Judicial Officer: Tobiasson, Melanie A.)
01/22/2016 **Warrant Stands**
01/22/2016 **Custody Comment**
Defendant to be booked on arrest warrant and released on O/R.
01/22/2016 **Initial Appearance Completed**
Advised of Charges on Criminal Complaint. Waives Reading of Criminal Complaint
01/22/2016 **Counsel Confirms as Attorney of Record**
J Hendrickson, ESQ.
01/22/2016 **Minute Order - Department 10**
01/22/2016 **Warrant Cleared**

01/22/2016	Temporary Custody Record <i>Remand</i>
01/23/2016	Release Agreement
01/25/2016	Warrant Service Slip
05/02/2016	Preliminary Hearing (9:30 AM) (Judicial Officer Tobiasson, Melanie A.) <i>O/R</i> Result: Bound Over
05/02/2016	Minute Order - Department 10
05/02/2016	Preliminary Hearing Held <i>Motion to Exclude Witnesses by State - Motion Granted States Witnesses: 1) Njideka Chibuze - witness identifies defendant. Motion by state to amend criminal complaint by interlineation- Motion Granted. # 2) Coercion (F) # 3) Kidnap 2nd degree # 4) Kidnap 2nd degree # 5) Home Invasion State Rests. Defendant Advised of His Statutory Right to Make a Statement Defendant Waives the Right to a Sworn or Unsworn Statement Defense Rests Motion to Dismiss and Argument In Favor of Said Motion by Defense - Argument Against Said Motion by State - Motion Dismissed Thereupon the Court Found the Defendant Guilty</i>
05/02/2016	Remand - Cash or Surety <i>Counts: 001; 002; 003; 004; 005 - \$125,000.00/\$125,000.00 Total Bail</i>
05/02/2016	No Contact with Victim <i>Njideka Chibueze</i>
05/02/2016	Bound Over to District Court as Charged <i>Defendant Bound Over to District Court as Charged. Defendant to Appear in the Lower Level Arraignment Courtroom A.</i>
05/02/2016	District Court Appearance Date Set <i>May 4 2016 10:00AM: In Custody</i>
05/02/2016	Case Closed - Bound Over
05/02/2016	Certificate, Bindover and Order to Appear

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDI-CONCEPTS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 8, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190508-0489

DEMPSEY, ROBERTS & SMITH, LTD.
ATTORNEYS AT LAW

1130 WIGWAM PARKWAY ♦ HENDERSON, NEVADA 89074
(702) 388-1216 TELEPHONE ♦ (702) 388-2514 FACSIMILE

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DIRK A. RAVENHOLT

OF COUNSEL:
BILLY SMITH, JR.

EDUARDO J. RIVERA
KAREN GRANT-HEAD
ANNE ZEMEK DE DOMINGUEZ
SHAUN P. HALEY

ROBERT E. ANDERLIK

April 13, 2017

Sender's Direct Email: CriminalDefenseAttorney@drsltd.com

Martin Chibueze
P.O. Box
Las Vegas, Nevada 89133

**Re: State of Nevada v. Martin Chibueze - C-16-314608-1 -
Sentencing Date Monday August 7, 2017 @ 8:30 am Las Vegas District Court 25**

Dear Mr. Chibueze:

Pursuant to our detailed discussions on Monday morning before the court appearance in which you accepted the Plea Negotiations on your case, you must go to Parole and Probation to arrange giving your personal information for the pre-sentencing report that will go before the court at the sentencing date. This report discusses your prior legal issues, which you have just minor traffic citations, for the court to review before sentencing.

Enclosed is your copy of the plea agreement that we accepted in court. Please retain this for your file. As discussed, it is not in your best interest to talk about this case with anyone else. The less other people know of this situation, the less it can harm you later on. I will attend your sentencing with you. If you have any questions, please contact me at the office at your earliest convenience.

Sincerely,



Dirk Ravenholt, Esq.

DAR/dbm
Enclosures as stated

Celebrating our 23rd year serving clients.

Dempsey, Roberts & Smith, Ltd. is pleased to provide legal representation in the following areas: auto accidents and other personal injuries, criminal defense, defense of DUI, bankruptcy, traffic citations, probate, family law, contract law, corporations and LLCs, wills, trusts, asbestos injuries and government security clearance cases.



PRESENTENCE INVESTIGATION REPORT

The Honorable Kathleen E. Delany
Department XXV, Clark County
Eighth Judicial District Court

Date Report Prepared: May 30, 2017

Prosecutor: Michelle Sudano, DDA
Defense Attorney: Dirk A Ravenholt, Retained

PSI: 518626

I. CASE INFORMATION

Defendant:	Martin Chibueze	PCN:	29731443
Case:	C-16-314608-1	Offense Date:	Between 10-01-15 and
ID:	7028538	Arrest Date:	11-15-15
P&P Bin:	1004360870	Plea Date:	01-22-16
		Sentencing Date:	04-10-17, Guilty 08-07-17

II. CHARGE INFORMATION

Offense: Count 1 - Attempt Battery by Strangulation (F/GM)
NRS: 200.481, 193.330 Category: D or N/A
NOC: 54739(F) / 54741(GM)

Penalty: By imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 4 years. In addition to any other penalty, the court may impose a fine of not more than \$5,000, unless a greater fine is authorized or required by statute. Gross Misdemeanor: By imprisonment in the county jail for not more than 364 days, or by a fine of not more than \$2,000, or by both fine and imprisonment, unless the statute in force at the time of commission of such gross misdemeanor prescribed a different penalty.

Offense: Count 2 - Coercion (F)
NRS: 207.190 Category: B
NOC: 53159

Penalty: Imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, and may be further punished by a fine of not more than \$5,000.

III. DEFENDANT INFORMATION

Address: East Russell Road,
City/State/Zip: Las Vegas, Nevada 89120
NV Resident: Yes
SSN:
POB: Onitsha, Nigeria
Date of Birth:
Age: 39
Phone:
Driver's License:
State: Nevada
Status: Valid

FBI: 896860KD4
SID: NV04381516
Aliases: Martin Obinna Chibueze; Martin O Chinueze
Additional SSNs: None reported
Additional DOBs: None reported
Additional POB: None reported
Alien Registration:
US Citizen: Yes
Notification Required per NRS 630.307: N/A

Identifiers:

Sex: M Race: B Height: 5'8" Weight: 160
Hair: Black Eyes: Brown
Scars: None reported
Tattoos (type and location): None reported

Social History: The following social history is as related by the defendant and is unverified unless otherwise noted:

Childhood/Family: The defendant reported he lived a "normal" life in Nigeria with his parents and his four sisters. His father is a doctor and his mother is a nurse and they currently reside in Texas. He denied any abuse or neglect and stated no one in his family had ever been incarcerated.

Marital Status: Divorced; his ex-spouse is the victim in the instant offense.

Children: (3), two sons ages three and four; one daughter age two.

Custody Status of Children: The two boys reside with their biological mother, who is the victim in the instant offense. The defendant's daughter resides with the defendant and her biological mother.

Monthly Child Support Obligation: The defendant is ordered to pay \$500.00 per month for the two boys.

Employment Status: The defendant reported he is currently employed as a part-time relief pharmacist. He reported an employment history as a pharmacist. He indicated that he has not been able to work in his full capacity as a pharmacist because of his current criminal charges.

Number of Months Employed Full Time in 12 months Prior to Commission of Instant Offense: 12

Age at first arrest: 19 or younger ☐ 20- 23 ☐ 24 or older ☒

Income: \$1,000.00 per month Other Sources: None reported

Assets: \$20,000.00 (cars)

PRESENTENCE INVESTIGATION REPORT
MARTIN CHIBUEZE
CC#: C-16-314608-1

Page 3

Debts: \$80,000.00 (credit cards)

Education: The defendant reported he graduated high school in 1994. He indicated he attended Roseman University in Henderson, Nevada in 2005 and he received a Doctor of Pharmacy degree.

Military Service: None reported

Health and Medical History: The defendant reported no significant medical concerns; however, he reported that he takes Sudafed and Claritin

Mental Health History: The defendant reported no significant mental health concerns.

Gambling History: None Reported

Substance Abuse History: The defendant reported he first consumed alcohol at age 25 and that it is not problematic. He denied use of any illegal narcotics.

Gang Activity/Affiliation: None reported

IV. CRIMINAL RECORD

As of July 21, 2017, records of the Las Vegas Metropolitan Police Department, the National Crime Information Center and the Federal Bureau of Investigation reflect the following information:

CONVICTIONS- **FEL:** 0 **GM:** 0 **MISD:** 0

INCARCERATIONS- **PRISON:** 0 **JAIL:** 0

SUPERVISION HISTORY:

CURRENT- **Probation Terms:** 0 **Parole Terms:** 0

PRIOR TERMS:

Probation- **Revoked:** 0 **Discharged:** **Honorable:** 0 **Other:** 0

Parole- **Revoked:** 0 **Discharged:** **Honorable:** 0 **Other:** 0

Adult:

Arrest Date:	Offense:	Disposition:
01-22-16	RMD:	Instant Offense,
Las Vegas, NV	1. Domestic Battery by Strangulation (F)	CC#: C-16-314608-1
LVMPD	RMD: 05-02-16	
	2. Coercion with Force or Threat of Force (F)	
	3. Kidnapping, 2 nd Degree (F)(2 counts)	
	4. Home Invasion, (1 st)(F)	
	5. Domestic Battery by Strangulation (F)	
	BSR: 08-02-16	

Supplemental Information: Not applicable

Institutional/Supervision Adjustment: Not applicable

V. OFFENSE SYNOPSIS

Records provided by the Las Vegas Metropolitan Police Department and the Clark County District Attorney's Office reflect that the instant offense occurred substantially as follows:

On November 18, 2015, officers responded to a domestic violence call where the victim alleged her husband choked her on a previous date.

The victim stated her estranged husband, later identified as the defendant Martin Chibueze, had entered the home through the garage with a garage door opener he had in his possession. The victim stated she told him not to make unwanted entries into the home and that he dismissed her requests.

The victim stated on November 15, 2015, the defendant entered the victim's residence through the garage and wanted to spend time with their children. The victim stated she told him no because she was preparing to leave with the children shortly. She stated while she was in the master bedroom, the defendant began yelling at her and using profanity. She stated he grabbed her by the front of her neck with his left hand and made it hard for her to breathe. She also stated while he had his hand around her neck, he smiled and pushed her against the bedroom door causing her back and head to strike the door twice. She indicated he had previously threatened to kill her and she felt she was going to die, so she began to struggle with him to free herself. She indicated the defendant locked himself in the master bedroom and stayed there. She reported after the incident, she left the home with her children.

The victim stated she went to the doctor on November 18, 2015, where she was treated for pain in both hips, knees, thighs and a headache.

On November 23, 2015, a Warrant of Arrest was issued for the defendant. He was remanded into custody and booked accordingly on January 22, 2016.

Co-Defendant/Offender Information: Not applicable

VI. DEFENDANT'S STATEMENT

☒ See Attached ☐ Defendant interviewed, no statement submitted ☐ Defendant not interviewed

VII. VICTIM INFORMATION/STATEMENT

Contact attempts to the victim via telephone were unsuccessful. Contact with the District Attorney's Victim Witness Assistance Center confirmed sentencing notification was mailed on April 14, 2017 and they have not heard from the victim. (VC2244579).

VIII. CUSTODY STATUS/CREDIT FOR TIME SERVED

Custody Status: Released on Own Recognizance CTS: 5 DAYS: 01-22-16 to 01-23-16 (CCDC) 2 days
RMD: 05-02-16 to 05-04-16 (CCDC) 3 days

IX. PLEA NEGOTIATIONS

Both parties stipulate to jointly recommend Felony adjudication on Count 1. The State has no opposition to probation for a period not to exceed THREE (3) years. The State will retain the right to argue the terms and conditions of probation. If Defendant is honorably discharged from probation, he may withdraw his plea to Count 2 and, for Count 1, plead guilty to Attempt Battery by Strangulation, a Gross Misdemeanor, and receive credit for time served. Defendant is to receive credit for time served on Count 3. The adjudication on Count 3 will remain on the Defendant's record regardless of the outcome of his probation.

X. RECOMMENDATIONS

Based on information obtained and provided in this report, the following recommendations are submitted.

190 Day Regimental Discipline Program: N/A Deferred Sentence Per NRS 453.3363, 458.300,
458A.200, 176A.250, 176A.280: N/A

FEES

Administrative Assessment: \$25.00	Chemical/Drug Analysis: N/A	DNA: \$150.00
DNA Admin Assessment: \$3.00		
Domestic Violence Fee: N/A	Extradition: N/A	Psychosexual Fee: N/A

SENTENCE

**COUNT 1 – ATTEMPT BATTERY BY STRANGULATION
IF ADJUDICATED AS A FELONY**

Minimum Term: 12 months	Maximum Term: 32 months	Location: NDOC
Consecutive to/Concurrent With: N/A	Probation Recommended: Yes	Probation Term: NTE 3 years
Fine: \$500	Restitution: None	Mandatory Probation/ Prison: N/A

IF ADJUDICATED AS A GROSS MISDEMEANOR

Minimum Term: N/A	Maximum Term: 270 days	Location: CCDC
Consecutive to/Concurrent With: N/A	Probation Recommended: Yes	Probation Term: NTE 3 years
Fine: \$500	Restitution: None	Mandatory Probation/ Prison: N/A

COUNT 2 - COERCION (F)

Minimum Term: 12 months	Maximum Term: 36 months	Location: NDOC
Concurrent With: Count 1	Probation Recommended: Yes	Probation Term: NTE 3 years
Fine: \$500	Restitution: None	Mandatory Probation/ Prison: N/A

JUN 25 2019

Initials

LC

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

AND FOR THE COUNTY OF CLARK

THE STATE OF NEVADA,

Plaintiff

vs.

CHIBUEZE, MARTIN

Defendant

Case No.C-16-314608-1

Department No. 25


PETITION AND ORDER HONORABLY DISCHARGING PROBATIONER

To the Honorable Judge KATHLEEN DELANEY, of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of the Court for a term not to exceed 3 years, said Order being dated the 7 of August, 2017. Said Probationer has complied with all of the conditions of probation, while under supervision in the State of Nevada.

THEREFORE, the undersigned recommends that said Probationer receive an honorable discharge and released from further supervision.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person.

Dated this 14th day of June 2019.

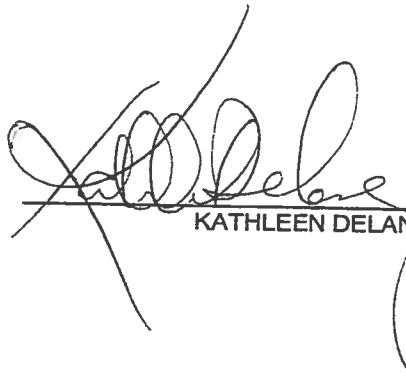

Anne Carpenter, (Acting) Chief Parole and Probation

ORDER HONORABLY DISCHARGING PROBATIONER

It appearing that the above-named Defendant was heretofore placed on probation under the authority of the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expires upon Judge's signature .

IT IS HEREBY ORDERED that said Probationer be, and is hereby granted an honorable discharge from
said probation previously imposed by this court.

Dated this 24th day of June, 2019 at 1:00pm


KATHLEEN DELANEY, District Judge
mk

JUN 18 2019