12A

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.

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New Pharmacy or □Ownership Change (Provide current Check box below for type of ownership and complete all recorporation 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	
GENERAL INFORMATION to be completed by all t	
Pharmacy Name: All City Pharm	racy #2
Physical Address: 8352 W Warn	
City: Las Vegas State: Zip C	423
(702) 834-7704 Fax: (70)	2)834-770 5 oll Free Number:
E-mail:	nfo@allcitypharmacy.com
Website: allcity pharmacy, com	7
to the second	10/11
Managing Pharmacist: Jared S Koho	License Number: 17691
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
TYPE OF PHARMACY AND Yes/No □ Retail	SERVICES PROVIDED Yes/No □ □ Off-site Cognitive Services
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds)	SERVICES PROVIDED Yes/No □ □ Off-site Cognitive Services □ □ Parenteral
Yes/No Retail Hospital (# beds) Internet	SERVICES PROVIDED Yes/No □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient)
Yes/No Retail Hospital (# beds) Internet Nuclear	Yes/No ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	SERVICES PROVIDED Yes/No ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	Yes/No ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ☐ Non Sterile Compounding
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ☐ Non Sterile Compounding

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1)	any interest, ever bee	any owner(s), shareholder(s) on charged, or convicted of a fing by way of a guilty plea or r	elony or gro	SS	Yes □ N	o 🏳
2)	Has the corporation, any interest, ever bee registration?	any owner(s), shareholder(s) o en denied a license, permit or	or partner(s) certificate of) with f	Yes □ N	o Ø
3)	interest, ever been th	any owner(s), shareholder(s) or se subject of an administrative g relating to the pharmaceutic	action, boar	with any of citation,	Yes ⊠ N	o 🗆
4)	interest, ever been fo	any owner(s), shareholder(s) o und guilty, pled guilty or enter ense federal or state, related t	ed a plea of	nolo	Yes □ N	o 💢
5)	interest, ever surrend	any owner(s), shareholder(s) of lered a license, permit or certifuse (other than upon voluntary of	icate of regi	stration	Yes □ N	。
Copies	answer to question 1 to s of any documents the ition may be required.	hrough 5 is "yes", a signed sta at identify the circumstance or	tement of excontain an	xplanation m order, agree	ust be atta ment, or of	ched. her
correc	 I understand that ar 	vers given in this application a ny infraction of the laws of the harmacy may be grounds for t	State of Nev	vada regulat	ina the	e and
unaer correc emplo:	penalty of perjury, tha t. I hereby authorize th yees, to conduct any i	swers and statements and known the information furnished on the Nevada State Board of Phanvestigation(s) of the business of reputation, as it may deem restigation, as it may deem recommendation.	this applicat rmacy, its a s. profession	tion are true, gents, serva nal. social an	accurate and dimoral	ertify, and
Origina	2000	Authorized to Submit Applica				
Board	Use Only Date Pro	ocessed:	Amount:	650.00		

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Lamb Blvd #4
City: 108 Vegos 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) Name Business Address
b) Name Business Address
c) Name Business Address
Name Business Address
d) A- Business Address
2) Provide the number of shares issued by the corporation.
3) What was the price paid per share?
List any physician shareholders and percentage of ownership.
Name: NA NONE %: NA
Name: N/A / None %: N/A
Hours of Operation for the pharmacy:
Monday thru Friday 7.30 am 5 pm Saturdayampr
Sundayampm 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 SOLE OWNER. All information relates to the person listed as the owner. Owner's Name: Garen Garakhanyan

Current Business Address: <u>821 10 Lanub Blud # 4</u>

City: <u>Las Vegas</u> State: <u>N V</u> Zip Code: <u>8911 0</u>

Telephone: <u>(702) 834-7704</u> Fax: <u>(702) 834-7705</u>

List any physician shareholders and percentage of ownership.

Name: Garen Garak hanyan	%: <u>/</u> 00
Name:	%:
Name:	<u>%:</u>
Name:	<u></u> %:

Hours of Operation for the pharmacy:

Monday thru Friday_	7:30 am	<u>500</u> 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 2016161525

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

1, 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.
phamady owned by or opolated by cala 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.
AND I
Original Signature of Person Authorized to Submit Application, no copies or stamps
Print Name of Authorized Person
Print Name of Authorized Person 11916

Managing Pharmacist

Pharmacist Name: Jarel Scott Kohn License #: 19 Pharmacy Name: All City Pharmacy	364	
Pharmacy Name: All City Pharmacy	<u>.</u>	-
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a the inventory to be on file at the pharmacy.	of the	9
I understand that as the managing pharmacist I am responsible for compliance by the pharmand its personnel with all state and federal laws and regulations relating to the operation of the pharmand the practice of pharmacy. I understand my license can be revoked or that I can be the subject disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	rmac of	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	jointl	у,
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?	es	No P
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		
If you marked YES to any of the numbered questions above, please include the following information	on	
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)
- 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

11/70/19 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.

The state of the s

Certificate Number: B20191119378542

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

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

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

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 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, Managin	g Partners, Truste	ees or Subscribers:
ALL CITY PHARMACY L.L.C. NAME OF ENTITY TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGH	NV2 0	0161161525 Entity or Nevada Business entification Number (NVID)
	1	
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:	Filed in the Office of Lachara K. (egaste	Business Number E0124232016-8 Filing Number 20190297473
Nonprofit Corporation (see nonprofit sections below)	Secretary of State State Of Nevada	Filed On 11/20/2019 12:07:30 PM
Limited-Liability Company	Olice Of Nevada	Number of Pages 2
Limited Partnership		
Limited-Liability Partnership		
Limited-Liability Limited Partnership		
Business Trust		
Corporation Sole		
Additional Officers, Managers, Members, General Partners, Managing Partners, Trustee	es or Subscribers, may b	e 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		о по оста оставания в оставани
For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designed the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by	nation are required to ma	intain a state business license,
Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt fro Exemption Code 002		ee.
For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' associa organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C \$ 501(c) are exclicense. Please indicate below if this entity falls under one of these categories by marking the at these categories please submit \$200.00 for the state business license.		
Unit-owners' Association Religious, charitable, fraternal or other org	anization that qualifies as	a tax-exempt organization
For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Info	mation - check applica	ble 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 required"	om Charitable Solicitation	Registration Statement" is
*Failure to include the required statement form will result in rejection o	f the filing and could re	Sult 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 MANAGING MEMBER:		
GAREN GARAKHANYAN		USA
Name	and the company of th	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	s has been identified with	the fraudulent intent of concealing
None of the officers and directors identified in the list of officers the identity of any person or persons exercising the power or at unlawful conduct. I declare, to the best of my knowledge under penalty of perjury acknowledge that pursuant to NRS 239.330, it is a category C fe in the Office of the Secretary of State.	s has been identified with uthority of an officer or di , that the information con	the fraudulent intent of concealing rector in furtherance of any tained herein is correct and

UNSIGNED



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 MEM	MBER:		
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 MEM	MBER:		
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 filling in the Office of the Secretary of State.

11/20/2019 Manager X Garen Garakhanyan Signature of Officer, Manager, Managing Member, Title Date

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

UNSIGNED



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.

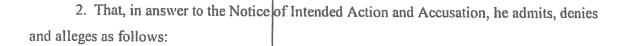
The Board then told me to get a new pharmacist, which I did immediately. If there are any questions or concerns or additional suggestions please feel free to contact me personally or the pharamcy

Respectfully

Garen Garakhanyan

Owner

All City Pharmacy LLC



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 Zjday of Morch, 2018.

Garen Garakhanyan Type or print name

Authorized Representative for: ALL CITY PHARMACY, LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,) CASE NO. 17-070-RPH-S
Petitioner, v.) 17-070-PH-S)
JAIME CORDOBA-HERNANDEZ, RPH Certificate of Registration No. 17533, and)) STIPULATED FACTS) (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

- 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".
- 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 Igm vials of lyophifized 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 Vancomyein, 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:
 - 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 10 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 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,

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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, Certificate of Registration No. 17533, and) FINDINGS OF FACT,) CONCLUSIONS OF LAW) AND ORDER
ALL CITY PHARMACY, LLC Certificate of Registration No. PH03609,)))
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). 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."
- 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

 Cordoba-Hernandez-All City Pharmacy Order

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.

- The label on the medication lists Dr. Shah as the ordering practitioner.
- 11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin Igm 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 Vancomyein, 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);
- drawn, or how the results would be provided to the Pharmacist;
 - The side effects related to Vancomyein;
 - 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:
- Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.
- Not engage in any form of compounding or specialty pharmacy.
 He shall limit his practice to retail pharmacy practice only.
- 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 cheek* or *certified cheek* or *money order* made payable to the "*Nevadu 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 _____ day of April 2019.

Jason Perrod, President

Neyada 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 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 Phay All City Pharmacy		j W. Wa	urn Sprin	gs Rd. Las Vegas
Name and Addition	able, Name Under Which	***************************************	esten (89113
1. PERSONAL INFORMATION: Garakhanyan Last Name	Garen	M	iiddle Name	destroyer for the source fooder to see the source for the source f
Alias(es, Nicknames, Maiden Name, Other Name Changes, Bow Canyon		egas NI	18914	7
Present Residence Address-Street or RFD 8.21 N Lamb Blvd Present Business Address	City 9 - 12 - 2	2016 - 6	State/Zip Orent State/Zip	FOR All City Pharmacy #1
Owner Date Occupation	11/2/00	Р	Current hone: esidence	
Date of Birth Place	e of Birth (City, County, S	Rmenia B	usiness (702)	1 0
Age Social Security Brown Black Color of Eyes Color of Hair Co	Number Olive mplexion	120 So Weight	se nall 5'	ight
Scars, tattoos or distinguishing marks and/or	characteristics	None	1	
Are you a citizen of the United States? Yes	No □ If alien,	registration No		
If naturalized, certificate No. Place LAS VEGAS, N	V	Date <u>Se</u> p. (If naturalized, do		,
2. MARITAL INFORMATION:				
Single ☐ Married ☐ Separated ☐	Divorced 💢		Engaged □ licant's initial	GG Page 1

MARITAL INFORMATION-Continued

A.	Current Marriage V (A		
	Spouse's full name (Maiden)	City, County and State A S.S. No ム (A	
	Date of Birth N A	Place of Birth N (A	
	Resident address U A	City State Zip	
	Telephone: Residence N A	Business NA	
	Spouse's employer NA	Occupation N A	
	Address of employer NIA	City State Zip	
B. P		ated, divorced, or annulled, indicate below:	
Name Kri	Date of Order or Decree Stina Gurgian 2016	Date of Place Nature of City of Marriage Action County and State 6-4-2000 Divorce Los Veras 0 Los Vegos Divorce Clark / WV	
Kr	List of names, current address and teler	City State Zip Telephone	8913
A .	MILY INFORMATION: Children and Dependents: List all children, including step-children, including	dren and adopted children and give the following information: Birth Place Residence Address Las Vegas Las Vegas AV 8912 Bow Canyon Conyon	C+ +17 +13 1
	one some marrigari	. 7 Lusveyis Lasveyus NV891	7 1
B.	plan approved by the district of the amount owed pursuar I am subject to a court order the order or a plan approved	order for the support of child. If for the support of one or more children and am in compliance with a tattorney or other public agency enforcing the order for the repayment	

LAMIL	District attorney or public age	ency responsible for enfo	orcing the child support	order:	
	Name U A				
	Address				
	Contact person				•••••
C.	Parents: List names, residence addres				arents,
parent	s- <u>in-law or legal guardian. If re</u>	tired or deceased list la	est address and occurs	ation	
	Name (Maiden)	Birth Date Add		Occupa	ation
Father	Air Garakha	W/(1/0)	CRAINCAG	NUA DE I	· Las legas NV
Mother	AIR Garakha Julk Garakha	1900	- 3. GATTODETIM	7-70-1154	8914
50 Father-in		nyan'	SGrano Canyor	Drt. 'as	legas, av
	NIA				
Mother-i	μ I A				
D.	Brothers and Sisters: List names, residence address their respective spouses.		most recent occupation	ns of brothers and si	sters and of
	Name (Maiden)	Birth Date Add	ess	Occupa	ation
Spouse	NIA				
	NIA				
Spouse			*		

Spouse					
					
Spouse			-		
4. E	DUCATION:			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Name of School	Location	Dates Attended	Gradu	ate
Gramma School	Abovian#5	Aboujan	Armenia	1984-94 Yes E	ZNo 🗆
High School	Abovian#5	Abovian	Armania 198	74-9 V Yes D	′ No □
College Universi	v				No Æ
	1			_	
Other			. 110	Yes	No
Туре с	f degree obtained, if any	•••••	NIA	*************************	******
College	e or university where obtained	•••••	NIA	***************************************	
			Appli	cant's initial	Page 3

5 MILITARY INFORMATION:

A.	Have you ever served in any armed forces?	Yes 🗆 No 🗗	
	Branch N (A D	ate of entry-active service	
	Date of separationT	/pe of discharge	
	Rating at separation	Serial number	
	While in the military service were you ever arrested special or general court martial? Yes □ N regardless of where they occurred-foreign or dome	o ☐ If yes, furnish details on p	n summary action, a trial or age 10. (List all incidents
B.	Have you registered for the draft? Yes □ N		
	County NIA State N	Date registered	N/A
A.	RRESTS, DETENTIONS, LITIGATIONS AND ARBIT not convicted.) Have you ever been arrested, detained, charged, in violation for any reason whatsoever, regardless of Yes No figure details in space provided the North Rest Age	ndicted or summoned to answer the disposition of the event? (Ex d below. List all cases without e	for any criminal offense or cept minor traffic citations.)
	NIA		
		1.0	
B. C. D. E. G.	Has a criminal indictment, information or complaint arrested or in which you were named as an unindict page 10. Have you ever been questioned or deposed by a correct committee? Yes In No King Have you ever been subpoensed to appear or test commission? Yes In No King Have you ever been subpoensed to testify for any Yes In No King Have you ever had a civil or criminal record expunsifyes, when? Have you ever received a pardon or deferred prosense you ever proceived a pardon or deferred prosense you ever had a civil or criminal record expunsifyes, when? Have you ever received a pardon or deferred prosense you ever proceived a pardon or deferred prosense you when? Has any member of your family or of your spouse's lifyour answer to any of the above questions (B through the process of the proc	ity, state, federal or law enforcer ify before a federal, state or cou civil, criminal or administrative p ged or sealed by a court order? ty, county and state ecution for any criminal offense? ty, county and state s family ever been convicted of a	ryes. furnish details on ment agency, commission nty grand jury, board or proceeding or hearing? Yes No Yes No Yes No Yes No Yes No No No No No No No No No No
Name	Rejationship	Charge	Location Date
- 100	NIA		C G
		Applicant's i	nitial (Page

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a lawsu Yes □ No Д	it as either a ≺(Other thar	plaintiff or defendant or divorces)	ip, or owner, director or officer or an arbitration as either a claim- ception, including bankruptcies:	ant or respondent?
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
NIA	4			
associated with	n it as an ow	p, business venture, so ner, officer, director or p plete the following:	le proprietorship or closely held partner) been a party to a lawsui	corporation (while you were it, arbitration or bankruptcy?
Name of Entity		Type of Entity	Approxima Lawsuit/Ari	te Date(s) of bitration/Bankruptcy
NIA				
		The same of the same of the		
7 DESIDENCES.			And the state of t	
7. RESIDENCES: List all residences you	have had for	r the last 25 years:		
Month and Year			Ch	0
(From-To)		eet and Number		State or County SNV & 9/4 7
1 01				
12010-12	7019		sh falls way La	is loges NUS91
12005	12009		hyr wind Las	Vegas 1008913
12008- 5/3	2005	6022 Gol	dentarmony 2	as Vegas NV89
3/1999-4/2	2002	2500 Kare	en Aue #12 Las	Vegas NV 89
1/1997-2	1999	(020 W)	Milford Glenda	16 CA 9120:
1/1000 = 3	31.000	2 11:	oro #9 Abovi	CIC, CH II CO
/1990 -	1199	1 2 14/6	DIO THOUL	an Armenia
				,
			19 William Pallacia	
			and the formation assumption of the state of	
				initial 66

Page 5

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving NIA
11/2017-00	crent All City Pharmacy 821	N LambBlud LasVags NV
Title	Description of Duties	Name of Supervisor 89/10
owner	Oversee Operations	self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving NA
7/2015 - Curr	Description of Duties J	Name of Supervisor 89103
owner (Derse Operations	
owna (werse granding	se L+
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving Sold
3/2015-1201	17 Elepte Capital 8337 (N Sunset Las Vegas NV89113
Title	Description or Duties	Name of Supervisor
owner	Oversee Operations	5814
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2/112 - 3/20	Description of Duties Las Vegas	Salt Business
3/2012 - 3/20 Title	Description of Duties Las Vegas	Name of Supervisor
Owner	Over see Daily Operations	self.
Month and Year	Name/Mailing Address of Employer/Business	Remon feet leaving
1/0 - 10 - 3/	2012 unemployed	Reason for Leaving
Title	Description of Duties	Name of Supervisor
	Description of Dates	Name of outpervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving .
1/2010-1/20	12 Steplegas Lasuegas NV	· Bus Closed.
Title	Description of Duties	Name of Supervisor
ionsult.	Real Estate Consult.	Steve Arakelian
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving Other Job
9/2008-1/2010		
Title	Description of Duties	Name of Supervisor
Asset Mgr.	Administration	Juhnathan Mynes
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving Clased
4/2003-8/20	DOS MIC MORTAGOR YXX) WFI	amined
Title	Description of Duties 1 08 1990 9	Name of Supervisor
Loan office	DOS MLS Mortgage 4850 WF1 Description of Duties Las Vegas Ler Originate loans	EDD/E KAWA
	•	
ii additional space is ne	eeded, continue on page 10 or provide attachment.	
		(-6-
	Aş	oplicant's initial GG
		Page 6

ADDITIONAL INFORMATION

 	Employment Continued:
	2/2000 - 4/2003 In a Out Tire & Auto otherjob 5410 S Deadur - technician Jas Vegas NV 89113 Varied.
)05°	technician Los Veges NV 89113 Varied.
••	Duties: General Mechanic Task
	2/1999-2/2000 Cesars Palace other Job
	3570 5 Las Veges Blue Corporate
Pa	si Valet Deties' Walet : Park Cars
	6/1997-2/1999 Ask Gold Comp moved. 620 Olive
••	Pos. Sales Los Hoseles (A 90302
	Duties: Sales Managers
	1st Jub 15 one above ASK Gold
•	

Applicant's initial

Page 10

9. CHARACTER REFERENCES:

	List five character reference wi	ho have know you five years or mor	re. Do not include relatives, pr	resent
	/here Employed Street	City State Zip	Telephone Years K	nown
Name /	atasha Bel Home	3 Agnow Valley CL Les Veg	es NV89/18	1-15 y
Employer	Touro MED School usiness &	74 American Pac, fiel	tenderson NV 8901	•
Name (conline Car Home	5 Firstlady Ale La	s Kasus NV89148	204r
Employer	Home Fund, NG Business /	820 E Warm Sprin	5 #130 Las Vegas 1	189119
Name (Selve Karapet Home	WICKED Edge LOS Vego	ISNV85/13	144rs
Employer	Alizona trucking + Catering	224 WichED Edge la	Vegas NV 89115	
Name L	O Hangas Home	Montessori ST	Lasvegas	12415
Employer	Flancias Zac Business (6005 3Rd St Last	legas NV 891	0/
Name K	ISCY KOU'DI Home	. N Jackson St.	Glendale CA 9	1206
Employer	Un un Buil Business 3	30 N Brand #160 G 1 cm	ale CA 9/203	30y1
		box or other such depository, acces	ss to any depository or do you	use any other
	person's depository? Yes 🗀 1 If yes, complete the following	g: X		
	er or Type of Depository	Location City and State	Authorized Users	
	Ι Δ-	Store and State	Abthorized Osers	
<u> </u>				<u></u>
11.	Have you ever held a privilege	d, occupational or professional licer	nse in any state, including but	not limited to
	the following: Liquor Lawyer	Race horse/race dog owner	-	
	Doctor Contractor	Real estate broker or salesman	Securities dealer Barber/Cosmetologist	Insurance Gaming
	Accountant Pilot Yes □ No 攵	Sports promoter	Trainer or manager	Educator
	ام ہوں۔ If yes, state type, where and ye	ears held		
	\	***************************************	•	*****
	NIA	***************************************		***************************************

12.	Have you ever applied for a cit	ry, county of state business, venture	or industry license or held a f	inancial
	nterest in a licensed business	or industry OUTSIDE the State of It	Nevada? Yes □ No 🗘	
	If yes, state type, when and when and when and address.	nere and give names and locations east of all partners and the agency re	of the businesses in which you	I were
,	venture or industry.	or an partition and the agency re	saportaible for floerialing said be	15111055,
			***************************************	***********
	NIA			· • • • • • • • • • • • • • • • • • • •
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			Applicant's initial	66
				Page 7

13.	Have you ever appeared before any licensing agendany reason whatsoever? Yes ☐ No ☐	cy or similar authority in or outside the State of Nevada for
14.	Have you ever been denied a personal license, perror professional activity? Yes ☐ No ☑	nit, certificate or registration for a privileged, occupational
If yes t	o the above, state where, when and for what reason:	NIA
15.	Have you ever been refused a business or industry participant in any group which has been denied a business or industry suitability?	license or related finding of suitability or been a usiness or industry license or related finding of Yes No
16.	Have you or any person with whom you have been administrative action or proceeding relating to the plants.	a participant in any group been the subject of an harmaceutical industry? Yes □ No
17.	Have you or any person with whom you have been guilty or entered a plea of nolo contendere to any of controlled substances?	a participant in any group ever been found guilty, plead fense, federal or state, related to prescription drugs and/or Yes No D
18.	Have you or any person with whom you have been permit or certificate of registration relating to the phaupon voluntary close of a manufacturer	a participant in any group ever surrendered a license, armaceutical industry voluntarily or otherwise (other than Yes No V
19.	pharmaceutical or drug related industry?	Yes □ No □
,,,,		

		Date of photograph 11/20/19
		Applicant's initial G-G-Page 8

COUNTY OF Clark

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

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

Sriginal Signature of Applicant

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

ExpiRES 6/8/2020 Notary Public

(seal)

CAROLINE CAROUTHERS Notary Public, State of Nevada Appointment No. 16-2770-1 My Appt. Expires June 08, 2020

Applicant's initial Page 9

ADDITIONAL INFORMATION

•••••••••••••••••••••••••••••••••••••••

Applicant's initial 6 6 Page 10

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

	1)	
≥ Date	11120	119	
		-f(d	

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 Re, All C. ty Pharma Name and Address	Nature of Pharmacy or Wholesaler	
HIL Coty Pharma Name and Address	of Business for Which Designated Represent	ative is Requested
lf ap	plicable, Name Under Which It Is Now Opera	ted
1. PERSONAL INFORMATION:		
Last Name KoHN	First Name JARED	Middle Name ScoTT
Alias(es, Nicknames, Maiden Name, Other Name Ch		
Present Residence Address-Street or RFD	las Vesas	NV 89119
871 N. Cant BIVD #4 D	ates (A. O Vecas	NV 89110
Present Position with the Pharmacy or Wholesaler	ates 1/25/19 to	Present
Present Position with the Pharmacy or Wholesaler		Phone: Residence
,		Business 702 874 7704
Date of Birth P	St. Louis, Milsey, lace of Birth (City, County, State)	Dusiliess 7, V. D. J.
Date of Birth / P	lace of Birth (City, County, State)	
32 kgrs	rity Number	M
		Sex
Brown Rlank	Fix W/+ 158100	14/st. 5'10"
Color of Eyes Color of Hair	Far White 158 (DF Complexion Weight	Build Height
Scars, tattoos or distinguishing marks and	/or characteristics / 5 , , ,	ch scar on inside
Are you a citizen of the United States?		
If naturalized, certificate No.		
Place	V / A (If naturalize	ed, document must be verified.)
2. MARITAL INFORMATION:		
Single □ Married □ Separated	□ Divorced ☑ Widowed □	I Engaged □
		Applicant's initial Rage 1

MARITAL INFORMATION-Continued

	Current Marriage //	Date		City County a	nd State	••••		
	Spouse's full name (Maiden)		City, County and State S.S. No					
	Date of Birth	Date of BirthPlace of Birth						
	Resident address Street							
	Street		City	State	Zip	••••		
	Telephone: Residence		Business			••••		
	Spouse's employer		Occupation	***************************************	***************************************			
	Address of employerStreet							
	Street		City	State	Zip			
Pr	revious Marriages: If ever legal	ly separated, divorced,	or annulled, indicat	te below:				
	Date of Order	Date of Place			/			
	of Spouse or Decree	Orbice deere	Action Moman	e data	unty and State			
4	Priscita Salmas Flores	10/14/19	7/18	116				
	Priscilia Salmas Flores	Noje county, NV	Clark	secrety, N	V V			
				/ -				
7,4	List of names, current address: Name Street Pascella Salinal Hoces	City	State	Zip	Telephone			
FA	Name Street Part of La Salina Hore's MILY INFORMATION: Children and Dependents: List all children, including s	Sinclus St. Sinclus St. step-children and adopte	State Las Vega, NV	Zip 8912 /				
FA	Name Street Proceed Salinal Hores MILY INFORMATION: Children and Dependents:	Sinclus St. Sinclus St. step-children and adopte	State Las Vega, NV ed children and giv	Zip 8912 /	ring information:			
FA	Name Street Part of La Salina Hore's MILY INFORMATION: Children and Dependents: List all children, including s	Sinclus St. Sinclus St. step-children and adopte	State Las Vega, NV ed children and giv	Zip \$712 /	ring information:			
FA	Name Street Procedus Salinas Flores MILY INFORMATION: Children and Dependents: List all children, including s Name Birth Dat	Sinclus St. Sinclus St. step-children and adopte	State Las Vega, NV ed children and giv	Zip \$712 /	ring information:			
. FA	Name Street Procedus Salinas Flores MILY INFORMATION: Children and Dependents: List all children, including s Name Birth Dat	Sinclus St. Sinclus St. step-children and adopte	State Las Vega, NV ed children and giv	Zip \$712 /	ring information:			
FAA.	Name Street Proceding Saling Flores MILY INFORMATION: Children and Dependents: List all children, including s Name Birth Dat	Sinclus St. Sinclus St. Step-children and adopte te Birth Place	State Las Vega, NV ed children and giv	Zip \$712 /	ring information:			
FAA.	Name Street Process AMILY INFORMATION: Children and Dependents: List all children, including so the part of the	Sinclus St. Sinclus St. Step-children and adopte te Birth Place	State Las Vega, NV ed children and give	Zip \$712 /	ring information:			
. FA	Name Street Procedus Salinas Hores MILY INFORMATION: Children and Dependents: List all children, including so the salinas and so the salinas and sal	Sinclus St. Sinclus St. Step-children and adopte te Birth Place priate response:	ed children and give	Zip #912 / /e the follow Residence Add	ring information: dress			
FA.	Name Street Process MILY INFORMATION: Children and Dependents: List all children, including some Birth Date Name Birth Date I am not subject to a complan approved by the of the amount owed I am subject to a complan subject to a complan approved by the of the amount owed	step-children and adopte te Birth Place priate response: a court order for the sup urt order for the support	port of child. t of one or more charter public agency experience or more charter by the order.	Zip #212 / #2 the follow Residence Add iildren and a inforcing the iildren and N ublic agence	am in compliance or order for the repa	aym		

LWMIL	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,
parent	S-
	in-law or legal guardian. If retired or deceased, list last address and occupation. Name (Maiden) Birth Date Address Occupation
Father	With Rd charlestied Found Basiness
Mother	consta Loun, Clegion voi 10, 63017 owned
Re	enard Kohn, Clayton Rd. MO. 13017 Owner Charlested Charles Charles Charles Charles Teacher
Father-in	
^	J/A
Mother-i	in-Law
\sim	/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	enjelle Kohn , yourst ca 92663 Real Cotate Agent ter Bonson
J4 Spouse	col Kohn , Tel Aviv, Israel Tech Congrany
Spouse	
Spouse	
4. El	DUCATION:
Gramma	Name of School Location Dates Attended Graduate
School High School College	Soleman Schecker by school Chestertield, MO, 1994-1999 Yes NO I
Universi	ey University of Missori H. Coul Stlower, MO, COOP- 2013 Yes No 1
	Roseman Vayersty of Gealth Survey Henderson, NV 2014-2017 NO [
	of degree obtained, if any there. D.
Colleg	e or university where obtained R-sexual Valversity of Health Sauces
	<u>u</u>

Applicant's initial A

5 MILITARY INFORMATION:

A.	Have you ever served in any armed forces? Yes □ No ☑
	BranchDate 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 \square No \square 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. AF	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
A.	not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense 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
•	w/a
В.	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?
F.	Yes □ No ☑ Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No ☑
G.	If yes, when? city, county and state Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No ☑
H.	If yes when? city, county and state Has any member of your family or of your spouse's family ever been convicted of a felony? Yes Define No Definition of your 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 JA
	Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

l.

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 Court and Case Claimant/Respondent Date Filed Number City, County and State Disposition/Date Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with jt as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes
No figure 1 No figure 1 No figure 2 N Approximate Date(s) of Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy NIA 7. RESIDENCES: List all residences you have had for the last 25 years: Month and Year Street and Number City (From-To) 1987-2014 13650 Chaylon Fed desta Reld, MO 63017 2014-2016 2096 Ranged Apre 41028 Handerson NV 89014 2016. 2019 1500 Cardinal Peck line # 202 les Kyas, NV 89144 2019- Reght Gobiel pan les vegas NY 89119 Applicant's initial _______Page 5

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

8. EMPLOYMENT:

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

8/17 to 11/17	Name/Mailing Address of Employer/Business	Number of Employed Hours
		Number of Employed Hours
Pharmaust Title	Statt Pharmasist	Chris Scalt-itt
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/12-1/19	Quire Mamaca 8705 W Woon Som	
Title	Description of Duties	Name of Supervisor
Pharmaust in	Description of Duties) Change All Plannacust Askles	Majra Baloch
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/19 to Freshir	A AM City Pharmon 821 N Comb BIND Description of Duties harge All Agnoist Stres Co	Vane of Supervisor
Phornaust in a	harge All Ramoist Stres G	eren Gora Khanyan
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 Dutles	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/Malling 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 P

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 Telephone Years Known Name Ernie Zita Home 4 Home Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Lawver Race horse/race dog owner Securities dealer Insurance Barber/Cosmetologist Doctor Contractor Real estate broker or salesman Gaming Accountant 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 \(\square\) No \(\subseteq \) 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 ligense, 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 #

Page 7

14.	Have you ever been refused a business or indust participant in any group which has been denied a suitability?	business or industry license or	related finding of Yes □ No ☑
15.	Have you or any person with whom you have bee administrative action or proceeding relating to the	en a participant in any group been a participant in any group been a pharmaceutical industry?	en the subject of an Yes □ No ☑
16.	Have you or any person with whom you have bee guilty or entered a plea of nolo contendere to any controlled substances?	en a participant in any group eve offense, federal or state, relate	er been found guilty, plead d to prescription drugs and/or Yes □ No
17.	Have you or any person with whom you have bee permit or certificate of registration relating to the pupon voluntary close of a wholesaler	en a participant in any group even charmaceutical industry volunta	er surrendered a license, rily or otherwise (other than Yes □ No ☑
18.	Do you have any relatives within the fourth degree pharmaceutical or drug related industry?		Yes 🗆 No 🗹
19.	Will you be actively involved in and aware of the ownolesaler?	daily operation of the pharmacy	or Yes ☑ No □
20.	Will you be employed fulltime with the pharmacy of	or wholesaler?	Yes ☑ No □
21.	Will you be present at the site of the pharmacy or operating hours?	wholesaler during its normal	Yes No 🗆
		ATTAC	
		TAK	
		30	
			. /
		Date of photograph	
		Applicant's	s initial M Page 8

(seal)

CAROLINE CAROUTHERS
Notary Public, State of Nevada
Appointment No. 16-2770-1
My Appt. Expires June 08, 2020

Applicant's initial

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ADDITIONAL INFORMATION

	N (A							
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Applicant's initial Page 10

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 Check box below for type of ownership and complete all re Corporation or Partnership.	equired forms. **If LLC use Non Public
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&	☐ Partnership - Pages 1,2,6,10,11a&b Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by all t	
Pharmacy Name: All City Pharma	# 3
La Bonita Supermarket	1 1/1/22
La Bonita Supermarket Physical Address: 6000 W. Cheyer	ine has Vegas NU 89108
City: LOS VOGOS VState: Zip C	ode: Telephone:_
(702)834-7704 Fax: (702	2)834 - 7705 Toll Free Number:
	Fol alleity pharmacy.com
Website: allcity pharmacy.com	a control of the cont
	License Number: 19641
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
V □ Retail	□ □ Off-site Cognitive Services
□ □ Hospital (# beds)	□ □ Parenteral
□ □ Internet	□ □ Parenteral (outpatient)
□ □ Nuclear	□ □ Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	□ □ Mail Service
☐ ☐ Community	□ □ Long Term Care
□ □ Other:	□ □ Sterile Compounding
	□ □ Non Sterile Compounding
All boxes must be checked	□ □ Mail Service Sterile Compounding
For the application to be complete	□ □ Other Services:
·	

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	yea	rs:		

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 ⊠ ¹ 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 🗡
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mass of any documents that identify the circumstance or contain an order, agreestition may be required.	
correc	by certify that the answers given in this application and attached documenta t. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this pe	ting the
under correct emplo	read all questions, answers and statements and know the contents thereof, penalty of perjury, that the information furnished on this application are true t. I hereby authorize the Nevada State Board of Pharmacy, its agents, servayees, to conduct any investigation(s) of the business, professional, social arround, qualification and reputation, as it may deem necessary, proper or descended.	, accurate and ants and nd moral
6	Asignature of Person Authorized to Submit Application, no copies or stamp ax en Sovakhanyan 12-3-201 Name of Authorized Person Date	os 9
Board	Use Only Date Processed: Amount: 500.00)

OWNERSHIP IS A PUBLICY TRADED CORPORATION

state of Incorporation: NA
Parent Company if any: NA
Corporation Name: NIA
Mailing Address:
City: NA State: NA Zip: NA
elephone: NA Fax: NA
Contact Person: NA
the corporation that holds an ownership interest in the applicant is a publicly traded corporation, ne applicant shall identify the officers of that corporation, the date the corporation received its egistration with the SEC, the registration number issued and the exchange at which the stock is eing traded. You can provide a copy of the SEC report or copy of Form 10-K.
Pate of Incorporation: NA
Registration number issued: NA
Stock Exchange: N/A
lours of Operation for the pharmacy:
Nonday thru Friday 9 am 8 pm Saturday 9 am 5 pm
Sunday 9 am 5 pm 24 Hours _
Nevada business license is not required, however if the pharmacy has a Nevada business cense please provide the number:

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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.

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Lamb Blvd #4
City: Las Upaas state: NV zip: 89110
Telephone: C702) 834-7704 Fax: (702) 834-7705
Contact Person: Garen Garakhanyan
For any corporation non publicly traded, disclose the following:
List top 4 persons to whom the shares were issued by the corporation?
a) NIA
Name Business Address
b) U A
Name Business Address
c) DIA
Name Business Address
d) D D D D D D D D D D D D D D D D D D D
2) Provide the number of shares issued by the corporation. \(\int\)\\\(\righta\)
3) What was the price paid per share?
List any physician shareholders and percentage of ownership.
Name: NA NONE %: NA
Name: NA NOWE %: NA
Hours of Operation for the pharmacy:
Monday thru Fridayampm Saturdayampm
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

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

Type of Partnership:	General NIA	Limited <u>ル</u>	LA		
List names of 4 largest partners and pe	rcentage of ownersh	nip:			
Name:NA			_%:	ALU	
Name: Name:			_%:	NLA	_
Name: Name:			_%:_	NA	_
Name: Name:			_%: _	NA	_
Partnership Name: <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>					
Mailing Address: _ \ \ \ \ A					_
City, State Zip Code: Ula					
Telephone Number: ULA	Fax Numbe	er: <u>N</u>		·	
Contact Person:					_
List any physician shareholders and pe	rcentage of ownersh	nip.			
Name: UONE	300 - 300 -		_%:_	NIA	_
Name: Uone			_%:_	Alu	
Name: None			_%:	AJU	_
Hours of Operation for the pharmacy	<u>/:</u>				
Monday thru Fridayam	pm	Saturday		am	_pm
Sundayam	pm	24 Hours	_		
A Nevada business license is not requi license please provide the number:	red, however if the p	-	Neva	ada business	

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

Owner's Name: Garen Garakhanyan	<u> </u>	
Business Name: All City Pharmac	4	
Current Business Address: 821 D. Lamb E	Stud # (+
City: Las Vocaos State: N	_Zip Code	7110
Telephone: $(202)834-7704$ Fax:	(702)8	34-7705
List any physician shareholders and percentage of ownershi	p.	
Name: Garen Garakhanyan		%: <u>/</u> //
Name:		%:
Name:		%:
Name:		%:
Hours of Operation for the pharmacy:		
Monday thru Friday 9 am 8 pm	Saturday _	9_am 5pm
Sunday <u>9</u> am <u>5</u> pm	24 Hours	
A Nevada business license is not required, however if the ph license please provide the number: 1002016 1161		Nevada business

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

Managing Pharmacist

Pharmacist Name: Saled Scott Kohn License #: 19 Pharmacy Name: All City Pharmacy	6 Y	<u> </u>
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a controlled substances of the inventory to be on file at the pharmacy.	of th	е
I understand that as the managing pharmacist I am responsible for compliance by the pharmand its personnel with all state and federal laws and regulations relating to the operation of the pharmand 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.	rmad	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	joint	ly,
Y 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?	′es	No
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		Ø
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		Ø
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		
If you marked YES to any of the numbered questions above, please include the following information	on	
Board Administrative Action: State: Date: Case #:		_
And/or Criminal Action: State:		_

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)
- 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 - 1 d
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.

withdrawn without the permission of the licensing agency.
Application for Retail Phormacy
All City Pharmacy Nature of License
Blame and Address of Establishment for Which License Is Dequested
If applicable, Name Under Which It Is Now Operated
1. PERSONAL INFORMATION:
Garakhan yan Gaven
Last Name Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Bow Conyon Ct Las Voges W 89147
Present Residence Address-Street or RFD RUG City Lasvegas NV 89 Anate/Zip For
Present Business Address City City State/Zip All City Pray man
Dates 11/3/2017-CULCENT
Occupation Phone:
Residence 702 2 234 334
Verevan Armenic Business (702) 834-7704
Date of Birth Place of Birth (City, County, State)
Male
Age Social Security Number
Color of Eyes Color of Hair Complexion Weight Build Height
Color of Lyes Color of Half Complexion Weight Build Height
Scars, tattoos or distinguishing marks and/or characteristics
Are you a citizen of the United States? Yes No D If alien, registration No.
Place LOS VQQS NU (If naturalized, document must be verified.)
(If naturalized, document must be verified.)
2. MARITAL INFORMATION:
Single ☐ Married ☐ Separated ☐ Divorced ❤️ Widowed ☐ Engaged ☐
Applicant's initial 66
Page 1

	11 0	
٨.	Current Marriage PLA	
	Spouse's full name (Maiden)	City, County and State S.S. No.
	Date of Birth NA	Place of Birth
	· ·	
		City State Zip
		Business N A
	Spouse's employer A) A	Occupation N / A
		City State Zip
		City State Zip
B. F	Previous Marriages: If ever legally separate	ed, divorced, or annulled, indicate below:
Vame		Date of Place Nature of City of Marriage Action County and State
K	ristin Gurgian 2	016 Childs vocas Divore Clark
	119110 Suglaria	or o contras voges 1010012 Classe
_	risting burgian	Garden Mist #1055 Les
2 5		
A. A		en and adopted children and give the following information: Residence Address Bow Carr Carryon Las Veras N
	Children and Dependents: List all children, including step-children. Name Birth Date E Lex Govorkhonyan Wid Garakhonyan	Residence Address Bow Can OSVEGES Lasvegas N Canyon Lasvegas N 89
A. A. D.	Children and Dependents: List all children, including step-children. Name Birth Date EX Cova Khanyan Child Support Information:	Residence Address Bow Caw Bow Canyon Las Vegas N Somese:
A. A. D.	Children and Dependents: List all children, including step-children. Name Birth Date E Child Support Information: Please mark the appropriate resp I am not subject to a court order for	Power of the support of one or more children and am in compliance with a attorney or other public agency enforcing the order for the repayment

FAIVIIL	District attorney or publ		e for enforcing the o	child support order:	
			•		
C.	Parents:				
parent		addresses, dates of b	irth and most recer	t occupations of parents	s, step-parents,
	in-law or legal guardiar			and occupation.	
	Name (Maiden)	Birth Date	Address		Occupation
Father	RAIR Garal	chanyon	5.	Grand Chiny	1 Dr Lash
Mother	' 1		1 1		891
Father-in	OUIC Shamir	ian (Garalcha	nyan).	Grand Chryc S:Grend a	Las Vora
	NIA				NUXE
Mother-i	in-Law			*	Beth Reti
D.	Brothers and Sisters: List names, residence their respective spouse Name (Maiden)	addresses, dates of b	irth and most recer	nt occupations of brother	es and sisters and of
Spouse	NID				
Spouse					
Spouse					
Spouse					
4. E	DUCATION:				16
Gramma School High School College Univers	Aboutar	15 Alo	ation Dates A	Attended rmemia 1984 Armenia 1984-	Graduate Yes No Yes No Yes No Yes
Other					Yes 🗆 No 🗗
Туре	of degree obtained, if any	NIA			
Colleg	ge or university where ob	tained / /	1		
				Applicant's initia	66 Page

5 MILITARY INFORMATION: Yes 🗆 No 📮 Have you ever served in any armed forces? 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 NA State NA Date registered N 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) 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 \(\triangle Charge Location-City and State Deposition/Date Date of Arrest Has a criminal indictment, information or complaint ever been returned against you, but for which you were not B. arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes □ No □ Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or D. commission? Yes □ No ☑ Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? E. Yes 🗆 No 🗷 Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No □ F. If yes, when? ______city, county and state ______Have you ever received a pardon or deferred prosecution for any criminal offense? Yes _ No _^* G. If yes when? _____city, county and state _____Has any member of your family or of your spouse's family ever been convicted of a felony? Yes _ No _ Η. If you answer to any of the above questions (B through H) is yes, furnish details on page 10. Relationship Charge Location Name Date

1) ()	

Applicant's initial 66

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

laintiff/Defendant or laimant/Respondent	_Date Filed	Court and Case Number	City, County and State	Disposition/Date
NIA	1			
associated w	ith it as an owne		ole proprietorship or closely held partner) been a party to a lawsui	t, arbitration or bankrupto
Name of Entity		Type of Entity		e Date(s) of oitration/Bankruptcy
NIA				
				. 20.
. RESIDENCES:				
st all residences yo	u have had for th	ne last 25 years:		
onth and Year (From-To)	Street	and Number	City 5	State or County
3/2014- (current	· · · · · · · · · · · · · · · · · · ·	Du Canyon Ct	Lagueras NU
12010-21	2014	8984 EA		LasVegasNV
1/2005 -	12/2009	6682 7	ephyrlulud Iq	evegas MC
12002 -	5/200	5 6022 6	odden Harnony	Las Voges N
3/1999 -	4/200-	22500	Laven Ave #1	20 Vegas NV
11,997 -	- 4/1999	620 u	m. Hord Jend	ale CA 9
1990 -	3/1997	2 Mic	orotty Abovia	Armenia
			-	
			Applicant's i	1.6

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

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2017-01	errent All City Abarmou	821 N. Lam D Las Vegas
Title	Description of Duties	Name of Supervisor Blud #4
owner	Oversee Operations S	e/f 89110
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2015 · CUI	ren Vegos Car Center 9	1350 Arville #16 LOS Ubgas M
Title	Description of Duties	Name of Supervisor
DWHER	Wersee Cherations	selF.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving Sold
3/2015-12	017 · Fleinte Contal 83:	37 W. Sunset Las legas
Title	Description of Duties	Name of Supervisor NUSGII 3
o wher	oversee operation	se/f
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2012-3/	20/6 FG Wholesole 60/6 Gt	+ Apache Sold Burness
Title	Description of Duties Duties LaSUL	Galambo Supervisor/
DWAR	Oversee Hily Operation	sus selt
Month and Year	, Name/Mailing Address of Employer/Business	Reason for Leaving
1/2012 -36	2012 Unemployed	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business 39,70 Mo	Reason for Leaving
1/2010 1/2	U/2 Step Vegas Las Vogas	and By Colorel
Title	Description of Duties	Name of Supervisor
msolt.	BEAL Estate Consult	FRID AROLDIA
Month and Voca	Name/Mailing Address of Employed Dusiness	Become for Louisian Other Tub
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Asset Mar	Administration	Espetta Mynes
	14.11111 3120101	on wind in the
Month and Year	Name/Mailing Address of Employer/Business	Reason of Teaving ing Closed
19003- 1200	of MCS Mortgage Las	Vogos IV
1 me	Description of Duties	Name of Supervisor
LOUP OF T	reer ariginate loan	5 more randa
If additional space is a	, /	
ii auditional space is in	eeded, continue on page 10 or provide attachment.	
ii additional space is in	eeded, continue on page 10 or provide attachment.	(6)
ii additional space is in		Applicant's initial

ADDITIONAL INFORMATION

·	Continued;	THIP	40
2/2000-4/20	03 - IU+OU+ 54/05 Deco Las Vegas 1	Tire & Auto utur U89//3 Varia	jor 2 A
	nties: General Mi pervisor: Vouried		- <i>CP</i>
2/1999 - 2/20	oc Desars Pala 3570 S Las Las Vajas NV 89/	1 ce othe 3 Vegas Blud	rja
Posibolet	Duties: Valet/	Part Cors	ale
6/1997-2/1999	620 Olive	moved \ 98302	
Pos: Sales	Dutie Sales	Mgr.	
15+ Job is	s one above 1	YSK Gold	
		1	

Applicant's initial Page 10

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 Telephone Home nogi Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes □ No 📮 If yes, complete the following: Box Number or Type of Depository Location City and State **Authorized Users** Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Lawyer Race horse/race dog owner Securities dealer Insurance Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming Accountant **Pilot** Trainer or manager Sports promoter Educator Yes □ No □ If yes, state type, where and years held Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes

No If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☐
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☐
	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No. 1
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 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 Yes
	NIA
	TAI 3
	Date of photograph 11 20 19 Applicant's initial Page 8

COUNTY OF CAN

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

Ind day of ()

2020

201

Notani Public

(seal)

CAROLINE CAROUTHERS
Notary Public, State of Nevada
Appointment No. 16-2770-1
My Appt. Expires June 08, 2020

Applicant's initial

Page 9

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

₩ Date	ر	2-	1	9	
S- Date			1		

GENERAL INSTRUCTIONS

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

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

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

withdrawn without the perhission of the	incensing agency.	
Application for Beta 1	hurmacy	
All C, ty Phara La Bonita Superman	Nature of Pharmacy or Wholesaler	
Name and Addre	ss of Business for Which Designated Represent	tative Is Requested
19 DONITO Supermon	applicable, Name Under Which It Is Now Opera	ated confidence
		8 9108
1. PERSONAL INFORMATION:		
Last Name / / //	First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name	Changes, Legal or Otherwise)	
1 Gabriel 2	Price Los Vegas 1	VI 89119
Present Residence Address-Street or RFD	City	State/Zip
84 NIAMB BLVA	Dates LGS LEGOS NO	89110
Present Business Address	City / E	Present
Present Position with the Pharmacy or Wholesale	Dates 125/17/10	Phone:
		Residence
, , ,	St. LANGE M. SEAU	Business 702834-7704
Date of Birth / /	Place of Birth (City, County, State)	
32 4 cars		
Age Social S	ecurity Number	Sex
	Fair July te 158165	Athlic 510
Color of Eyes Color of Hair	Complexion Weight	Build Height
Scars, tattoos or distinguishing marks a	and/or characteristics /. 5 / n	ch scar on
Scars, tattoos or distinguishing marks a	+ Clba	
Are you a citizen of the United States?		
If naturalized, certificate No		
Place	7 (If naturalize	ed, document must be verified.)
2. MARITAL INFORMATION:		
Single ☐ Married ☐ Separated	N Divorced Widowad	I Engaged □
onigio in Martieu in Geparatet	Z Divorced D widowed D	
		Applicant's initial Page 1
		rage i

	NFORMATI	. \)	Λ						
		age (Maiden)	Date			С	ity, County a	nd State	
		ame (Maiden) _.							
		••••••							
Res	sident addre	essStreet	*****************	***************	City	y	State	Zip	
Tele	ephone: R	tesidence			Busine	ss			
Spo	ouse's empl	loyer			Occupa	ation	•••••		
Add	dress of em	ployer Street	••••••	••••••	City	y	State	Zip	
B. Previo	us Marriag	ges: If ever lega	ally separate	ed, divorced,	or annulle	ed, indicate	below:		
lame of Sp	oouse	Date of Order or Decree	_	Date of Place of Marriage Divor		Nature of Action			State
ANA	Prisci	or Decree tw Salin	ius Flor	2000 10/1,	14/19	11/	1/18/	- 130T	ty M
List	Name	Street		City		State	Zip		phone
List ALA 7	Name Priscila Y INFORMA ildren and I	Street	Flaires	City 3991 Si	relair	State A Lac	zip Slages	NVSS	9/L/ \$
List ALA 7 3. FAMILY A. Chi	Y INFORMA ildren and I List all chi Name	ATION: Dependents: ildren, including Birth D	g step-childre	City 3791 Sin	ed childre	State A Lac	zip	NVSS	9/L/ \$
List ALA 7 3. FAMILY A. Chi	Y INFORM/ ildren and I List all chi Name A ild Support Please	ATION: Dependents: ildren, including Birth D	ropriate response a court order for the district at	en and adopted in the Place onse: er for the support ttorney or oth	ed childre	en and give	the followesidence Ad	ring informations	mation:

FAMIL	Y 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	S-
	in-law or legal guardian. If retired or deceased, list last address and occupation. Name (Maiden) Birth Date Address Occupation
Father	Chasterfield Food Ba
Mathax	Conard Kotra (Jayton Rd Mu 63017 Owner Chesterfield '-
Mother	Conard Kohn Chesterfield Cheste
Father-in	n-Law
Mother-i	U L A- n-Law
VIA	· ·
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
	Danielle Kohn ' 4045+ CA 99663 Real Est.
Spouse	Peter Bronson
Spouse	Jacob Kohn , TelAviv. I Star / Tech Compan
Spouso	
Spouse	
Spouse	
4. E	DUCATION:
	Name of School Location Dates Attended Graduate
Gramma School High	
School College Universi	University of missouri St Louis MU 2008-2013 Yes No [
Other	Boseman University of Health Sciences Henderson NUverto No 1
Туре	of degree obtained, if any Pharan D.
Colleg	e or university where obtained Ros toman University of Health Science

Applicant's initial Page 3

5 MILITARY INFORMATION: 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. Yes No Have you registered for the draft? County _____ State ____ Date registered 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) 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 \(\text{No 1 Horses, give details in space provided below. List all cases without exception.} \) Charge Location-City and State Date of Arrest Deposition/Date Arresting Agency B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No Vifyes 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 ☑ Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or D. commission? Yes □ No □ Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? E. Yes ☐ No ☐ F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes U No 💢 G. If yes when? _____ city, county and state _____ Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ___ No ___ H. If you answer to any of the above questions (B through H) is yes, furnish details on page 10. Charge Relationship Name

Applicant's initial ### Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

aintiff/Defendant or	Court and Case		
aimant/Respondent Date	Filed Number	City, County and State	Disposition/Date
1/14			
/			
······································			
J. Has any general par	tnership, business venture, sole	e proprietorship or closely held c	ornoration (while you were
associated with it as	an owner, officer, director or pa	artner) been a party to a lawsuit,	arbitration or bankruptcy?
Yes ☐ No ☐ If ye	s, complete the following:		
		Approximate	Date(s) of
Name of Entity	Type of Entity	Lawsuit/Arbit	ration/Bankruptcy
N/A			
/			
. RESIDENCES:			
st all residences you have	had for the last 25 years:		
st an residences you have	riad for the last 25 years.		
	-	3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	-	City Sta	ate or County
	-	City Sta	ate or County 10 63017
	-	City Sta Pd Aposterfield N	10 63017
1987-2014 2014-2016	Street and Number 13650 Clayton lo	City Sta Pd Chasterfield N Ave #1028 Hend	ate or County 10 63017 CHSON NU89019
1987-2014 2014-2016	Street and Number 13650 Clayton lo	City Star Pd Christerfield N Ave #1028 Hend Park Cone #202	ate or County 1063017 CHSON NU89010
Inth and Year (From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Sta Pd Christerfield N Ave #1028 Hend Park fane #202	ate or County 10 63017 CHSON NU89019 LOS Viegos NU889
Inth and Year (From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Start of N Ave #1028 Hend Park Lane #202	ate or County 10 63017 erson NU89019 Las Vegas NU89 as Vegas NU89
nth and Year From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Sta Pd Christerfield N Ave #1028 Hend Park fane #202	ate or County 10 63017 erson NU89019 Las Vegas NU89 as Vegas NU8911
nth and Year From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Sta Pd Christerfield N Ave #1028 Hend Park fame #202	erson NU89019 LOS Vegas NU89 as Vegas NU89
nth and Year From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Sta Par Christer Field N Ave #1028 Hend Park fane #202	ate or County 10 63017 erson NU89019 Las Vegas NU89 as Vegas NU8911
nth and Year From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Star Park for 1028 Hend Park fane # 202	ate or County 10 63017 erson NU 89019 Las Vegas Muser as Vegas Megall,
nth and Year From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Sta Par Christer Field N Ave #1028 Hend Park fane #202	ate or County 10 63017 erson NU89019 Las Vegas NU89 as Vegas NU8911
nth and Year From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Star Christer Field No Ave #1028 Hend Park fame #202	ate or County 1063017 erson NU89010 Las Vegas NU89 as Vegas NU8911
nth and Year From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Starting of No Ave #1028 Hend Park Lane #202	ate or County 1063017 erson NU89019 Las Vegas NU89 as Vegas NU8911
2016 - 2019 -	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Star Part Charles No Ave #1028 Hend Park fane #202	ate or County 10 63017 erson NU89010 Las Vegas NU88 as Vegas NU8911
1987-2014 2014-2016	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Sta Pd Christerfield N Ave #1028 Hend Park fame #202 ive	erson NU89019 LOS Vegas NU89 as Vegas NU89
Inth and Year (From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Sta Pd Christerfield N Ave #1028 Hend Park fane #202	ate or County 10 63017 erson NU89019 LOS Pegos NU89 as Vegos NU8911,
nth and Year From-To) 1987-2014 2014-2016 2016-2019-	Street and Number 13650 Clayky 16 - 2096 Ransod 1500 Cardinal	City Star Christer Field No Aug # 1028 Hend Park fan e # 202	ate or County 10 63017 erson NU8901 Las Vegas Muss as Vegas Megall

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

8. EMPLOYMENT:

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

8/17 10	11/17 6.45 7/90 W Cra	ing Rd Lacless NV 1300 H
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacis	+ Saft Phonon acist	Chais Scattetti
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/17 - 11/19 Title	Description of Duties 8205 WV	Varm Sovings Las Vegas NV Za Name of Supervisor
Phanauc		+ Matters Harry By lock
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/18 to P	Ω	
Title	Description of Duties	S21 N. Lamb Blvd las Usqs No Name of Supervisor 2000
-Pharmaci	ist in charge All Pharmace	51 Outies Garen Carakhanth
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
		Name of Supplication
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
		, ,
Title	Description of Duties	Name of Supervisor
Marth and Mar	Nove Malling Address (5)	
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
T'al -	Describing of Define	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
total	Tellorinaning read out of Employor/Business	realises 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 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 Telephone Years Known Business Employe Name ∠Business Employer **∠**Business Have you ever held a privileged, occupational or professional license in any state, including but not limited to 10. 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 VD If yes, state type, where and years held Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes

No

Outside the State of Nevada? No
Outside the State of Nevada? 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. 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 Page 7

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	or been a finding of Yes □ No. □
15.	Have you or any person with whom you have been a participant in any group been the stadministrative action or proceeding relating to the pharmaceutical industry?	ubject of an Yes □ No-□
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?	found guilty, plead scription drugs and/or Yes □ No □
17.	Have you or any person with whom you have been a participant in any group ever surrer permit or certificate of registration relating to the pharmaceutical industry voluntarily or of upon voluntary close of a wholesaler	
18.	Do you have any relatives within the fourth degree of consanguinity associated with or en pharmaceutical or drug related industry?	mployed in the Yes No 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 1/ /20 Applicant's initial	,
	Applicant's initial.	Page 8

STATE OF Nevady
SS.
COUNTY OF Clark
I, Journal Low , 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 of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Ta. 1 //-
Subscribed and Sworn to before me this 3rd day of December 2019
30d Dage Dolla
Subscribed and Sworn to before me this day of Deed Wood Sworn to before me this
of a Rolan Inta

EXPIRES 6/8/2020 Notary Public

(seal)

CAROLINE CAROUTHERS
Notary Public, State of Nevada
Appointment No. 16-2770-1
My Appt. Expires June 08, 2020

Applicant's initial

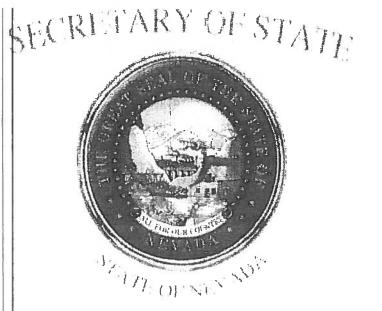
Page 9

ADDITIONAL INFORMATION

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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 ramed is hereby granted a Nevada State Eusiness 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. Cegarske
Barbara K. Cegarske
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 sp will result in late fees or penalties which by law cannot be waived.



BARBARA K CEGAVSKE Secretary of State 202 North Carson Street Carsor City, Nevada 89701-4201 (775) 6=4-5708 Website: www.nvsos.gov www.nvsilverflume.gov

Annual or Amended List and State Business License Application

FINAL STATE OF THE		
ANNUAL AMENDED (c	heck one)	
List of Officers, Managers, Members, General Partners, Nanaging	g Partners, Truste	es or Subscribers:
ALL CITY PHARMACY L.L.C.	NV20	161161525
NAME OF ENTITY		ntity or Nevada Business
TYPE CR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGH LIGHT		entification Number (NVID)
IMPORTANT: Read instructions before completing and returning this form. Please indicate the entity type (check only one):		
Corporation	Filed in the Office of	Business Number
This corporation is publicly traded, the Central Index Key number is:	Barbara K. Cigarste	E0124232016-8 Filing Number 20190297473
Nonproft Corporation see nor profit sections below)	Secretary of State State Of Nevada	Filed On 11/20/2019 12:07:30 PM Number of Pages
Limited-Liability Company		2
Limited Partnership		
Limited-Liability Partnership		
Limited-Liability Limited Partnership		
Business Trust		
Corporation Scle		
Additional Officers, Managers, Merr bers, General Partners, Managing Partners Trustee	es or Subscribers, may b	e listed on a supplemental page.
CHECK ON_Y IF APPLICABLE		
Pursuan: to JRS Chapter 76, this entity is exempt from the business license fee.		
006 - NRS 6803,020 Insurance to, provide licer se or certificate of authority rumber		
For nonprofit entities formed under RS chapter 80 entities without 501(c) nor profit design the fee is \$200.00. Those caiming a exemption under 501(c) designation must not cate by	checking box below.	
Pursuant to MRS Chapter 76 this entity is a \$31(c) nonprofit entity and is exampt from Exemption Code 002	om the business license f	ee.
For non-profine at ties formed under RS Chapter 81: entities which are Unit-owners' association organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C \$ 50° (3) are explicense. Please in dicate below if this shifty falls under one of these categories by marking the these categories blease submit \$200 00 for the state business license.	cluded from the requirem appropriate box. If the en	ient to obtain a state business tity does not fall under either of
Un t-cwners Association Religious, charitable, fraternal or other org	ganization that qualifies a	s a tax-exempt organization
For nonprotit entities formed under NRS Chapter 32 and 80: Charitable Solicitation Info	ormation - check applic	able box
Does the Organization intend to so it charitable or tax deductible contributions?		
No - r > additional fo m is reduired		
Yes - the "Charitable Solicitation Registration Statement" is required.		Designation Of the second in
The Organization claims exemption pursuant to NRS 82A 210 - the "Examption Fringer required"	om Charitable Solicitatio	on Registration Statement is
Failure to include the required statement form will result in rejection	of the filing and could r	esult in late fees.**



UNSIGNED

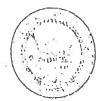
BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carsor City, Nevada 89701-4201 (775) 634-5708

Websile: 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:

-	, , , , , , , , , , , , , , , , , , , ,	,
CORFORATION, INCICATE THE MANAGING MEMBI	ER:	,
GAREN GARAKHANYAN	Berter (Annual Ministerior Co.	USA
Name	The second secon	Country
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV 89110
Address	City	State Zip/Postal Code
CORPORATION, INCICATE THE MANAGING MEMBI	ER:	
GAREN GARAKHANYAN	The state of the s	USA
Name		Country
821 NORTH LAME BLVD SUITE 4	LAS VEGAS	NV 89110
Address	City	State Zip/Postal Code
None of the officers and directors identified in the list of o the identity of any person or persons exercising the powe unlawful conduct.	fficers has been identified with r or authority of an officer or dir	the fraudulent intent of concealing ector in furtherance of any
I declare, to the best of my knowledge under penalty of peacknowledge that pursuant to NRS 239.330, it is a categor in the Office of the Secretary of State.	erjury, that the information cont y C felony to knowingly offer an	ained herein is correct and y false or forged instrument for filing
X Garan Garakhanyan	Manager	11/20/2019
Signature of Officer, Manager, Managing Memb	per, Tida	Date
General Partner, Managing Partner, Trustee,		
Subscriber, Member, Owner of Business,		
Partner or Authorized Signer FORM WILL BE RETURNED) IF	



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

www.mvsilverflume.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:	===1
GAREN GARAKHANYAN USA	
Name	1
821 NORTH LAND BLVD SUITE 4AS VEGAS NV 89110	
Address City State Zip/Postal C	ode
CORPORATION, INDICALE THE MANAGING MEMBER:	
GAREN GARAKHANYAN USA	
Country	- 3
Name 821 NCRTH LAMB BLVD SUITE 4 LAS VEGAS NV 89110	
Address Ct ₁ State Zip/Postal C	ode
None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of conceal 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 in the Office of the Secretary of State.	
Manager 11/20/2019)
Signature of Officer, Manager, Managing Member,	
General Partner, Managing Partner, Trustee, Subscriber, Men ber, Cwner of Business,	
Partner or Authorized Signer FORM WILL BE RETURNED IF	
UNS.GNED	





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Earbara K. Cega vske, 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 DUMESTIC 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.

Certificate Number: B20191119378542

You may verify this certificate online at http://www.n.sos.gov

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



Henada

985 DAMONTE RANCH PARKWAY . SUITE 206 . RENO, NEVADA 89581 (775) 85C-1440 · 1-800-364-2081 · FAX (775) 850-1444 E-mat: pharmacytecharmacynygov • Mebsite: bopunygov

March 12, 2019

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

Dear Sir or Madart:

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, a leged misconduct, professior al competence, or physical or mental healtn. You may attend any closed session, have an atterney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and plesent witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely.

Candy M. Nally

Licensing Specialist



March 29, 2019

Re: Case # 17-070-PH-S

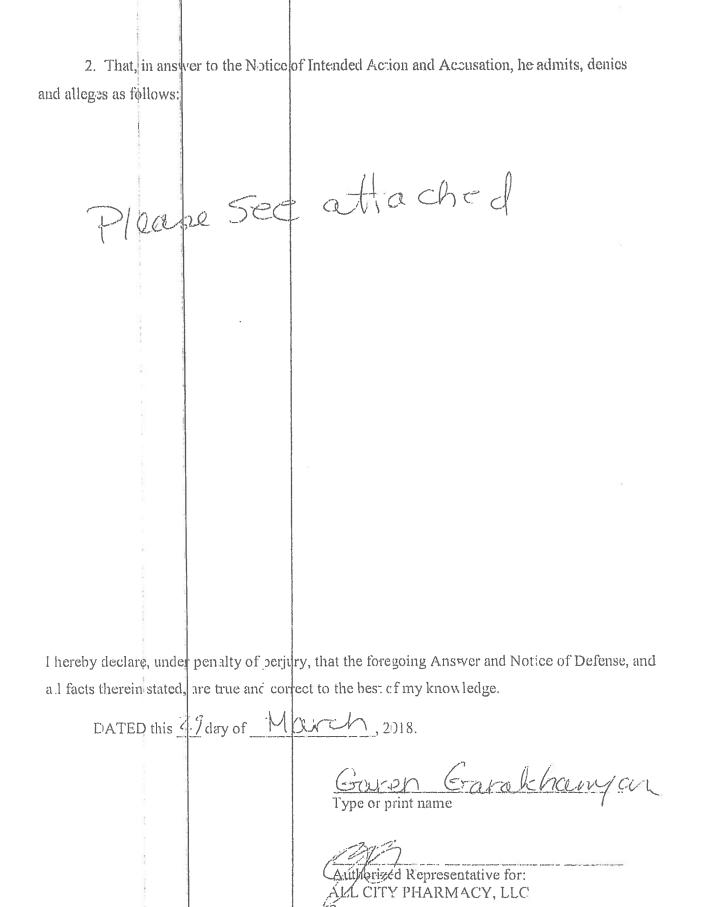
I am writing this response in to the hotification received regarding the above case. The board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge 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 fee free to contact me personally or the pharamey

Respectfully

Garen Garakhanyan Owner

All City Pharmacy LLC



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,) CASE NO. 17-070-RPH-S
Petitioner,) 17-070-PH-S
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 Eegistration No. 17533, represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law.

HEREBY STIPPLATE AND AGREE THAT

1. The Board has jurisdiction over this natter and Respondent Cordoba-Hernandez because Cordoba- ternandez 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.
- 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

1

reinstated Cordo a-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. Jaim: 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 "Plarm to dose Abx" and "Vanco trough weekly".
- 5. Cordoba-Hernandez was the managing pharmac st at All City Pharmacy at that time.
- 6. Just in Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.
- 7. Cordoba-Hernandez tola Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending or by the Vancemyein without supplies. Alta Carp 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 behal, 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.

- It. The label on the medication lists Dr. Shah as the ordering practitioner.
- 11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin Igm 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 be ieved Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.
- Without verifying that Ms. Comaliig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comaliig for Sodium Caloride 0.9% flushing solution and Herarin 100u/ml flushing solution. Ms. Comaliig 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.
- 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 maswers 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);
- 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 Vancomyein based on the physician's order.

AGREED:

Signed th s day of April 2019

Signed this 10 day of April 2019

S. Paul Edwards, Esq.

General Counsel

Nevada State Board of Pharmacy

William J. Stilling. Esq.

Counsel for

Respondent Jaime Cordot a-Hernandez

CERTIFICATE OF SERVICE

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

Jaime Cordoba Hernandez, RPh 4333 Rero HWY, #19 Fallon, NY 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,

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATI	BOARD OF PHARMACY.)	CASE NO. 17-070-RPH-S
)	.7-070-PH-S
	Petitioner,)	1
V.)	
	-)	FINDINGS OF FACT,
JAINTE CORDOI	BA-HERNANDEZ, RPH,)	CONCLUSIONS OF LAW,
Certificate of Reg	istration No. 17533, and)	AND ORDER
)	
ALL CITY PHAI	MACY, LLC)	
Certificate of Reg	istration No. PH03605,)	
	2)	
	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). The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

CARACIA, SE.

⁻ 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.

The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez. l. 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

Cordoba-Hernandez has been disciplined by the Board on two other occasions 2. prior to this action, including in September 2012, in the case Board of Pharmacy v. Jaime Cordobe-Hernandel, 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

- On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home 3. 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."
- Corddba-Hernandez was the managing pharmacist at All City Pharmacy at that 5. time.
- Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez. at All City Pharmacy regarding the prescription.
- Cordoba-Hernandez told Reves that All City Pharmacy could provide the 7. intravenous medication for the patient, but would be sending only the Vancemyein without supplies. Alta Care fixed the prescription received from Dr. Shah to the pharmacy.
- Cordoba-Hernandez claims l'e believec Justin Reyes was a nurse who was acting 8. on behalf of Dr. Shah and asked if he could change the prescription to 30 viels, which was the number of vials in a box.
- O. 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 Cordoba-Hernandez, All City Pharmacy, Order

change the Vancorpycin 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 Er. Shah as the ordering practitioner.
- II. On July 19, 2017, Cordoba-Hernardez prepared and dispensed 30 Vancomyein Igm vicals of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.
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- 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 cuestions regarding Vancomye n, including the following:
 - a. The strength of Heparin that would be utilized to flust a central line;
 - b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong):
- c. What normal Vancomyein 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 basec on the physician's order.

Cordoba-Herni ndez All City Pharmacy, Order

17. Additionally, the Board finds that Board Staff in curred costs and expenses of at least two the usand 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.
- 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 prescript on 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 plysician. For that conduct, Cordoba-He mandez 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-He mandez, 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.
- 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:

Cordoba-Hernandez, All City Pharmacy, Order

- a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, s revolved 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).
- dollars (\$1,250.00) o partially reimburse the Board for its costs and attorncy fees associated with investigating and prosecuting this matter.
- b. Cordoba-Hernandez s pharmasist 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/pharmac st in charge of any Nevada-licensed pharmacy.
- i. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.
- Scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears d sciplinary 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 part ally reimburse the Eoard for its costs and attorney fees associated with investigating and prosecuting this matter.
- 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 Treesurer" to be received by the Boarc'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 *eashier'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 six(y (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Responderts, 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 or level 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 1/2 day of April 2019.

Jason Perrod, President

Nevada State Board of Pharmacy

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 Check box below for type of ownership and complete all re Corporation or Partnership. ☐ Publicly Traded Corporation — Pages 1,2,3,10,11a&b☐ Non Publicly Traded Corporation — Pages 1,2,4,10,11a&GENERAL INFORMATION to be completed by all to	quired forms. **If LLC use Non Public ☐ Partnership - Pages 1,2,6,10,11a&b &b ☐ Sole Owner – Pages 1,2,8,10,11a&b
The state of the s	ypes of ownership
Pharmacy Name: All City tharmac	4 #4
Physical Address: 2851 N. Green	- Valley Akuy
City: Henderson State: Zip C	ode: NV 890/4 Telephone:
(702)834-7704 Fax:/702	
	Es Callcity pharmacy, con
Website: all city pharmacy, c	· V
	License Number: 19691
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
) ☐ Retail	□ □ Off-site Cognitive Services
□ □ Hospital (# beds)	□ □ Parenteral
□ □ Internet	□ □ Parenteral (outpatient)
□ □ Nuclear	□ □ Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	□ □ Mail Service
□ □ Community	□ □ Long Term Care
□ □ Other:	
Li Li Other.	☐ ☐ Sterile Compounding
d d omer.	☐ Sterile Compounding☐ Non Sterile Compounding
All boxes must be checked	·
	□ □ Non Sterile Compounding

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 Original Signature of Person Authorized to Submit Application, no copies or stamps 12-3-19 Date				
Board	Use Only Date Processed: Amount: 500.00)		

Hours of Operation for the pharmacy:

Registration number issued:

Stock Exchange: _

Monday thru Friday_	<u>q</u> am	pm	Saturday	am	_5_pm
Sunday	<u>9</u> am	pm	24 Hours		

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

<u>Certificate of Corporate Status</u> (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.

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Neuada
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Loun & Blua # 4
City: 108 Vegos State: 1 Zip: 89110_
Telephone: (702)834-7704 Fax: (702)834-7705
Contact Person: Gavalehannan
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Name Business Address
b) Name Business Address
c) Name Business Address
d) Name Business Address
2) Provide the number of shares issued by the corporation
3) What was the price paid per share? \(\mathcal{N} \) A
List any physician shareholders and percentage of ownership.
Name: NA NONE %: NA
Name: NAME %: MA
Hours of Operation for the pharmacy:
Monday thru Fridayampm Saturdayampm
Sundaypm 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

<u>Certificate of Corporate Status</u> (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

<u>Designated representative form.</u> 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.

<u>Complete the personal history record for each stockholder</u>. 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.

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

Type of Partnership:	Genera	al N/A	Limited	NIA	
List names of 4 largest partners a	nd percentage	e of ownershi	p:		
Name: N A				%:	NA
Name: NA					NA
Name: NA				%:	NIM
Name: NA				%: _	NIA
Partnership Name:	4				
Mailing Address: U A					
City, State Zip Code: W/F)				
Telephone Number: Number:)	_Fax Numbe	r: <i>l</i>	VA	
Contact Person:	7	***			
List any physician shareholders a	nd percentage	e of ownershi	p.		
Name: Lone				%: <u></u>	NA
Name:					1 -
Name: Name:	e			%: _	NIA
Hours of Operation for the phar	macy:				
Monday thru Friday NA am	V/A pm		Saturday	NA	am N/Apm
Sunday NA am	' ,		24 Hours	N	_am <u>N/A</u> pm A
A Nevada business license is not license please provide the numbe		vever if the ph	narmacy ha	s a Neva	da business

Include with the application for a partnership continued

<u>Designated representative form</u>. 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.

<u>Complete the personal history record</u> 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.

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

Owner's Name: Gover Garakhanya	<u>n</u>		
Owner's Name: Gara Garakhanya Business Name: All City Pharma	<u>cy</u>		
Current Business Address: 821 N 1 amb B	100 #	4	
City: Las Vegas State: NV	_Zip Code: &	9110	
Telephone: (702) 834-7704 Fax:			
List any physician shareholders and percentage of ownership			
Name: Garen Garakhanyan		%: <u>/</u> 0	0
Name:		_%:	
Name:		_%:	···
Name:		<u>%:</u>	
Hours of Operation for the pharmacy:			
Monday thru Friday 9 am S pm	Saturday	<u>9</u> am	<u>5</u> pm
Sunday <u></u> am <u></u> 5_pm	24 Hours		
A Nevada business license is not required, however if the phicense please provide the number: $NV201611615$	armacy has a	Nevada busir	ness

Include with the application for a sole owner

<u>Designated representative form</u>. 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.

<u>Complete the personal history record</u>. 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

1. Garen Garak hanson
Responsible Person of All City Pharmacy In a
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.
MA
Original Signature of Person Authorized to Submit Application, no copies or stamps
Coven Garalchanges 12/2/19
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name: Jarel South Kohn License #: 19	64	/
Pharmacy Name: All City Pharmacy		_ '
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a controlled substances of the inventory to be on file at the pharmacy.	of the	е
I understand that as the managing pharmacist I am responsible for compliance by the pharmacist I am responsible for compliance by the pharmand its personnel with all state and federal laws and regulations relating to the operation of the pharmand the practice of pharmacy. I understand my license can be revoked or that I can be the subject disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	rmad	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	joint	ly,
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?	es	No
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		Ø
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		Ø
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		ø
If you marked YES to any of the numbered questions above, please include the following informati	on	
Board Administrative Action: State: Date: Case #:		_
And/or Criminal Action: State: Date: Case #:		

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/

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 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.

withdrawn without the permission of the licensing agency.	
Application for Retail Pharmacy	
Nature of Pharmacy or Pharmacy or Name and Address of Business for Which Design	nated Representative Is Requested Honderson N
If applicable, Name Under Which	1 It Is Now Operated 89014
1. PERSONAL INFORMATION:	
Last Name First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)	560()
Present Residence Address-Street or RFD City	logo NU 89119 State/Zip
821 11 Jambs Blubates 4 Las Cosa	S N(1 & 91/1)
Present Business Address City	State/Zip
Thanas 1. St. W house Dates (25/19) / Present Position with the Pharmacy or Wholesaler	125/19- Present
Present Position with the Pharmacy of Wholesaler	/ Phone: Residence
St la missing	Business 702 834 770 4
Date of Birth / Place of Birth (City, County, S	State)
32 years	- M
Age Social Security Number	Sex
Brown Brown fair white	158 Athletic 5/10
Color of Eyes Color of Hair Complexion	Weight Build Height
Scars, tattoos or distinguishing marks and/or characteristics	1.5 inch Scar on raside
Are you a citizen of the United States? Yes, ✓ No □ If alien	, registration No
If naturalized, certificate No + μ/Λ	Date
Place N/A	(If naturalized, document must be verified.)
2. MARITAL INFORMATION:	
Single □ Married □ Separated □ Divorced □	Widowed □ Engaged □ Applicant's initial
	Applicant's initial
	Applicant's initial 2 Page 1

MARIT	TAL INFORMATION-Continued		
A.	Current Marriage Date		
	Spouse's full name (Maiden)		City, County and State S.S. No
	Date of Birth	Place of Birth	
	Resident addressStreet		
	Telephone: Residence		
	Spouse's employer		
	Address of employer Street	City	State Zip
B. P	revious Marriages: If ever legally sepa		
	Date of Order	Date of Place Nature	of City
<u>Name</u>	of Spouse or Decree a Priscis G Salinas Flo	of Marriage Actio	n County and State
AN	atrisciia Salinas Flo	1000 CE 10/14/19	ARRIAGE 11816 LV/
	, , , , , , , , , , , , , , , , , , , ,	Nyc County NU	NV.
			-
	List of names, current address and tele Name Street Priscir a Saling & Flores AMILY INFORMATION:	City State	Zip Telephone
A.	Children and Dependents:	ildren and adopted children and g	ive the following information:
	Name Birth Date	Birth Place	Residence Address
N) A		<u> </u>
	,		
В.	Child Support Information: Please mark the appropriate re	esponse.	
		order for the support of child.	
	☐ I am subject to a court orde	er for the support of one or more cot attorney or other public agency	hildren and am in compliance with a enforcing the order for the repayment
	the order or a plan approve	er for the support of one or more ced by the district attorney or other and owed pursuant to the order.	hildren and NOT in compliance with public agency enforcing the order for

Applicant's initial Page 2

FAMIL	LY INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:	
	Name	
	Address	
	Contact person	
C.	Parents:	
0.	List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	
parent	s- in-law or legal guardian. If retired or deceased, list last address and occupation.	
	Name (Maiden) Birth Date Address Occupation Occupation	
Father	a hote il	P
4	conard Kohn in Clarke Rd Mo 62017	Bus.
Mother	eonard Kohn Clayton Rd Mo 63017 Phesterfield	Owne
12:	ner landers 111- 3 Clayton Red mo 630/7 to	o 1
Father-in	n-Law n-Law 11/-, - 12/10/0 4 MO 690/) (1)	Leher
,		
Mother-	in-Law	
1	0/9	
	B-41	
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	
Casusa	1 Prot Beach	Deni
Spouse) anielle Kohn 3/1/85 130 40.45+ CA 92663	State
	Peter Bronson	agen
Spouse	Reter Browson acob Kohn 10/13/91 Tel Aviv TSEAR/ TE	- 4
	acob ROAN 10/13/9/ 18/ HUW SEAR!	CA
	Cor	Keny
Spouse		·
Spouse		
		
4. E	DUCATION:	
	Name of School Location Dates Attended Graduate	
Gramm School	ar Solom Sheter Day Sold Materfield MO 1994-19994 D NO 1	
High	Part was Count of the Charlesterfield my - 2000	
School College		
Univers	Sity WV, VC 51 79 04 MV 550 VF. SI PEOPS MO 1	
Other	Roseman University of Her Mariences Hondayes No D	
Туре	of degree obtained, if any Thaven	
Colleg	ge or university where obtained Roseman University of Health Sain	7
	Applicant's initial Pa	 ge 3

5 MILITARY INFORMATION: 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.) 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 \(\subseteq \text{No.} \(\begin{aligned} \text{If yes, give details in space provided below. List all cases without exception.} \) Date of Arrest Charge Location-City and State Deposition/Date Arresting Agency 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 \(\subseteq \text{No.} \(\subseteq \subseteq \text{If yes. furnish details on } \) 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 ☑ Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? E, Yes No Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No No Fac If yes, when? _____ city, county and state _____ Have you ever received a pardon or deferred prosecution for any criminal offense? Yes _ No ___ G. If yes when?_____city, county and state_____ Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No — H. If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name Relationship Charge Location Date

Applicant's initial Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

١.

intiff/Defendant or imant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/	A			
associated wit	th it as an own		le proprietorship or closely held partner) been a party to a lawsu	
-			Approxima	te Date(s) of
Name of Entity		Type of Entity		bitration/Bankruptcy
. RESIDENCES:				
st all residences you	ı have had for t	the last 25 years:		
r. RESIDENCES: st all residences you onth and Year (From-To)		the last 25 years:	City	State or County
st all residences you		<u> </u>	b . 0/ /	State or County Field Mole
st all residences you	Stree 7 136 6 20°	et and Number 50 Clay to	n Rd Chector;	State or County Field MOB Enderson NUS
st all residences you	Stree 7 136 6 20°	et and Number 50 Clay to	n Rd Chector;	State or County Field MOB Enlesson NUS Tos Veges A
st all residences you	Street 9 136 6 209	et and Number 550 Clay to Clay to Clay to	A Rd Chector; JAve 41028/46	field MOG enlerson NVS Las Veges A
st all residences you onth and Year (From-To) 1987-901 2014-201 2016-201	Street 9 136 6 209	et and Number 550 Clay to Clay to Clay to	n Rd Chector;	field MOG enlerson NVS Las Veges A
nth and Year (From-To) 1 98 7 - 90 1 20 1 4 - 20 1	Street 9 136 6 209	et and Number 550 Clay to Clay to Clay to	A Rd Chector; JAve 41028/46	field MOG enlerson NVS Las Veges A
nth and Year From-To) 1 987- 20 1 2014-201	Street 9 136 6 209	et and Number 550 Clay to Clay to Clay to	A Rd Chector; JAve 41028/46	field MOG enlerson NVS Las Veges A
nth and Year From-To) 1987-901 2014-201	Street 9 136 6 209	et and Number 550 Clay to Clay to Clay to	A Rd Chector; JAve 41028/46	field MOG enlerson NUS Las Veges A
st all residences you onth and Year (From-To) 1987-901 2014-201	Street 9 136 6 209	et and Number 550 Clay to Clay to Clay to	A Rd Chector; JAve 41028/46	field MOG enlerson NUS Las Veges A
st all residences you onth and Year (From-To) 1987-901 2014-201	Street 9 136 6 209	et and Number 550 Clay to Clay to Clay to	A Rd Chector; JAve 41028/46	field Mod enlerson NVS Las Veges A
st all residences you onth and Year (From-To) 1987-901 2014-201	Street 9 136 6 209	et and Number 550 Clay to Clay to Clay to	A Rd Chector; JAve 41028/46	field MOD enlerson NVS Las Veges A

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

Applicant's initial

Page 5

8. EMPLOYMENT:

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

11/17 CUS 71500 Crais	PALOS VEGOS KU 1300.
Name/Mailing Address of Employer/Business	Number of Employed Hours
est stoff Reconcist	Chris Scattl
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours 2800 HK
9 Rice Pharmacy 820.	5 W Cecern Spring Park
Description of Duties	Name of Supervisor
F. W Charge All Pharmac	ist Outie Haja Baloc
Name/Mailing Address of Employer/Business	Number of Employed Hours 2000)-
Sent All typhosmucy 82, Description of Duties	Name of Supervisor
a Charge All Pharmacist	Outies Earen Gerakke
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
	Name/Mailing Address of Employer/Business Plast Marge All Plastmac Name/Mailing Address of Employer/Business Sent All Plastmac Name/Mailing Address of Employer/Business Name/Mailing Address of Employer/Business Description of Duties Name/Mailing Address of Employer/Business Description of Duties

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

Applicant's initial Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees Name of Where Employed Street Home ou 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 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

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. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes
No. 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 participant in any group which has been denied a business or industry license or related suitability?	y or been a finding of Yes □ No □
15.	Have you or any person with whom you have been a participant in any group been the s 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 guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?	found quilty plead
17.	Have you or any person with whom you have been a participant in any group ever surrer permit or certificate of registration relating to the pharmaceutical industry voluntarily or or upon voluntary close of a wholesaler	ndered a license, therwise (other than Yes No
18.	Do you have any relatives within the fourth degree of consanguinity associated with or e pharmaceutical or drug related industry?	mployed in the 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 Æ No □
	ATTACH PHOTOGRA	PH
	Dots of photograph	11/20/16
	Date of photograph	"120/19
	Applicant's initial	Page 8

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

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

Original Signature of Applicant

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

(seal)

CAROLINE CAROUTHERS Notary Public, State of Nevada Appointment No. 16-2770-1 My Appt. Expires June 08, 2020

Applicant's initial

Page 9

ADDITIONAL INFORMATION

 ••••••••••

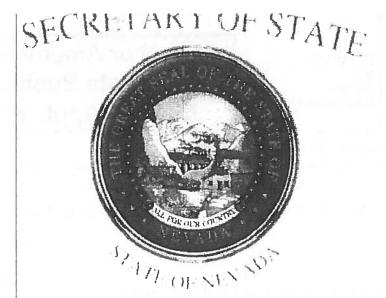
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Applicant's initial

Page 10



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 Eusiness License for business activities conducted within the State of Nevada.

valic 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 Secretary of State

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

L cense 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.



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.	c.	NV20161161525		
NAME OF ENTITY		Entity or Nevada Business		
TYPE OR PRINT ONLY - US	E DARK INK ONLY - DO NOT HIGHLIGHT	Identification Number (NVID)		
IMPORTANT: Fead instructions before	cre completing and returning this form.			
Please indicate the entity type (chec	_			
Corporation		Filed in the Office of Business Number E0124232016-8		
☐ This corporation is p	blicly traded, the Central Index Key number is:	Dalhara K. Ceansle Filing Number		
Nonproft Compration (ago no	racell continue balance	Secretary of State 20190297473 Filed On		
Nonproft Ccrporation (see no	r prom sections below)	11/20/2019 12:07:30 PM		
Limited-Liability Company				
Limited Partnership				
Limited-Liability Partnership				
Limited-Liability Limited Partr	ership			
Business Trust				
Corporation Scle				
Additional Office's, Managers, Men	rbers, General Partners, Managing Partners, Trustee	s or Subscribers, may be listed on a supplemental page.		
CHECK ONLY IF APPLICABLE				
Pursuant to NRS Chapter 76, this en	ty is exempt from the business license fee.			
	Co, provide licer se or certificate of authority rumber			
For nonprofit entities formed under the fee is \$200.00. Those claiming a	₩RS chapter 80 entities without 501(c) nonprofit design a exemption under 501(c) designation must indicate by	nation are required to maintain a state business license, checking box below.		
	:his entity is a 501(c) nonprofit entity and is exempt fro	_		
organization that qualifies as a tax-ex	NRS C napter 81: entities which are Unit-owners' associatempt organization pursuant to 26 U.S.C \$ 50° (c) are excentity falls under one of these categories by marking the about the state business license.	cluded from the requirement to obtain a state business		
Un t-cwners' Associat	ion Religious, charitable, fraternal crother org pursuant to 26 U.S.C. \$501(c)	anization that qualifies as a tax-exempt organization		
For nonprofit entities formed unde	R NRS Chapter 32 and 80: Charitable Solicitation Info	rmation - check applicable box		
2000 000 000	isit charitable or tax deductible contributions?			
No - no additional form is red				
	tion Registratior Statement" is required.			
The Organization claims exer	nptior pursuan to NRS 82A 210 - the "Exemption Fro	om Charitable Solicitation Registration Statement" is		
Failure to include	the required statement form will result in rejection of	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 MANAGING MEME	BER:	
GAREN GARAKHANYAN	genera, ringgelf ti stilleri spekemmelig itt. genera og att skiller utvertredet. Het generallisk vilste betrekt till til til 10 1000 og 1000 går (til til 10 10 10 10 10 10 10 10 10 10 10 10 10	USA
Name	promoter to report part of the training of a grip interpretability of the state of the promoter of the state	Country
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV 89110
Address	City	State Zip/Postal Code
CORPORATION, INDICATE THE MANAGING MEME	BER:	
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
Signature of Officer, Manager, Managing Member,	Title	Date

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

UNSIGNED



UNSIGNED

BARBARA K. CEGAVSKE
Secretary of State
202 North Carsor Street
Carson City Nevada 897(11-4201
(775) 684-57 8

Website: www.nvsos.go/

Partner or Authorized Signer FORM WILL BE RETURNED IF

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 821 NORTH LAMB BLVD SUITE 4 Address	_AS VEGAS	Country NV 89110 State Zip/Postal Code	
CORPORATION, INDICA E THE MANAGING MEMBER:			
GAREN GARAKHANYAN Name	USA		
821 NCRTH LAMB BL VD SUITE 4 Address	LAS VEGAS City	NV 89110 State Zip/Postal Code	
None of the officers and directors identified in the list of officers the identity of any person or persons exercising the power or authorized the best of my knowledge under penalty of perjury, the acknowledge that pursuant to NRS 239.330, it is a category C feloin the Office of the Secretary of State.	nority of an officer or dire hat the information cont	ained herein is correct and	
X Garen Garakhanyan	Manager	11/20/2019	
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Cwner of Business,	Title	Date	





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Earbara 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.

mby 1 do

Certificate Number: B20191119378542

You may verify this certificate online at http://www.nysos.gov

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



Nevada State Board of Pharmacy

985 CAMONTE PANCH PARKWAY • SCITE 206 • RENO, NEVADA 8952* (776) 850-1440 • • • • 200-304-2081 • FAX (775) 850-1444 E-malt pharmacyatchamacynygov • Wabsie: bop nygov

March 12, 2019

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

Dear Sir or Madart:

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 meet ng, 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, rlease feel free to contact us.

Sincerely,

Candy M. Nally

Licensing Specia ist



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 the circle 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 pharamoy

Respectfully

Garen Garakhanya 1

Owner

All City Pharmacy LLC

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

Plane See attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and a 1 facts therein stated, are true and correct to the best of my knowledge.

DATED this 17 day of Mourch, 2)18.

Govern Erarakhanyan

Authorized Representative for:
ALL CITY PHARMACY, LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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

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

HEREBY STIPPLATE AND AGREE THAT

1. The Board has jurisdiction over this natter 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 Discipling

- 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

1

reins ated 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 Hoard 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 Caré Home Health (Alta Care for IV Vancomycin 1G every 12 Hr fcr 2 weeks for patient P.L.
- 4. The physician stated on the prescript on that "Pharm to dose Abx" and "Vanco trough weekly".
- 5. Cordoba-Hernandez was the managir g pharmacist at All City Pharmacy at that time.
- 6. Just in 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 Vancomyein 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 o 'Dr. Shah ai d 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. Co doba-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.

- IC. The label on the medication lists Dr. Shah as the ordering practitioner.
- 11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin Igm 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.
- Without verifying that Ms. Comaliig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comaliig for Sodium Caloride 0.9% flushing solution and Herarin 100u/ml flushing solution. Ms. Comaliig 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.
- After the Board received a complain, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the ar sweets 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):
- drawn, or how the results would be provided to the Pharmacist:
 - d. The side effects related to Mancomycin:
 - 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 10 day of April 2019

S. Paul Edwards, Esq. General Counsel

Nevada S ate Board of Pharmacy

William J. Stilling, Esq. Counsel for

Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

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, NY 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,

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATI	BOARD OF PHARMACY.)	CASE NO. 17-070-RPH-S
)	17-070-PH-S
	Petitioner,)	
Y.)	
JAIME CORDOI	BA-HERNANDEZ, RPH,)	FINDINGS OF FACT, CONCLUSIONS OF LAW.
	istration No. 17533, and)	AND ORDER
ALL CTTY PHAI	China and the second of the se)	
Certificate of Reg	istration No. PH03609,)	
)	
	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 a so 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). 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 Cor Joba-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. Cord oba-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.
- 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 Vancomyein without supplies. Alta Care fixed the prescription received from Dr. Shah to the pharmacy.
- 8. Cordo ba-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

 Cordoba-Hernandez-All City Phannacy, Order

change the Vancornycin 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 Er. Shah as the ordering practitioner.
- 11. On July 19, 2017, Cordoba-Hernar dez prepared and dispensed 30 Vancomyein Igm victs of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.
- 2. R.N. Gerlie Comahig of Alta Care after contacted Cordoba-Hernandez to inquire about the missing in fusion 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. With out 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 0.0% flushing solution and Heparir 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 Vancomye n. 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):
- 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 basec on the physician's order.

Cordoba-Hernandez All City Pharmacy 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. Cord bha-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-He nandez 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-Eernandez:

Cordoba-Hernandez All City Pharmacy Order

- a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, s revolted 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 MPIE 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 pharmaxist 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.
- I. Not engage in any form of compounding or specialty pharmacy. He shall fimit his practice to retail pharmacy practice only.
- 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 d sciplinary 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 part ally 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 Boarc's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, withir sixty [60) days of the effective date of this Order.
- 26. Respondents shall pay the administrative fees ordered herein by *cashier's eheck* 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, i.e., 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 _ ___ day of April 2019.

Jason Ferrod, President

Nevada State Board of Pharmacy

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

VDate 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.

	Nature of Licel	Which License Is Req		ireen Valle Henderson
1. PERSONAL INFORMATION: Garachan yan Last Name NUME	Goven First Name		Middle Name	
Date of Birth	CI	menig	State/Zip For Curre Phone: Residence Business (702) Male (1) State/Zip Curre Phone: Residence Heil	1834-7709 1e 5-1811
Scars, tattoos or distinguishing marks an	d/or characteristics	none	-	
Are you a citizen of the United States? If naturalized, certificate No Place LOS VOS NU. 2. MARITAL INFORMATION:	·	registration No Date September 1	tember document must be	17, 2007 verified.)
Single □ Married □ Separated	□ Divorced ✓		Engaged □ plicant's initial	66 Page 1

WAKI	AL INFORIVIA HON-CONTINI	uea					
A.	Current Marriage	NIA					
	Spouse's full name (Maide	en) Date	A		City, County and St S.S. No	ate	
	Date of Birth	NLA	Place	of Birth	JA		
	Resident address	NIA			State Z	*******************	
	S						
	Telephone: Residence				• . •		
	Spouse's employer	NIA	•••••	Occupation	NIA		
	Address of employer S	M / A		City	State Z		
B. Pr	revious Marriages: If ever	legally separa		·		P	
	Date of O		Date of Place		ure of City		
Name (of Spouse or Dec	ree	of Marriage	Δ	ction County	and State Las	, vesti
K	istina bar	gian	2-8- 2014 Di	lorce	- narriage	clarke	BONT
		O*					
	List of names, current add	dress and teler	phone numbers	of previous s	pouses:		
1/-		treet	City	State	≅ Zip	Telephone	Væga
K	1St, Na G	urgiar	7	Goval	en Mist #	ONV	89137
-					(-,		.0
			, <u>.</u>				:
	MILY INFORMATION:	4					
Α.	Children and Dependent List all children, inclu	iding step-child		ed children an			:
Λ ι	Name B	irth Date	Birth Place	10	Residence Address	3 Bow	Caryon
141	ex Garall	sanya	M-1-1-01		S vegos	Las vega	s NUS
TX	tuid Carak	honya	n / i	n.	108 Vaga	S Lastes	2.5/1 Ji
-			=======================================				8914
В.	Child Support Information		anana.				
	\ /		•				
	I am not subje	ct to a court o	rder for the sup	port of child.			
	plan approved	by the district		ner public agen	e children and am in acy enforcing the ord		
	the order or a	plan approved	for the suppor by the district at owed pursuan	attorney or oth		in compliance winforcing the order	th for
					Applicant's initial	P	age 2

Name NAME	
Address	
Contact person	
C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents.	
parents-	areme, ctop pereme,
in-law or legal guardian. If retired or deceased, list last address and occupation. Name (Maiden) Birth Date Address	Occupation
HRAIT Garakhanyan GRAND CANYON DC	T T
violitei ,	*1008 retire
Tourk (Shamirian) Gerakhanyan Brano CAnyor Lasvegos	W 8914 77
Mother-in-Law	
	37.
D. Brothers and Sisters:	
List names, residence addresses, dates of birth and most recent occupations of bitheir respective spouses.	rotners and sisters and or
Name (Maiden) Birth Date Address	Occupation
Spouse I A	
-DUT	
Spouse / / /	
1 1 1 Aurilla	
VIH	
Spouse	
Spouse	
Spouse Spouse	
Spouse	
Spouse 4. EDUCATION:	
A. EDUCATION: Name of School Location Dates Attended	Graduate
Spouse 4. EDUCATION: Name of School School About an Armenia 1994	Graduate Yes ☑ No □
A. EDUCATION: Name of School Grammar How am #5 About an Armenia 1994 High	Yes 📝 No 🗆
A. EDUCATION: Name of School School About an Armenia 1994 High School About an Armenia 1984- College	Yes No D
A. EDUCATION: Name of School School About an Armenia 1994 High School About an Armenia 1984- School About an Armenia 1984- High School About an Armenia 1984- High School	Yes 📝 No 🗆
A. EDUCATION: Name of School School About an Armenia 1994 High School About an Armenia 1984- College	Yes No D
A. EDUCATION: Name of School Grammar Abour an #5 School Abour an #5 School Abour an Armenia 1984 School Abour an Armenia 1984 College University Other	Yes No
A. EDUCATION: Name of School Grammar Abour an Armenia 1994 High School Abour an Armenia 1984- College University	Yes No

Applicant's initial.....

8

A.	Have you ever served in any armed forces? Yes □ No 🎾
	Branch Date of entry-active service
	Date of separationType of discharge
	Rating at separationSerial 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 \square No \square If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)
В.	Have you registered for the draft? Yes □ No ☑
	County PIA State DIA Date registered DIA
A.	
	NIA
B. C. D. E. G.	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. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes \(\) No \(\) Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes \(\) No \(\) Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes \(\) No \(\) 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 \(\) Have you ever received a pardon or deferred prosecution for any criminal offense? Yes \(\) No \(\) If yes when? \(\) city, county and state \(\) 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.
Vame	Relationship Charge Location Date
	Applicant's initial
	Page 4

Applicant's initial Page 5

O. ENTLOTRICITY.

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	2	Reason for Leaving 1	JIA
11/2017-0	urrent.	All Cityk	harmuca	821 N/amk	Blud 4 Las Vegas
Title	Description of Duties	A 1.		Name of Supervisor	NV 89110
owner (versee	Operati	ons	selt	
Month and Year	Name/Mailing Address	of Employer/Business	,	Reason for Leaving	NIA Lastegas
7/2015 -CULL		aces Car Car	enter 4	1350 HRU, 11	e#16 NV 89103
Title	Description of Duties) A	1.	Name of Supervisor	<u></u>
owner	Overs	ce-Oper	ation	5 Sel 7	
Month and Year	Name/Mailing Address	of Employer/Business	1 1 0 -	Reason for Leaving	5019
0/2015 - 12	017 Elec	ate Capit	9/833	TWSun	set RALUNU
Title	Description of Duties	- 6	11	Name of Supervisor	
owner	overse	e Opera	Man)	sel	Y
Month and Year	Name/Mailing Address	of Employer/Business		Reason for Leaving	sold
	16 GE	- Wholesal	e 60691	4-Apache	LasVeges NV
Title	Description of Duties		4 -	Name of Supervisor	1 ~
Owner	Over	SEE Ope	ration	ns se	1
Month and Year	Name/Mailing Address	of Employer/Business		Reason for Leaving	
12012-112	012 01	remploy	ed		<u>.</u>
Title	Description of Duties		•	Name of Supervisor	
Month and Year	Name/Mailing Address	of Employer/Business	3970 MO	Reason for Leaving	Bus Closed
Tillo	Description of Duties	epvegas		O N 891	4
Title?	Description of Duties	ELL CO	1 - DU 4	Name of Supervisor	1 1 A-1 A:
-0113011	WITH	COI	Moul	1. 09	ene langualian
Month and Year	Name/Mailing Address	of Employer/Business -		Reason for Leaving	, other Job
112008 - 12010	NMBI	L (oapit	9 640	Bridger He	elasvesas
Asset mar	Description of Duties	احلما	V.	Name of Supervisor	9
17554 11101	HOMI	Morrat	100	Jonatta	n Mynes
Month and Year	Name/Mailing Address	of Employer/Business		Reason for Leaving Q	losed
4/2003-0/2	2008 Mrs	5 Mortago	= 4857	WFlam	ring CVNV
little '	Description of Duties		1	Name of Supervisor	10
Loun of	cer 0	KISI Date	oans	F.DDIC	NAWT
If additional space is ne	eded, continue on	page 10 or provide atta	achment.		
			Ap	plicant's initial	66

Page 6

Employment C	ontinue.		
2/2000 - 4/200 - PosiTech Duties: Genen	3 In + Out Ti 5416 S Dec Las Vegas Wi al Mechanic	retAuto autuv V 89113 Superi Vari	ther Joh
211999 - 2/2000 Pos: Valet: Dutic	- Cesars To 3570 S Las Va Las Vagas NV	Super Con	eporate
	ASK Gala 620 Olive Lus Angeles Duties Sala	Mari	Move
1St Jub 15	ASK 60,	LD	···

Applicant's initial_____ Page 10

3. UMANAUTER REFERENCES.

	List five character reference we employer or employees.	ho have know you five	ears or more. Do	not include relatives, pr	esent
Name of	Where Employed Street	City State Zip	Telephor	ne Years K	nown
Name 1	JactaSha Bell Home	, Agrew	Valley Lo	5/10000 11/89	178 15
Employe	Touro Med Sch OBusiness S	74 America	n Pactic	Hordorn M	189014
Name	woline Carauthers	First L	rdy Aug 1	UNV89148.	3
Employe	Home Fundiness	1820 EWAR	n SPRING +	4/30 las legasn	V89119
Nam6	ovor Karapetionen	Wicke	D Edge ha	OVERAS NUSSI	3 ,
Employe	Arizon Trucking+ Cater	224Wicked	Edge Lest	learn NV8	9113
Name (O Flang US Home	montesou	ric St Las	Vegas NV2	_ 1
Employe	Flona Law Business	600 5 3Rd	St Las	· Vaces M	189101
Name 2	450 Kardi Home	· N Jac	ASON ST 1	HendoleCA	9/206 30
Employe	Union Bal Business	330 N Br	An 10 H 1/2	o Glendale)i.
10.	Do you have any safe deposit	box or other such depo	sitory, access to ar	ny depository or do you	'AQ1203 use any other
	person's depository? Yes □	No I	,,	., aspesitor, or as year	acc any canor
======	If yes, complete the following	ig:			
Box Num	ber or Type of Depository	Location City a	nd State	Authorized Users	
	NH				
	<u> </u>				
					· · · · · · · · · · · · · · · · · · ·
11.	Have you ever held a privilege the following:	ed, occupational or profe	essional license in a	any state, including but i	not limited to
	Liquor Lawyer	Race horse/race dog		Securities dealer	Insurance
	Doctor Contractor Accountant Pilot	Real estate broker or Sports promoter	salesman	Barber/Cosmetologist	Gaming
	Yes No D	Sports promoter		Trainer or manager	Educator
	If yes, state type, where and y	ears held			
	NA		*************************	***************************************	
				•••••	********

12.	Have you ever applied for a c	ty county of state busin	ess venture or ind	lustry license or held a fi	nancial
	interest in a licensed business	or industry OUTSIDE t	he State of Nevada	a? Yes 🗌 No 🌌	
	If yes, state type, when and w involved, the names and addr				
	venture or industry.	oso or all partitors and the	ic agency respons	ible for licensing said be	13111633,
	\ \ \				
U	 	······		·····	
		ZBI-DOW	sinsk mile		
					•••••
			Ar	oplicant's initial	36
					Page 7

	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 ☐
	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No Yes
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 ♥
***************************************	NA
	Date of photograph 11/20/19
	Applicant's initial 66 Page 8

COUNTY OF (

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this

... day of

FS June 8, 2020

(seal)

CAROLINE CAROUTHERS

Notary Public, State of Nevada
Appointment No. 16-2770-1
My Appt. Expires June 08, 7920

Applicant's initial

Page 9

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.

ent license number if making changes: PH
I required forms. **If LLC use Non Public
□ Partnership - Pages 1 2 6 10 11a&h
□ Partnership - Pages 1,2,6,10,11a&b 1a&b □ Sole Owner – Pages 1,2,8,10,11a&b
Il types of ownership
E 109
Code: 89032 Telephone:
2-346-1718 Toll Free Number:
atlanticpharmacylv@gmail.com
License Number:18367
SERVICES PROVIDED
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:

	ino last into (o) yours.		
1)	Has the corporation, any owner(s), any interest, ever been charged, or misdemeanor (including by way of	convicted of a felony or gross	Yes □ No 🗵
2)	Has the corporation, any owner(s), any interest, ever been denied a lic registration?		Yes □ No ⊠
3)		shareholder(s) or partner(s) with any n administrative action, board citation, ne pharmaceutical industry?	Yes □ No 🗵
4)	Has the corporation, any owner(s), interest, ever been found guilty, ple contendere to any offense federal c substances?		Yes □ No ⊠
5)		shareholder(s) or partner(s) with any e, permit or certificate of registration upon voluntary close of a facility)?	Yes □ No 🗵
Copie		es", a signed statement of explanation r circumstance or contain an order, agre	
correc	t. I understand that any infraction o	this application and attached documenta of the laws of the State of Nevada regula obe grounds for the revocation of this pe	iting the
under correct emplo backg	penalty of perjury, that the information of the perjury, that the information in the period of the p	atements and know the contents thereof ion furnished on this application are true ate Board of Pharmacy, its agents, serv s) of the business, professional, social a as it may deem necessary, proper or de	e, accurate and ants and noral esirable.
Origin	al Signature of Person Authorized to	o Submit Application, no copies or stam	ps
EMI	MANUEL KODJOE	10/03/2019	
Print I	Name of Authorized Person	Date	
Board	Use Only Date Processed:	Amount: 500.0	D

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: NEVADA			
Paren	nt Company if any: PINNACLE ABSOLUTE CARE, LLC	_		
Mailin	g Address:840 CHAPARRAL DR			
City:_	MESQUITE State: NV Zip: 8	39027		_06 =
Telep	hone: 702-241-9653 Fax: 702-346-1718			
Conta	act Person: EMMANUEL KODJOE			
For a	ny corporation non publicly traded, disclose the following:			
1)	List top 4 persons to whom the shares were issued by the corp	oration?		
	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		ra e
3)	What was the price paid per share? N/A			
List a	ny physician shareholders and percentage of ownership.			
Name	e: N/A	%: <u></u>	N/A	
Name	e: N/A	%:	N/A	
Hour	s of Operation for the pharmacy:			
Mond	ay thru Friday 9:00 am <u>6:00</u> pm Saturda	y C <u>LOSE</u>	<u>D</u> am	pm
	Sunday CLOSED ampm 24 Hour	s <u>N/A</u>	_	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: <u>NV20171449639</u>

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	2-346-1718
List any physician shareholders and percentage of ownership.	
Name: N/A	%: <u>N/A</u>
Name: N/A	%: <u>N/A</u>
Name: N/A	%:N/A
Name: N/A	%: <u>N/A</u>
Hours of Operation for the pharmacy:	
Monday thru Friday 9:00 am 6:00 pm Satu	ırday C <u>LOSED</u> ampm
Sunday CLOSED ampm 24 F	lours <u>N/A</u>
A Nevada business license is not required, however if the pharma license please provide the number: NV20171449639	acy has a Nevada business

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
angular eighter of grant of gr
Emmanuel Kodjoe 10/03/2019
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name: EMMANUEL KODJOE License #: _1836	7
Pharmacy Name: ATLANTIC PHARMACY	
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours	
report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of	
pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a c	opy of
the inventory to be on file at the pharmacy.	
I understand that as the managing pharmacist I am responsible for compliance by the pharn	nacv
and its personnel with all state and federal laws and regulations relating to the operation of the phar	•
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	
disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	
	jointly,
managing pharmacist.	jointly,
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances. Y Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	′es No
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances. Y 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?	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances. Y Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	′es No
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances. Y 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?	′es No
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances. Y 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? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? 2. been the subject of a board citation or an administrative action whether completed or pending	′es No □ ⊠ □ ⊠
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances. Y 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? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? 2. been the subject of a board citation or an administrative action whether completed or pending in any state? 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any	es No □ ⊠ □ ⊠ □ ⊠
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances. Y 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? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? 2. been the subject of a board citation or an administrative action whether completed or pending in any state? 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	es No □ ⊠ □ ⊠ □ ⊠

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 Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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.

	Name and tic Pharmacy, 2	Address of Establishment for	or Which Licens d, Suite 109	e Is Requested , North Las Vec	as, NV 89032
PERSONAL INFOR Kodjoe	RMATION:	Emmanuel			
_ast Name N/A		First Name		Middle Nar	ne
Alias (es, Nicknames, Maiden I	Name, Other Name	Changes, Legal or Otherwis	e)		
Chaparral Dr		Mesqu	ite		NV/ 89027
Present Residence Address-S	treet or RFD	City			State/Zip
2815 W. Lake Mead B	lvd, Suite 109	Dates N/A (yet to start)	North Las	Vegas I	VV/ 89032
resent Business Address		City			State/Zip
Pharmacist		Dates N/A (yet to star	t)		NV/89032
Occupation				Phone: Residence	-N/A
		Acers Chans		Business	N/A
Pate of Birth		Accra, Ghana Place of Birth (City, County	, State)		
46					M
vge	Social S	ecurity Number			Sex
Brown	Black	Black	177 lbs	N/A	5'07"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
		nd/or characteristics			
Are you a citizen of the	United States?	Yes □ No ☒ If alie	en, registratio		nent Resident
f naturalized, certificate	No N/A		Date	N/A	
Place N/A			(If natura	alized, documer	nt must be verified.)
2. MARITAL INFORM	IATION:				
					_
Single Married	☑ Separate	d □ Divorced □	Widowed	☐ Engage	ed 🗆

I	M	ARI	TAI	INF	FORM	1ATIO	N-(Continue	٢

ARITAL INI	FORMATION-Co							
. Curr	ent Marriage	1:	2/04/1999 Date			Accra, Gha ity, County an	na d State	
Spou	ıse's full name (l	Maiden)	Gladys Ampong			S.S. No		
Date	of Birth		Pla	ce of Birth	Takora	di, Ghana	m = 1	
Resid	dent address	Chapa Street	arral Dr	Mesquite		NV State	89027 Zip	
Tele	phone: Resider	nce N/A		Busine	ss 70	2-345-3312)	*****
			Health					
Addr	ess of employer	350 F	alcon Ridge Pkwy, S	uite 102 M		NV State		
B. Previou	ıs Marriages: If		ly separated, divorce				ΖΙΡ	
		e of Order	Date of Pla		Nature of			
ame of Spo	ouse or	Decree	of Marriag	е	Action		nty and State	
N/A	N/	Ά	N/A	1	N/A	N/	A	
	INFORMATION dren and Deper List all children, Name	ndents:	step-children and addee	opted childre		e the followi		
Came	eron Kodjoe		Accra, Gh	ana	CI	naparral Dr.	Mesquite, NV 8	39027
B. Chil	I am not a lam subjudge plan apploach of the arm	the appro subject to a ject to a co roved by the rount owed	priate response: a court order for the sourt order for the supple district attorney or pursuant to the order	oort of one o other public er; or	r more chi agency er	nforcing the	order for the rep	oayme
			approved by the distr					

FAMIL'	Y INFORMATION-Continued District attorney or public agency res	sponsible for enforci	na tha a		
	Name N/A Address N/A				
	Contact person N/A				200
C.	Parents:				
parents	List names, residence addresses, da	ates of birth and mo	st recen	it occupations of par	ents, step-parents,
	in-law or legal guardian. If retired or Name (Maiden) Birth Da		address	and occupation.	Occupation
Father					Occupation
	sis Kodjoe				\$1/ \$
Mother	dis Rodjoe	Deceas	sed		N/A
	na Offah	Decea	sed		N/A
Father-in-		· · · · · · · · · · · · · · · · · · ·			
Mose	s Ampong	P.O.Be) xc	, Accra, Ghana	Businessman (Ret.)
Mother-in	-Law				
Mercy	/ Cobbinah	P.O.Bo	ox , E	Dadieso, Ghana	Teacher (Ret.)
D.	Brothers and Sisters: List names, residence addresses, da their respective spouses. Name (Maiden) Birth	ates of birth and mos	st recen	t occupations of bro	
	Michael Kodjoe		ald Dd	Croydon, UK	Occupation
Spouse	<u> </u>				Chartered Accountant
	Selasie Kodjoe	Doi	nald Rd	, Croydon, UK	Teacher
	Clara Kodjoe	Dece	ased		N/A
Spouse	N/A				
	Harriet Kodjoe	P.O.I	Вох	Saltpond, Ghana	Social Worker
Spouse	N/A				
	Benjamin Kodjoe	P.O.	Box 1	Saltpond, Ghana	Businessman
Spouse	N/A				
4. ED	UCATION:				
	Name of School	Location	Dates A	ttended	Graduate
Grammar School	Ideal Preparatory School	Takoradi, Ghana	1980	- 1986	Yes Ⅺ No □
High School	St. Augustine's College	Cape-Coast, Gha	na 198	6 - 1993	Yes 🛭 No 🗆
College University	University of Ghana, Legon	Accra, Ghana	1994	4 - 1998	Yes ☑ No □
Other	Eastern New Mexico University	Portales, NM	2004	4 - 2006	Yes X No □
Type of	degree obtained, if any PharmD				
College	or university where obtained Rosen	nan Univeristy of He	alth Sci	iences, Henderson, I	NV 2009 - 2012

5 MILITARY INFORMATION: 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 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.) 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 Charge Location-City and State Age Deposition/Date Arresting Agency N/A N/A N/A N/A N/A N/A 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 No 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 No If yes, when? N/A city, county and state N/A 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 Has any member of your family or of your spouse family ever been convicted of a felony? Yes □ No ☒ Н. If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

N/A	N/A	N/A	N/A	N/A

Applicant's initial EK

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

	Defendant or t/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A		N/A	N/A	N/A	N/A
J.	associated wit	h it as an owne	r, officer, director or partne	oprietorship or close	ely held corporation (while you volume to the lawsuit, arbitration or bankrup
		• 100	ete the following:		oproximate Date(s) of
	Name of Entity N/A		Type of Entity N/A	La	awsuit/Arbitration/Bankruptcy
	nd Year		ne last 25 years:	City	State or County
_ist all Month ar (From-	residences you	Street	•	City Mesquite	State or County
onth ar (From-	residences you nd Year To)	Street	and Number		
onth an (From- 03/20	residences you nd Year To) 15 - Present	Street	and Number Chaparral Dr	Mesquite	NV
Month ar (From- 03/20 08/20	residences you nd Year (To) 15 - Present 114 - 03/2015	4010 281	and Number Chaparral Dr) Watford Way	Mesquite Fayetteville	NV NC
03/20 08/20 08/20	residences you nd Year (To) 15 - Present 114 - 03/2015	Street 4010 281 840	and Number Chaparral Dr) Watford Way 1 Powder Ridge Dr	Mesquite Fayetteville Bismarck	NV NC ND
03/20 08/20 08/20 08/20 08/20	residences you ad Year To) 15 - Present 14 - 03/2015 12 - 08/2014 009 - 08/2012	Street 4010 281 840 229	and Number Chaparral Dr Watford Way Powder Ridge Dr Chaparral Dr	Mesquite Fayetteville Bismarck Mesquite	NV NC ND NV
03/20 08/20 08/20 08/20 08/20 12/20	residences you nd Year (To) 15 - Present 114 - 03/2015 112 - 08/2014 1009 - 08/2012 1007 - 08/2009	281 840 229 243	and Number Chaparral Dr Watford Way Powder Ridge Dr Chaparral Dr On Nicholas Ave	Mesquite Fayetteville Bismarck Mesquite Euclid	NV NC ND NV OH
03/20 08/20 08/20 08/20 08/20 08/20 09/2 12/20	residences you ad Year (To) 15 - Present 14 - 03/2015 112 - 08/2014 1009 - 08/2012 1007 - 08/2009 1006 - 01/2007	281 840 229 243 EN	and Number Chaparral Dr Watford Way 1 Powder Ridge Dr Chaparral Dr 00 Nicholas Ave	Mesquite Fayetteville Bismarck Mesquite Euclid Euclid	NV NC ND NV OH

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 Left for better paying job Sanford Health, 300N. 7th St, Bismarck, ND 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) 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	£	K	 	
			 Page	

9. CHARACTER REFERENCES:

varne or	employer or empl Where Employed	Street	City	State	Zip	Teleph	one Years	Known
Name /	Alexander Odame	Home	Rock Isla	and Rd. /	Apt 201, VA 2	22150	31	*****
Employe	N/A	Business	N/A				-	
Name Dr	. Edward Ofori	Home 1	I/A			-		
Employe	Self employed	Business	Mesquite	e Wome	n's Clinic		489.5	
Name Di	r. prince Ofosu-Me	ensala _{me}	1 Ave E,	Langhor	ne PA, 1904	7		
Employer	N/A	Business	N/A					
Name D	erek Boateng	Home	N/A				***	
mploye	Self Employed	Business	Health N	Matters F	harmacy		175	
lame J	ludy Boateng	Home	N/A					
mployer	N/A	Business	N/A					
10.	Do you have any person s deposito if yes, complete	ory? Yes □	No 🗵	ther suc	h depository,	access to	any depository or do yoυ	use any otho
Box Num	ber or Type of Deposit	ory	Locatio	n	City and State		Authorized Users	
1	N/A		N/A		N/A		N/A	
11.	the following: Liquor L Doctor C	awyer Contractor Pilot where and	Race Real e Sports years held	horse/ra estate br s promot	ce dog owne oker or sales er	r	n any state, including but Securities dealer Barber/Cosmetologist Trainer or manager	Insurance
12.	interest in a licen If yes, state type,	sed busines when and v	s or indus vhere and	stry OUT I give na	SIDE the Sta mes and loca	ate of Neva	ndustry license or held a da? Yes □ No ☑ e businesses in which yo nsible for licensing said b	u were

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 ☒ N/A
If yes t	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 is initial EK Page

STATE OF Nevada
SS. 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 o a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and th
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this day of
12-tolar 2019
ANTHONY D. MATOS NOTARY PUBLIC STATE OF NEVADA My Commission Expires: 12-08-2021 Certificate No: 14-12849-1
(seal)

ADDITIONAL INFORMATION

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Applicant s initial EK Page 10

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

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~			- 4	-	-	-	-	-	-		-	•	-			•				۰	٠	-		•	-		-	+ 1		٠.		-	-	-	

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								
Pinnacle Absolute Care	********							
D: D: 4 4.1			siness for Which Des	ignated Representativ	ve Is Reque	sted		
Doing Business As; Atl	abbe Pharmacy, 21	applicab	Lake Mead Blyd, S le, Name Under Whi	ch It Is Now Operated	is Vegas, 8	39032		*****
1. PERSONAL INFO	RMATION:		F					
Kodjoe Last Name			Emmanuel First Name		Middle Na	me		
N/A			T ii St Maine		Wildale Ma	iiic		
Alias(es, Nicknames, Maide	n Name, Other Name	Change	s, Legal or Otherwise	2)				
Chaparral Dr			Mesquit	e		NV/ 8902	27	
Present Residence Address	Street or RFD		City			State/Zip		
2815 W. Lake Mead Blv	d, Suite 109	Dates	N/A (yet to start)	North Las Vegas		NV/ 890	32	
Present Business Address			City			State/Zip		
Managing Pharmacist		Dates	N/A (yet to start)	North Las Vegas		NV/ 8903	32	
Present Position with the Ph	armacy or Wholesale	r			Phone: Residence	• -N/A		
		A	Ch		Business	702-24	1-9653	
Date of Birth			ra, Ghana of Birth (City, County,	State)				_
Date of Birth		i lace c	or Birtir (City, County,	State)				
46							M	
Age	Social S	ecurity N	umber			S	Sex	
Brown	Black	Bla	ick/Dark	177 lbs	N/A		5'07"	
Color of Eyes	Color of Hair		olexion	Weight	Build	F	leight	
Scars, tattoos or distin	_							
Are you a citizen of the	United States?				Perman	ent Recide		
If naturalized, certificat								
Place N/A			***************************************	(If naturalized,	documer	nt must be	e verified.)	
2. MARITAL INFOR	MATION:							
Single Married	Separated Separat		Divorced □	Widowed □	Engage	ed 🗆		
				٨	pplicants	initial	EK	
				^	pphoants	minut		Pa

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i. C	urrent Marria	ge12	.04-1999	•••••		Accra, Ghana	
S	Spouse's full na	ame (Maiden)	Date			ity. County and S	tate
D	Date of Birth			Place of	Birth Takorad	i, Ghana	
R	Resident addre	ss Cha	aparral Dr		Mesquite City		89027
Т	elephone: Re						·ι·
					Occupation Ph		•••••••••••••••••••••••••••••••••••••••
		oloyer 350 Falc			Mesquite	NV 8	39027
B. Prev	/ious Marriage	Street es: If ever lega	ly separated,	divorced, or	City annulled, indicate		ip .
·		Date of Order	Dat	te of Place	Nature of	City	
ame of	Spouse	or Decree	of	Marriage	Action	County	and State
N/A	A	N/A		N/A	N/A	N/A	<u> </u>
	N/A	N/A		N/A	N/A	N/A	N/A
	ILY INFORMA Children and E List all chil Name	Dependents:		and adopted	i children and give F	e the following Residence Addres	
Can	meron Kodjoe		Ac	ccra, Ghana	Ch	aparral Dr, Mes	squite, NV 89027
B. C	Child Support Please	Information: mark the appro	priate respor	nse:			
	⊠lam	n not subject to	a court order	for the suppo	ort of child.		
	plar		ne district atto	rney or other			in compliance with a der for the repayme
	the	order or a plan	approved by	the district at	torney or other pu		「in compliance with nforcing the order fo
	ıne	repayment of th	ie amount ow	eu puisuant	App	licants initial	EK Pag
							1 4

	INFORMATION-Continued District attorney or public agency	responsible fo	r enforcina	the ch	aild support order:	
	3.774	•	•			
	Address N/A					
	Contact person N/A					
C. I	Parents: List names, residence addresses,					
	in-law or legal guardian. If retired	or deceased,	list last ad	dress	and occupation.	
	Name (Maiden) Birth	Date	Address			Occupation
ather	Francis Kodjoe		Deceased			N/A
Mother	Sabina Offah	(r	Deceased			N/A
Father-in-L	-aw Moses Ampong	-	P.O.Box	KB	Korle-Bu, Ghana	Businessman
Mother-in-l	Law Mercy Cobbinah		P.O.Box	, Dad	lieso, Ghana	Teacher (Retired)
	Brothers and Sisters: List names, residence addresses, their respective spouses. Name (Maiden)	dates of birth	and most	recent	occupations of bro	others and sisters and of
	Michael Kodjoe		Donald Rd	, Croyo	lon, UK CRO 3EQ	Charted Accountant
Spouse	Selasi Kodjoe		Donald	Rd, C	roydon, UK CRO 3E	EQ Stay at home mom
·	Clara Kodjoe		Deceased			N/A
Spouse	N/A	N/A	N/A			N/A
	Harriet Kodjoe		P.O.Box	Sa	ltpond, Ghana	Social Worker
Spouse	N/A	N/A	N/A			N/A
-	Benjamin Kodjoe		P.O.Box	ı S	altpond, Ghana	Businessman
Spouse	N/A	N/A	N/A			N/A
4. EDI	UCATION:					
	Name of School	Locatio	n [Dates At	tended	Graduate
Grammar School	Ideal Prep. School	Takoradi, Gha	ana	1980-19	986	Yes 🛚 No 🗆
High School	St. Augustine's College	Cape-Coast,		1986-1		Yes 🖪 No 🗌
College University	University of Ghana Eastern New Mexico University	Accra, Ghana Portales, NM		1994- 2004-		Yes 🔀 No 🗆
Other R	oseman University of Health Science	es Henderson,	NV	2009-	2012	Yes 🖾 No 🗆
Type of	degree obtained, if any BS (Un	iversity of Gha	na), MBA (l	Internat	tional University), M	IS (Eastern New Mexico Uni
College	or university where obtained Ph	armD (Rosema	an Universit	y of He	ealth Sciences)	
_						

5 MILITARY INFORMATION: 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 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.) 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 \(\subseteq \text{No} \(\subseteq \text{ If yes, give details in space provided below. List all cases without exception.} \) Date of Arrest Charge Location-City and State Age Deposition/Date Arresting Agency N/A N/A N/A N/A N/A N/A 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. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes □ No ☑ Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No ☒ Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? E. 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 Have you ever received a pardon or deferred prosecution for any criminal offense? Yes \square No \square If yes when? N/A city, county and state N/A Has any member of your family or of your spouse \overline{s} family ever been convicted of a felony? Yes $\overline{\ }$ No $\overline{\ }$ H. If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

ame	Relationship	Charge	Location	Date
N/A	N/A	N/A	N/A	N/A

Applicant's initial EK
Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Plaintiff/	Defendant or	ails below. List all cases without ex			
	t/Respondent	Date Filed Number	City, County and Stat	10000	te
	J/A	N/A N/A	N/A	N/A	
J.	associated with	al partnership, business venture, so it as an owner, officer, director or If yes, complete the following:	ole proprietorship or clos partner) been a party to	ely held corporation (while ya lawsuit, arbitration or ban	you v krupt
	Name of Entity	Type of Entity		approximate Date(s) of awsuit/Arbitration/Bankruptcy	
	N/A	N/A		N/A	
7. RE	ESIDENCES:				
Nonth ai (From 03/20	residences you l	have had for the last 25 years: Street and Number Chaparral Dr	City Mesquite	State or County	
onth and (From 03/20 08/20	residences you lend Year -To) 015 - Present 014 - 03/2015	Street and Number Chaparral Dr 4010 Watford Way	Mesquite Fayetteville		
ist all lonth ar (From 03/20 08/20	residences you l	Street and Number Chaparral Dr	Mesquite	NV	
03/20 08/20	residences you lend Year -To) 015 - Present 014 - 03/2015	Street and Number Chaparral Dr 4010 Watford Way	Mesquite Fayetteville	NV NC	
03/20 08/20 08/20	residences you lend Year -To) 015 - Present 014 - 03/2015 012 - 08/2014	Street and Number Chaparral Dr 4010 Watford Way 2811 Powder Ridge Dr	Mesquite Fayetteville Bismarck	NV NC ND	
03/20 08/20 08/20 08/20 01/2	residences you lend Year -To) 015 - Present 014 - 03/2015 012 - 08/2014	Street and Number Chaparral Dr 4010 Watford Way 2811 Powder Ridge Dr 840 Chaparral Dr	Mesquite Fayetteville Bismarck Mesquite	NV NC ND NV	
03/20 08/20 08/20 08/20 01/2	residences you lend Year -To) 015 - Present 014 - 03/2015 012 - 08/2014 009 - 08/2012	Street and Number Chaparral Dr 4010 Watford Way 2811 Powder Ridge Dr 840 Chaparral Dr 22900 Nicholas Ave	Mesquite Fayetteville Bismarck Mesquite Euclid	NV NC ND NV OH	
03/20 08/20 08/20 08/20 01/2 12/2	residences you lend Year (-To) (15 - Present (14 - 03/2015 (12 - 08/2014 (19 - 08/2012 (19 - 08/2009 (19 - 08/2007	Street and Number Chaparral Dr 4010 Watford Way 2811 Powder Ridge Dr 840 Chaparral Dr 22900 Nicholas Ave 24350 Garden Dr	Mesquite Fayetteville Bismarck Mesquite Euclid	NV NC ND NV OH	
03/20 08/20 08/20 08/20 01/2 12/2 01/2	residences you lend Year (-To) (15 - Present (14 - 03/2015 (12 - 08/2014 (19 - 08/2012 (19 - 08/2009 (19 - 01/2007 (19 - 01/2007 (19 - 01/2007 (19 - 01/2006	Street and Number Chaparral Dr 4010 Watford Way 2811 Powder Ridge Dr 840 Chaparral Dr 22900 Nicholas Ave 24350 Garden Dr ENMU 2846 1500 S. Ave K	Mesquite Fayetteville Bismarck Mesquite Euclid Euclid Portales	NV NC ND NV OH OH NM	

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 Mesqui	ite Pharmacy, 114 N. Sandhill Blvd, Suite B & C	3,360 Hours
Owner/Managing Pha		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/2017 Walmar	t 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 Walm	art 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 du	ties 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 counseli	ing 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, Newto	own,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	Hamonaling Address of Employer/Dusiness	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
		19.54
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		

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

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9. CHARACTER REFERENCES:

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

Alexander Odame	Years Known
Name Dr. Edward Ofori Home N/A Employer Mesquite Women's Classifiness NameDr. Prince Ofosu-Mensah Home Ave E, Langhorne, PA 19047 Employer N/A Business N/A Name Drek Boateng Home N/A Employer Walgreens Pharmacy Business N/A Name Judy Boateng Home N/A Employer N/A Business N/A 10. Have you ever held a privileged, occupational or professional license in any state, including the following: Liquor Lawyer Race horse/race dog owner Securities dealer Doctor Contractor Real-estate broker or salesman Barber/Cosmetol Accountant Pilot Sports promoter Trainer or manage of the state type, where and years held N/A N/A N/A 11. Have you ever applied for a city, county of state business, venture or industry license or he 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 whice involved, the names and address of all partners and the agency responsible for licensing senting venture or industry. N/A N/A N/A N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the any reason whatsoever? Yes □ No □ Is N/A 13. Have you ever been denied a personal license, permit, certificate or registration for a privile or professional activity? Yes □ No □ Is N/A 14. Have you ever been denied a personal license, permit, certificate or registration for a privile or professional activity? Yes □ No □ Is	31
Bertha Howe Ave, Mesquite, NV 89027	
Ave E, Langhorne, PA 19047 Employer N/A Business N/A Derek Boateng Home N/A Employer Walgreens Pharmacy Business N/A Name Judy Boateng Home N/A Employer N/A Business N/A 10. Have you ever held a privileged, occupational or professional license in any state, including the following: Liquor Lawyer Race horse/race dog owner Securities dealer Doctor Contractor Real-estate broker or salesman Barber/Cosmetol Accountant Pilot Sports promoter Trainer or managy Yes □ No ☑ If yes, state type, where and years held N/A N/A N/A N/A 11. Have you ever applied for a city, county of state business, venture or industry license or he 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 whice involved, the names and address of all partners and the agency responsible for licensing senture or industry. N/A N/A N/A N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the any reason whatsoever? Yes □ No ☑ 13. Have you ever been denied a personal license, permit, certificate or registration for a priviling or professional activity? Yes □ No ☑	8
Employer N/A Business N/A Name Derck Boateng Home N/A Employer Walgreens Pharmacy Business N/A Name Judy Boateng Home N/A Employer N/A Business N/A 10. Have you ever held a privileged, occupational or professional license in any state, including the following: Liquor Lawyer Race horse/race dog owner Securities dealer Doctor Contractor Real·estate broker or salesman Barber/Cosmetol Accountant Pilot Sports promoter Trainer or managy If yes, state type, where and years held N/A N/A N/A 11. Have you ever applied for a city, county of state business, venture or industry license or he interest in a licenseed 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 whice involved, the names and address of all partners and the agency responsible for licensing senture or industry. N/A N/A N/A N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the any reason whatsoever? Yes □ No □ ■ 13. Have you ever been denied a personal license, permit, certificate or registration for a priviling or professional activity? Yes □ No □ ■	
Name Derek Boateng Home N/A Employer Walgreens Pharmacy Business N/A 10. Have you ever held a privileged, occupational or professional license in any state, including the following: Liquor Lawyer Race horse/race dog owner Securities dealer Doctor Contractor Real·estate broker or salesman Barber/Cosmetol Accountant Pilot Sports promoter Trainer or managy If yes, state type, where and years held N/A N/A 11. Have you ever applied for a city, county of state business, venture or industry license or he 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 whice involved, the names and address of all partners and the agency responsible for licensing senture or industry. N/A N/A N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the any reason whatsoever? Yes □ No □ ■ 13. Have you ever been denied a personal license, permit, certificate or registration for a privile or professional activity? Yes □ No □ ■	20
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Judy Boateng Home N/A	- 20
Total Business N/A 10. Have you ever held a privileged, occupational or professional license in any state, including the following: Liquor Lawyer Race horse/race dog owner Securities dealer Doctor Contractor Real·estate broker or salesman Barber/Cosmetol Accountant Pilot Sports promoter Trainer or manage of yes, state type, where and years held N/A N/A 11. Have you ever applied for a city, county of state business, venture or industry license or he 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 whice involved, the names and address of all partners and the agency responsible for licensing sequenture or industry. N/A N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the any reason whatsoever? Yes □ No ☑ 13. Have you ever been denied a personal license, permit, certificate or registration for a privilegor or professional activity? Yes □ No ☑	
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any reason whatsoever? Yes □ No ☒ 13. Have you ever been denied a personal license, permit, certificate or registration for a privile or professional activity? Yes □ No ☒ N/A	
or professional activity? Yes □ No ဩ N/A	ne State of Nevada
	ivileged, occupation
If yes to the above, state where, when and for what reason: N/A N/A	

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	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ No ☑
15.	Have you or any person with whom you have been a participant in any group been the sadministrative 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 guilty or entered a plea of nolo contendere to any offense, federal or state, related to precontrolled substances?	found guilty, plead escription drugs and/or Yes □ No ဩ
17.	Have you or any person with whom you have been a participant in any group ever surre permit or certificate of registration relating to the pharmaceutical industry voluntarily or o upon voluntary close of a wholesaler	therwise (other than Yes □ No ☒
18.	Do you have any relatives within the fourth degree of consanguinity associated with or epharmaceutical or drug related industry?	employed in the 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 ⊠NMo □
N/A		
N/A		1
N/A	Date of photograph 10/04/2	019
	Applicants initial	EK Page 8

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 execute	ed 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	on for a certificate, license, registration or		
permit if the holder or applicant [Has obtained any certificate, certification, license or permit by the filing of an			
application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that			
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and 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 209 Inthon D. Matts Notary Public	ANTHONY D. MATOS NOTARY PUBLIC STATE OF NEVADA My Commission Expires: 12-08-2021 Certificate No: 14-12849-1		
	(seal)		

ADDITIONAL INFORMATION

N/A		<u> </u>
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Page 10

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.

Certificate Number: B20191004271977

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/04/2019.

BARBARA K. CEGAVSKE Secretary of State **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 Check box below for type of ownership and complete all recorporation or Partnership. ☐ Publicly Traded Corporation — Pages 1,2,3,10,11a&b Non Publicly Traded Corporation — Pages 1,2,4,10,11a&B GENERAL INFORMATION to be completed by all t	quired forms. **If LLC use Non Public ☐ Partnership - Pages 1,2,6,10,11a&b ☐ Sole Owner Pages 1,2,8,10,11a&b
Pharmacy Name: COMBINED WELLNESS F	1 =
Physical Address: 2605 EAST FLA	MINSO ROAD
City: LAS VEGAS State: Zip C	ode: 89121 Telephone:
702-847-6565 Fax: 702-	8 47-6569 Toll Free Number:
	mbinedwellnesspharmacyOgma:).com
Website: Na	o thou to all the same of the
Managing Pharmacist: Shih Hue: Bia	License Number: 19847
Wanaging Marmadist.	Licerise Nulliber.
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	
	SERVICES PROVIDED
Yes/No	SERVICES PROVIDED Yes/No
Yes/No X □ Retail	SERVICES PROVIDED Yes/No □ 'Q Off-site Cognitive Services
Yes/No ♪ □ Retail □ □ Hospital (# beds)	Yes/No □ ♥ Off-site Cognitive Services □ № Parenteral
Yes/No Yes/No Retail Hospital (# beds) Internet	Yes/No □ ♥ Off-site Cognitive Services □ № Parenteral □ № Parenteral (outpatient)
Yes/No Yes/No Retail Retail Hospital (# beds) Nuclear Ambulatory Surgery Center	Yes/No ☐ 🌣 Off-site Cognitive Services ☐ Department (outpatient)
Yes/No X Retail Nuclear A Ambulatory Surgery Center Community	Yes/No ☐ ♥ Off-site Cognitive Services ☐ № Parenteral ☐ № Parenteral (outpatient) ☐ Ø Outpatient/Discharge ☐ № Mail Service ☐ № Long Term Care
Yes/No X	Yes/No ☐ V Off-site Cognitive Services ☐ D Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ D Long Term Care ☐ Sterile Compounding
Yes/No X	Yes/No ☐ ♥ Off-site Cognitive Services ☐ № Parenteral ☐ № Parenteral (outpatient) ☐ Ø Outpatient/Discharge ☐ № Mail Service ☐ № Long Term Care ☐ № Sterile Compounding ☐ № Non Sterile Compounding
Yes/No X	Yes/No ☐ V Off-site Cognitive Services ☐ D Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ D Long Term Care ☐ Sterile Compounding ☐ Non Sterile Compounding

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

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

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes 🏌 No □
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No 💆
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation site fine or proceeding relating to the pharmaceutical industry?	
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?	
	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 02/
Cobies	nswer to question 1 through 5 is "yes", a signed statement of explanation of any documents that identify the circumstance or contain an order, agaition may be required.	n must be attached. reement, or other
correc	by certify that the answers given in this application and attached document. I understand that any infraction of the laws of the State of Nevada regulion of an authorized pharmacy may be grounds for the revocation of this	ilating the
I have under correc employ	read all questions, answers and statements and know the contents there penalty of perjury, that the information furnished on this application are true. I hereby authorize the Nevada State Board of Pharmacy, its agents, servees, to conduct any investigation(s) of the business, professional, social bound, qualification and reputation, as it may deem necessary, proper or conduct any investigation, as it may deem necessary.	of. I hereby certify, ue, accurate and rvants and
Origina	1 Signature of De JAMus -	
Ongina	al Signature of Person Authorized to Submit Application, no copies or star	mps
MA	RTIN CHIBUETE 5/6/19	
Print N	ame of Authorized Person Date	
Board	Jse Only Date Processed: Amount: 500.	<u>원</u>

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporat	ion: \	evad	Q ₁			
Paren	t Company if	any:	nedic	moest	s 11c		
Mailin	g Address:	P.D.1	3 nx 3	6368			
City:	Las Ve	GOLC	Sta	te: NIV	Zin. &	9133	
Telepl	hone: 20	2 969 34	199 Fax	· N)/:		11.03	
				HIBUEZ			
For ar	ny corporation	n non publicly	traded, disclo	ose the followir	ng:		
1)	List top 4 pe	ersons to who	m the shares	were issued by	the corpor	ation?	
	a)	NIA					
	۵/	Name		Business Addre	ess		
	b)	NLA					
	~/	Name		Business Addr	ess		
	c)	NIA					
	-/	Name		Business Addr	ess		
	d)	NIA					
	/	Name		Business Addre	ess		
2)	Provide the	number of sh	ares issued b	y the corporati	on. N)) n_	
2)					1		
3)	what was tr	ne price paid	per snare? _		NIA		
			-				
		snareholders	and percenta	ge of ownershi	p.		
Name		N	LA			%:	
Name	:		NIA			%:	···
Hours	of Operation	on for the ph	armacy:				
Monda	ay thru Friday	/am	4 pm pm		Saturday	<u> N / 4</u> am 1	ν <u>/4</u> pm
	Sunday	N /4 am	N/4 pm		24 Hours	N/H	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: <u>NV 20151057393</u>

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

Responsible Person of COMBINED MELLN hereby acknowledge and understand that in addition	
Responsible Person of _ COMBINED WELLN	ESS PHARMALY
hereby acknowledge and understand that in addition to t	the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be response that may occur in a pharmacy owned or operated by said	ponsible for any violations of pharmacy la
I further acknowledge and understand that the con	rporation's, any owner(s), shareholder(s
or partner(s)may be named in any action taken by the Ne	evada State Board of Pharmacy against
pharmacy owned by or operated by said corporation.	
I further acknowledge and understand that the cor or partner(s) cannot require or permit the pharmacist(s) i	rporation's, any owner(s), shareholder(s
of any local, state or federal laws or regulations pertaining	g to the practice of pharmacy.
Original Signature of Person Authorized to Submit Applic	cation, no copies or stamps
MARTIN CHIBUEZE Print Name of Authorized Person	3)7/19
Till Ivalle of Authorized Person	Date

Managing Pharmacist

Pharmacist Name: Shih Huei Bia License #: 198	47	_
Pharmacy Name: COMBINED WELLNESS PHARMACY		_
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hour report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a the inventory to be on file at the pharmacy.	of the	е
I understand that as the managing pharmacist I am responsible for compliance by the pharmacist 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 disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	armad t of	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	ll joint	ly,
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?	Yes	No Æ
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		8
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		2
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		
If you marked YES to any of the numbered questions above, please include the following information	tion	
Board Administrative Action: State: Date: Case #:		_
And/or Criminal Action: State: Date: Case #:		_

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

- 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)
- Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- 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.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

7 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 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	PHA	RMACY			
Compined	D Wellness pl	oracy 26 85 Klature	e of License E + Amus ment for Which License	Is Requested	1 NV 89121
	***************************************	If applicable, Name Und	der Which It Is Now Ope	erated	
1. PERSONAL	INFORMATION:				
ast Name CHIR	Nete Maiden Name, Other Nam	First Nam	1	Middle Name のみ」へいれ	
Alias(es, Mickilaines,	NA.	le Changes, Legal of Of	inerwise)		
	ddress-Street or RFD	Dales Dales	city as vegas	State	Zip 8512
Present Business Add	tress Flaming, ly	Dates	City Megas	State N V	S1121
Occupation PHARMA	•	NIGEIUA		Phone: Residence Business 70	î 2847-6565
Date of Birth	0	Place of Birth (City,	County, State)		
Age Y l	Social	Security Number			Sex
Color of Eyes	Color of Hair Black	Complexion	Weight 16014	Build Average	Height
Scars, tattoos or	distinguishing marks	and/or characterist	ics NIM		
Are you a citizen	of the United States	Ye No □	If alien, registration	n No	
If naturalized, ce	rtificate No	•••••	Date	*****	
Place		• • • • • • • • • • • • • • • • • • • •	(If natural	ized, document m	ust be verified.)
2. MARITAL IN	NFORMATION:				
Single □ Ma	arried Separate	ed 🗆 Divorced	□ Widowed	☐ Engaged	
				Applicant's initi	al Pa

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NIA	eet .	City		State	Zip	Telephone
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FAMILY INFORMATION-Cor District attorney or pu		naible for enfu	araina tha	abild average		
Name Newal	abilic agency respon		ente	r cillia suppoi	n order.	
Address 1960	E- Flamin	97 12d	Las	Negas	NV	89113
Contact person		-				
C. Parents:		***************************************	• • • • • • • • • • • • • • • • • • • •	- W		••
List names, residence	e addresses, dates	of birth and	most rece	ent occupatio	ns of par	ents, step-parents,
parents- in-law or legal guardi:	an. If retired or de	ceased, list la	ast addres	ss and occur	ation	
Name (Maiden)	Birth Date	Addr				Occupation
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Mother CAldline Utt.	Amo 12	-				N-RETIRET
ather-in-Law						
NV						
Mother-in-Law NA		- :				
D D 41						
D. Brothers and SisterList names, residence	* -	s of birth and	most rece	ent occupation	ons of bro	thers and sisters and of
their respective spou						
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Spouse						· ············
NA						
Spouse	=1					
5,500.30						
4. EDUCATION:						
Name of School		Location	Dates	Attended		Graduate
Grammar School N4						Yes 🔲 No 🗌
tigh Rederal Port Col	lege	NIGELIA	1990	- 1994		Yes X No
College University of	E CHASO -	Texas	2000	-2002		Yes 🗆 No 🛣
other Roseman College	of phormacy	Nevada	2012	_ 2005		Yes 🗹 No 🗆
Type of degree obtained, if a	Olia	ARM D				140
College or university where o	obtained Line m	an coll	or al	Dhome	e i	
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	Rating at s	eparation _.		***************************************	Serial nu	mber		
	special of g	jenerai co	service were you urt martial? hey occurred-for	Yes □ No	I If yes fur	which resulted in s nish details on pag	ummary e 10. (Li	action, a tr ist all incid
3.	Have you r	egistered	for the draft?	Yes X No				
	County 2	lpaso	S tate	Texa	S D	ate registered	199	9
AF	RRESTS, DE	TENTION	S, LITIGATION	S AND ARBITE		clude those arres		
	Have you	ever been :	arrested, detaine	ed charged ind	icted or summ	oned to answer for	r any orin	ninal affa-
	VIOIALION TO	r any reason	on wnatsoever, r	edardless of the	e disposition c	of the event? (Evce	nt minor	traffic citat
	Yes 🖎 No	□ If yes,	give details in s	pace provided b	pelow. List all	cases without exce	eption.	
	rrest	Age	Charge	Location-City a	nd State	Deposition/Date	Arres	ting Agency
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Applicant's initial_______Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

l.

laintiff/Defendant or	- / 1 - ON	Court and Case		
aimant/Respondent	Date Filed	Number	City, County and State	Disposition/Date
associated		r, officer, director or partr		ly held corporation (while you v lawsuit, arbitration or bankrupt
Name of Entity	,	Type of Entity		proximate Date(s) of wsuit/Arbitration/Bankruptcy
7				
ist all residences y	ou have had for th	ne last 25 years:		
Month and Year (From-To)	Street	and Number	City	State or County Ny 12/16-Dec
Month and Year (From-To)	Street	and Number	City Vesas	NV 12/16-Dek
Month and Year (From-To)	Street	and Number	City Sesas -	
Month and Year (From-To)	Street	and Number Las reg (as in a	s resqs	NV 12/16-Dock NV 12/13-8/16
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Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

Applicant's initial Page 5

8. EMPLOYMENT:

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.

14.		Number of Employed Hours
Manager Title	Pharmacist Julies Description of Dulies	ED Smith
5(13-7/14	CVS pharmacy 8320 w. Cheyenne LVNV	Name of Supervisor
	CA / 75	1080 Hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	pharmacy Jute:	matt Ray
1	Description of Duties SAm Club Plane 8080 w. 7/07: Cer	Name of Supervisor
115-8116	SAM Club planay las mas 89/47	1700 Hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
ranger	phormacist Dufies	TINA BRAHY
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
Fitle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
itle	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
Nonth and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
itle	Description of Duties	Name of Supervisor

Applicant's initial

9. CHARACTER REFERENCES:

.....

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

List five character reference who have know you five years or more. Do not include relatives, present employer or employees. Name of Where Employed Telephone Years Known 702697 UDI 5415 020 E 104/1 Business 2245 **Business** Home Name Vlam Business Susical Employer Um 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 42 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 📈 Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No

Applicant's initial

Page 7

14.	Have you ever been refused a business or industry license or related finding of suitab participant in any group which has been denied a business or industry license or relat suitability?	ility or been a ed finding of Yes □ No
15.	Have you or any person with whom you have been a participant in any group been the administrative action or proceeding relating to the pharmaceutical industry?	Yes □ No 12
16.	Have you or any person with whom you have been a participant in any group ever beguilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances?	en found quilty pload
17.	Have you or any person with whom you have been a participant in any group ever sur permit or certificate of registration relating to the pharmaceutical industry voluntarily or upon voluntary close of a wholesaler	rendered a license, r otherwise (other than Yes No
18.	Do you have any relatives within the fourth degree of consanguinity associated with or 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?	
20		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	119
	Applicant's initia	Page 8

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 of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this day of

(seal)

Applicant's initial

PAMELA GOLDMAN Notary Public State of Nevada No. 06-103332-1 My Appt. Exp. Oct. 13, 2020

Page 9

march

Notary Public

2019

ADDITIONAL INFORMATION

	••••••

	,

Applicant's initial

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

Date 5-7-19

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	phorma	-64		
Combin	ED WEUNE Name and Add	Nature of Pharm S.S. Pharmac ress of Business for Whid	nacy of Wholesaler 7 2805 E. In Designated Represen	Tlomings ntative is Requested	Rd LV NV 89121
***************************************		If applicable, Name Unde	er Which It Is Now Oper	ated	•••••
1. PERSONAL	INFORMATION:				
Last Name CH 1	34EZE	First Name	MARTIN	Middle Name	OBINNA
	Maiden Name, Other Nam	e Changes, Legal or Oth	erwise)		
- E. Ru	ussell nd	Las	Vecas	NV	88120
Present Residence Ad	ddress-Street or RFD	C	Vegas ity	State	\$9120 e/Zip
2605 E.	Flamingol	Dates (as)	regas	NV	89121
Present Business Add	ress	C	ity		e/Zip
pharma	A C S H the Pharmacy or Wholesa	Dates			
Present Position with t	the Pharmacy or Wholesa	ler		Phone:	-168 -8
			n	Residence	26/7/6/
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Date of Birth	· · · · · · · · · · · · · · · · · · ·	ONISHA, No.	ounty State)		
41					1000/==
Age	Social	Security Number			Sex
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Color of Eyes	Color of Hair	PMk Complexion	16015 Weight	Build	Height
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			N (),		
Scars, tattoos or o	distinguishing marks	and/or characteristic	os IVI <i>N</i> -		
Are you a citizen	of the United States?	Yes X No 🗆 II	f alien, registration	No	
		,			
Place			(If naturalia	zed, document m	nust be verified.)
2. MARITAL IN	FORMATION:				
Single □ Mar	rried 🔼 Separate	ed Divorced	☐ Widowed	Engaged	П
g.o 🗀 Mai		, DIVOLOGO	_ vvidoved (Lilyayeu	
				Applicant's init	
					Pa

MARI	I AL INFORM	ATION-Conf		and a			
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	Spouse's fu	ıll name (Ma	iden) IFC 0	ma 120 EGBL	Lan S.	, County and State S. No	
	Date of Birt	h		Place o	f Birth NICE	MA	
	Resident ac	ddress_	Street	usell AD	Las Vegas 1	VV 89120 State Zip	
					Occupation Home	matker	
	Address of	employer	N/4 Street		City	Stale Zip	
B. Pi					annulled, indicate b		
Name	of Spouse	Date of or De	Order ecree	Date of Place of Marriage	Nature of Action	City County and State	
vid	uca d	ribura	10/21/6	Resport	Divorced		W
3. FA A.	List all	d Depende children, inc		ildren and adopted	children and give th	e following information:	
						as Vegas	
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	Dom Ch MARTING CHIZHA	CHIQUEZ	2	Las vegas		Las vegas	-
В.	Child Suppo	ort Informatese mark the am not subject alan approve of the amoun	tion: appropriate re ect to a court orde to a court orde d by the district t owed pursua	esponse: order for the suppo er for the support of attorney or other nt to the order; or	rt of child. one or more childre public agency enfor	en and am in compliance cing the order for the rep	ayme
	tl	he order or a	a plan approve	er for the support of d by the district atto nt owed pursuant to	orney or other public o the order.	en and NOT in compliance agency enforcing the order ant's initial	e with der fo
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-AMII		orney or pu	ublic agency	esponsible for e			order:	
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	Contact pe	erson	No.	• • • • • • • • • • • • • • • • • • • •	***************************************			
C.		s, residenc	e addresses,	dates of birth a	nd most recer	nt occupation	s of parents	, step-parents,
parent		egal guardi	an. If retired	or deceased, lis	st last address	s and*occupa	tion.	
	Name (Maide		Birth (Address			Occupation
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ather-i	in-Law NJA	Dece	جكوا					
fother-	-in-Law NA	Dece Dece	asel					
D.	List names	ective spou	e addresses, ses.		nd most recer	nt occupation	s of brothers	s and sisters and of
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4. E	DUCATION	•						
		ame of Schoo	1	Location	Dates	Attended		Graduate
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College Univers	11 D : V///	sity of	CIPASO.		2000-	U02		Yes □ No 🛕
Other	Rosema	n col	lege of	pHAILMM	Cy 201	2-100		Yes No 🗆
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Туре	of degree ob	otained, if a	iny	PHYK	m p			
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				Seman (college o	•	cant's initial	12HARMD

5 MILITARY INFORMATION:

				□ No X	
	Branch		Date of entr	y-active service	
	Date of separation	•••••	Type of disc	harge	
	Rating at separation	on	Seri	al number	
	While in the military	y service were court martial?	you ever arrested for an offe Yes □ No Ŋ If ye d-foreign or domestic.)	ense which resulted in sun	nmary action a trial
B.	Have you registere	d for the draft	Yes No □		
	County 24745	0	State TELAS	Date registered 199	ĵγ
6. A F A.	Have you ever bee violation for any rea	n arrested, de ason whatsoev	tained, charged, indicted or ster, regardless of the disposing space provided below.	summoned to answer for a tion of the event? (Except	any criminal offense
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121	0 32	Du	Sparks, NV 1 with Domesta Uoil	Drupped 3/2011	SUALK DOLLE
В.	Has a criminal indicarrested or in which page 10.	etment, informa	ation or complaint ever been ned as an unindicted co-part	returned against you, but ty? Yes □ No	furnish details on
B. C. D. E.	Has a criminal indicarrested or in which page 10. Have you ever bee or committee? Yes Have you ever bee commission? Yes Have you ever bee Yes \(\square \) No \(\square \) Have you ever had If yes, when?	ctment, information you were nare not	ation or complaint ever been ned as an unindicted co-part or deposed by a city, state, for to appear or testify before a to testify for any civil, crimin nal record expunged or seal or deferred prosecution for a	returned against you, but ty? Yes No If yes. ederal or law enforcement federal, state or county gral or administrative proceed by a court order? Yes and state	furnish details on agency, commission rand jury, board or eding or hearing?
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B. C. D. E. F.	Has a criminal indicarrested or in which page 10. Have you ever bee or committee? Yes Have you ever bee commission? Yes Have you ever bee Yes No Have you ever had If yes, when? Have you ever receif yes when? Has any member or	ctment, information you were nare not you were nare not you were nare not you were nare not your family or your	ation or complaint ever been med as an unindicted co-part or deposed by a city, state, for to appear or testify before a to testify for any civil, crimin mal record expunged or sealed city, county a or deferred prosecution for a city, county are of your spouse's family ever	returned against you, but ty? Yes \(\simeq \) No \(\simeq \) If yes. ederal or law enforcement federal, state or county goal or administrative proceed by a court order? Yes and state any criminal offense? Yes and state er been convicted of a felores, furnish details on page	furnish details on agency, commission rand jury, board or eding or hearing? No A No
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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

If yes, give d	(Other than of letails below. Lis		out exception, including			dent?
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County	and State	Disposi	tion/Date
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associated w	vith it as an owner		re, sole proprietorship or or partner) been a p			
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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.

12009 5 2013	Name/Mailing Address of Employer/Business NV 89406	8,320 ltrs
wonin and Year	.1	Number of Employed Hours
Manager	Pharmacist manager dutes Description of Duties	ED Sm;tk Name of Supervisor
i itie	Description of Duties	Name of Supervisor
5/2013-7/14	CVS phormacy 8320 w. Cheyner que	2080 Hrs
Month and Year	Name/Mailing Address of Employer/Business 89,125	Number of Employed Hours
manager	phormacist/manager duties	
Title	Description of Duties	MAKE RAY Name of Supervisor
8 2014 - 5 20	16 Spms Club 8080 W. Tropical WM	
	99,149	7, NA BE 4174
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
nanager	phemer: st manager	TINA BEATTU
Title	Description of Duties	7/NA BEA774 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

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 Kn	iown
NameC	etus Amadi Home Jacaranda Bay LVN	SYIS	
Employe	Life care phenny Business 3050 E. Desert Inn Com 2026972105		
		24-5	
Employe	Green Valley framogusiness 2245 N. Green Valley Hondrin Sty		· · · · · · · · · · · · · · · · · · ·
Name Po	mele OBah Home: + Britton Rose D. Lungait	12415	
Employe	pipline RX Business Las Ugas Nr		
Name C	harles lacy Home lavender lane LA canada CA 9104	1241.	5
Employe	Robemann Univ. Business 11 Sunset way knows 84104	F	
Name #	kinkilade Home - Yonie ct las mgas	67	115
Employe	(Cal psychial-ic Business 3201 maryland pkway # 318 Lv Nr 8909		
10.	Have you ever held a privileged, occupational or professional license in any state, including the following: Liquor Lawyer Race horse/race dog owner Securities dea Doctor Contractor Real estate broker or salesman Barber/Cosme Accountant Pilot Sports promoter Trainer or mar Yes \(\square \text{No} \(\square \text{No} \)	ler tologist	Insurance Gaming Educator
11.	Have you ever applied for a city, county of state business, venture or industry license or interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No lif yes, state type, when and where and give names and locations of the businesses in w involved, the names and address of all partners and the agency responsible for licensing	X hich you	were
12.	any reason whatsoever? Yes □ No M	ne State o	of Nevada for
13.	Have you ever been denied a personal license, permit, certificate or registration for a pri or professional activity? Yes □ No □	vileged,	occupational
If yes t	o the above, state where, when and for what reason:	50	

Applicant's initial

14.	Have you ever been refused a business or industry license or related finding of suitabil participant in any group which has been denied a business or industry license or relate suitability?	lity or been a ed finding of Yes □ No
15.	Have you or any person with whom you have been a participant in any group been the administrative action or proceeding relating to the pharmaceutical industry?	Yes □ No 4☑
16.		
17.	Have you or any person with whom you have been a participant in any group ever surrepermit or certificate of registration relating to the pharmaceutical industry voluntarily or upon voluntary close of a wholesaler	endered a license, otherwise (other than Yes \(\) No
18.	Do you have any relatives within the fourth degree of consanguinity associated with or pharmaceutical or drug related industry?	employed in the Yes No
19. 20. 21.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Will you be employed fulltime with the pharmacy or wholesaler? Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes No 🗆 Yes No 🗆
	ATT T/	
	Date of photograph 3/5/14 Applicant's initial	Page 8

STATE OF Texas
COUNTY OF El Paso
I, MARTIN Cけんなこと , 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 of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Shill)
Original Signature of Applicant
Subscribed and Sworn to before me this 10 day of May, 2019
A day of 7 tag, 2017
Lua M M Isla
Notary Public LILIA M MESTA
My Notary ID # 12389624
(sEquies October 11, 2021

ADDITIONAL INFORMATION

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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. Flaming & Ld

City: Los Vegas State: * NV Zip: NV 8121

Telephone: 7029693499 Fax:

New Managing Pharmacist Name: MARTIN CHARLES E

License #: 17555 Date Started: 9/301/9

Pharmacy email: Combined Wellness @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.

Been diagnosed or tree physical condition tha	t would imp	air your ability to pe	rform the essential	functions of your license?
 Been charged, arres Been the subject of a 	ted or convi an administr	cted of a felony or mis rative action whether	demeanor in <u>anv</u> sta completed or pend	ate?
. Had your license sub	jected to an	y discipline for violati	on of pharmacyor d	lrug laws in <u>any</u> state?
documentation:	ny of the num	nbered questions (1-3	3) above, include the	following information & provide
documentation: Board Administrative	State	nbered questions (1-3	3) above, include the	
documentation:	1	Date:		Case #: 16-015- 294-1
locumentation: Board Administrative	State	Y	Regrinan, County	Case #: 16-015- 294-1

Case pending to be draffed

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 intraining daily logs available for inspection at the pharmacy. (NAC639.254(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)
- 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.

under penalty of perjury, that the information furnished on this	application is true, accurate and
correct.	
The state of the s	9/30/19
Signature of New Managing Pharmacist (no stamps or copies)	Date

I have read all questions, answers and statements and know the content thereof. I hereby certify,

Board Use Only
Date Received: _____Amount: _____Amount: _____



Aevada 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.

Larry L. Pinson, Pharm. D.

Executive Secretary

REGISTER OF ACTIONS CASE No. 15F17802X

State of Nevada vs. CHIBUEZE, MARTIN

തതതതത

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

Charges: CHIBUEZE, MARTIN 1. Dom battery by strangulation [54740] 2. Coerc w/force or threat of force [53159] 3. Kidnapping, 2nd degree [50075] 4. Kidnapping, 2nd degree [50075] 5. Home invasion, (1st) [50435]	Statute	Level	Date
	200.485.2	Felony	11/15/2015
	207.190.2a	Felony	11/15/2015
	200.310.2	Felony	11/15/2015
	200.310.2	Felony	11/15/2015
5. Home invasion, (1st) [50435]	205.067.2	Felony	11/15/2015 11/15/2015

CHARGE INFORMATION

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)

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**

Request for Arrest Warrant Filed 12/02/2015

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 Minute Order - Department 10 12/04/2015

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

Release Order - Own Recognizance (Judicial Officer: Tobiasson, Melanie A.) 01/22/2016

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

Counsel Confirms as Attorney of Record 01/22/2016

J Hendrickson, ESQ.

Minute Order - Department 10 01/22/2016

01/22/2016 Warrant Cleared

01/22/2016 Temporary Custody Record Remand 01/23/2016 Release Agreement 01/25/2016 Warrant Service Slip 05/02/2016 Preliminary Hearing (9:30 AM) (Judicial Officer Tobiasson, Melanie A.) O/R Result: Bound Over 05/02/2016 Minute Order - Department 10 05/02/2016 Preliminary Hearing Held Motion to Exclude Witnesses by State - Motion Granted States Witnesses: 1) Njideka Chibuze - witness identifies defendant. Motion by state to amend criminal complaint by interliniation- 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 05/02/2016 Remand - Cash or Surety Counts: 001; 002; 003; 004; 005 - \$125,000.00/\$125,000.00 Total Bail 05/02/2016 No Contact with Victim Njideka Chibueze 05/02/2016 Bound Over to District Court as Charged Defendant Bound Over to District Court as Charged. Defendant to Appear in the Lower Level Arraignment Courtroom A. 05/02/2016 District Court Appearance Date Set May 4 2016 10:00AM: In Custody 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.

Bullara K. Cagarste

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

www.drsltd.com

JOSEPH F. DEMPSEY KENNETH M. ROBERTS DAVID B. MATHENY

VERONICA M. BARISICH DAVID E. KRAWCZYK DIRK A. RAVENHOLT

OF COUNSEL: BILLY SMITH, JR.

EDUARDO J. RIVERA KAREN GRANT-HEAD ANNE ZEMEK DE DOMINGUEZ SHAUN P. HALEY

April 13, 2017

ROBERT E. ANDERLIK

Sender's Direct Email: CriminalDefenseAttorney@drsitd.com

Martin Chibueze P.O. Box Las Vegas, Nevada 89133

> 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 apperance 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

1. CASE INFORMATION

Martin Chibueze Defendant:

C-16-314608-1 Case:

ID: P&P Bin:

7028538

1004360870

PCN:

29731443

Offense Date:

Between 10-01-15 and

Arrest Date:

11-15-15

Plea Date:

01-22-16

04-10-17, Guilty Sentencing Date:

08-07-17

H. CHARGE INFORMATION

Offense:

Count 1 - Attempt Battery by Strangulation (F/GM)

NRS:

200.481, 193.330

Category: Dor N/A

NOC:

54739(F) / 54741(GM)

By imprisonment in the state prison for a minimum term of not less than I 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

53159

NOC:

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.

Category: B

III. DEFENDANT INFORMATION

FBI: 896860KD4

SID: NV04381516

Alien Registration:

US Citizen: Yes

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

Identifiers:

Sex: M

Race: B

Eyes: Brown

Height: 5'8"

Weight: 160

Additional SSNs: None reported

Additional DOBs: None reported

Additional POB: None reported

Aliases: Martin Obinna Chibueze; Martin O Chinueze

Notification Required per NRS 630.307: N/A

Hair: Black

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)

MARTIN CHIBUEZE CC#: C-16-314608-1

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

LVMPD

1. Domestic Battery by Strangulation (F)

CC#: C-16-314608-1

RMD: 05-02-16

2. Coercion with Force or Threat of

Force (F)

3. Kidnapping, 2nd Degree (F)(2 counts)

4. Home Invasion, (1st)(F)

5. Domestic Battery by Strangulation (F)

BSR: 08-02-16

Page 4

PRESENTENCE INVESTIGATION REPORT MARTIN CHIBUEZE CC#: C-16-314608-1

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

VL DEFENDANT'S STATEMENT

\boxtimes	See Attached		Defendant interviewed, no statement submitted		Defendant not interviewed
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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).

CC#: C-16-314608-1

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

Mandatory Probation/

Restitution: None

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

Mandatory Probation/

Fine: \$500

Restitution: None

Prison: N/A

E - FILED

JUN	25	2019	
Initials	1	ےر	

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA AND FOR THE COUNTY OF CLARK

THE STATE OF NEVADA,)
Plaintiff)
vs.) Case No.C-16-314608-1
CHIBUEZE, MARTIN) Department No. 25
Defendant)

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 day of June, 2019 AT 1:00 pm

JUN 1 8 2019

KATHLEEN DELANEY, District Judge

mK