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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AARON PHARMACY INC

Physical Address: 2465 REYNOLD'S AVENUE (SUITE 204)

City: NORTH LAS VEGAS State: Zip Code: 89030 Telephone:

775 372 8344 Fax: 702 410 7842 Toll Free Number:

N/A E-mail: FELIXEGBASE@YAHOO.COM

Website: N/A

Managing Pharmacist: FELIX A. EGBASE, RPh License Number: 17240

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
 For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

FELIX ABU EGBASE

Print Name of Authorized Person

06/05/2019

Date

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

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: N/A

Mailing Address: 2465 REYNOLD'S AVENUE (SUITE 204)

City: NORTH LAS VEGAS State: NV Zip: 89030

Telephone: 775 372 8344 Fax: 702 410 7842

Contact Person: FELIX EGBASE

For any corporation non publicly traded, disclose the following:

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

- a) FELIX EGBASE (100%) 2465 Reynolds Ave #204
 Name Business Address NORTH LAS VEGAS NV 89030
- b) _____
 Name Business Address
- c) _____
 Name Business Address
- d) _____
 Name Business Address

2) Provide the number of shares issued by the corporation. 150

3) What was the price paid per share? \$50

List any physician shareholders and percentage of ownership. NONE

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 4 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours NA

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191292519

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

I, FELIX ABU EGBASE

Responsible Person of AARON PHARMACY INC.

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

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

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



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

FELIX ABU EGBASE

Print Name of Authorized Person

06/05/2019

Date

Managing Pharmacist

Pharmacist Name: FELIX ABU EGBASE,

License #: 17240

Pharmacy Name: AARON PHARMACY INC.

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

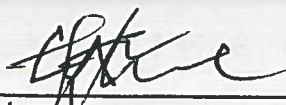
Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County: _____ Court: _____

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

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

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



 Signature

06/05/2019

 Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/05/2019

GENERAL INSTRUCTIONS

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

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

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

Application for PHARMACY
AARON PHARMACY INC Nature of License
N/A Name and Address of Establishment for Which License Is Requested
N/A If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

EGBASE Last Name FELIX First Name ABU Middle Name
N/A

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

VULCAN STREET Present Residence Address-Street or RFD LAS VEGAS City NV 89122 State/Zip

2465 Reynolds Ave #204 Present Business Address (06/18-date) City NORTH LAS VEGAS State/Zip NV 89030

PHARMACIST Occupation (09/2007-date) Dates

Phone: Residence _____ Business 775 372 8344

LAGOS, NIGERIA Date of Birth _____ Place of Birth (City, County, State)

39 Age Male Sex

Black Color of Eyes Black Color of Hair Dark Complexion 185 lbs Weight Athletic Build 5'7" Height

Scars, tattoos or distinguishing marks and/or characteristics Slight mark on forehead

Are you a citizen of the United States? Yes No If alien, registration No. N/A

If naturalized, certificate No. _____ Date March 2nd 2012

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial F.E

A. Current Marriage Date City, County and State

N/A Spouse's full name (Maiden) S.S. No.

Date of Birth _____ Place of Birth _____

Resident address _____
Street City State Zip

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
EBEHIREME IBAZEBO	6/7/16	ABUJA NIGERIA	DIVORCE	Las Vegas, NV
FELICIA COLLINS	6/15/09	CALIFORNIA	DIVORCE	Las Vegas, NV

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

Name	Street	City	State	Zip	Telephone
Ebehireme Ibazabo	2 Emily Road	Bethesda	MD	20814	
Felicia Collins	Heatherdale Dr	Los Angeles	CA	90043	

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
ESE OSE EGBASE		FREEPORT, BAHAMAS	Vulcan Street, Las Vegas, NV 89122

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial FE

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:
 Name _____
 Address _____
 Contact person _____

C. Parents:
 List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
Father SYLVESTER EGBASE (DECEASED)		EGBASE ST, IROMI, NIGERIA	FARMER (DECEASED)
Mother VICTORIA EMIOWELE		OPAL COVE DR LAS VEGAS, NV 89128	NURSE (RETIRED) UNEMPLOYED
Father-in-Law N/A			
Mother-in-Law N/A			

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

Name (Maiden)	Birth Date	Address	Occupation
GERALD EGBASE	3	BIGLER ST WOODLAND HILLS CA 91364	LAWYER
Spouse N/A			
ANTHONY EGBASE		QUEEN FLORIANE LN WOODLAND HILLS CA 91364	LAWYER
Spouse N/A			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School } IGBEREN COLLEGE, High School } (NIGERIA)	IGBEREN (NIGERIA)	09/1989-05/1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University } UNIVERSITY OF BENIN	BENIN CITY (NIGERIA)	10/1995 to 12/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... PHARMACY (B. Pharm.)
 College or university where obtained..... UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Applicant's initial FE
 Page 3

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft? Yes No

County _____ State _____ Date registered _____

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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Not Applicable

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
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Not Applicable

Applicant's initial FE

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes No (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
<i>NOT APPLICABLE</i>				

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

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
<i>NOT APPLICABLE</i>		

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
DEC. 2007 - Present	VULCAN ST	LAS VEGAS	NV (CLARK) 89122
JAN 2007 - DEC 2007	3111 BEL-AIR DR # 403	LAS VEGAS	NV (CLARK) 89109
FEB 2005 - JAN 2007	801 S. HOPE ST # 503	LDS ANGELES	CA (Los Angeles) 90012
JAN 1994 - FEB 2005	38 OGBENI STREET	BENIN CITY	EDO STATE, NIGERIA

Applicant's initial FE 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
present Jan 2018 - date	KINDRED HOSPITALS 2250 E. Flamingo Rd, Las Vegas NV 89119	STILL EMPLOYED
	Description of Duties Pharmacist (Per Diem) Order Entry and Verification, medication dispensing and distribution to patient care areas	Name of Supervisor CAROL ENG, RPh
June 2016 - April 2018	WESTERN ARIZONA REG. MED. CTR. 2735 Silver Creek Rd, Bullhead City AZ 86442	Relocated back to Vegas
	Description of Duties Pharmacist Order Entry and Verification, medication dispensing & distribution to patient areas	Name of Supervisor Pamela Utah, RPh.
Jan 2008 - date	ACCESS Healthcare Staffing - Recruitment 5025 S. Eastern Ave, Las Vegas NV 89119	Still Affiliated
	Description of Duties Pharmacist Contract Pharmacist sent on different locations for contract work.	Name of Supervisor ESOSA Igbinovia
June 2009 - Sept 2014	Havasu Regional Medical Center 101 Civic Center Lane, Lake Havasu AZ 86403	Relocated back to Vegas
	Description of Duties Pharmacist Order Entry and Verification, Prescription Filling & Distribution to patient care areas	Name of Supervisor Michael Rosen, MD
April 2009 - Nov 2009	ABC Pharmacy & Medical Supplies 3040 E. Bonanza #110, Las Vegas NV 89101	Went to Clinical Practice
	Description of Duties Pharmacy Manager Oversight of operations in accordance with state laws & federal laws.	Name of Supervisor John. Anozie, RPh
Sept 2007 - Aug 2009	Walgreens Pharmacy 101 E. Lake Mead Dr. Henderson NV 89015	Started Independent Pharmacy
	Description of Duties Pharmacist Prescription dispensing, patient counselling and Narcotic inventory oversight.	Name of Supervisor Francis Wickham
Jan 2007 - Sept 2007	Walgreens Pharmacy 3400 N Boulder Highway, Las Vegas NV 89121	Completed Intern Hours
	Description of Duties Intern Pharmacist Prescription filling for verification by Pharmacist & Pharmacist - assigned duties	Name of Supervisor Heidi Wickham, RPh
Jan 1995 - Dec 2000	UNIVERSITY of Benin 234 Ugbaso - Lagos Rd, Benin, Nigeria	Graduated
	Description of Duties Pharmacy student Studies in preparation for Pharmacy Degree	Name of Supervisor Prof. Augustin Okhamafe

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

Applicant's initial F.F. Page 6

... Continued on 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	State	Zip	Telephone	Years Known
Name <u>KANAYD EZEANBLUE, MD</u>	Home	3 W. Castle View Ave	Las Vegas	NV 89129		25 years
UNIVERSITY EMPLOYER MEDICAL CTR	Business	1800 W. Charleston Blvd	Las Vegas	NV 89102	702 383 2000	
Name <u>PAUL NDSA-DVIASHU, RPh</u>	Home	HANOVER CIRCLE	Stockbridge	GA 30281		25 years
PIEDMONT HOSPITAL	Business	1133 EAGLES LANDING PKW	Stockbridge	GA 30281	678 604 1000	
Name <u>IKE NWADBI, MD</u>	Home	MULSFORD CT	Tyrone	GA 30290		25 years
WELLSTAR HOSPITAL	Business	600 SOUTH 8TH STREET	GRIFFIN	GA 30224	770 467 6314	
Name <u>MDDUPE IROR OBEJE, RPh</u>	Home	KILLERAN CT	Las Vegas	NV 89141		10 years
PROVIDENCE PHARMACY	Business	1729 E. Charleston Blvd	Las Vegas	NV 89104	702 778 3072	
Name <u>EGHEOMWAN IGBINONIA, RPh</u>	Home	MOSSBACK ST	Las Vegas	NV 89123		15 years
ACRX SPECIALTY PHARMACY	Business	3200 SOARING GULLS DR #101	Las Vegas	NV 89129	702 800 6448	

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<i>NOT APPLICABLE</i>			

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

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No

If yes, state type, where and years held

PHARMACIST (STATE OF CALIFORNIA) FROM 2010 - DATE (9 YEARS)

PHARMACIST (STATE OF GEORGIA) FROM 2011 - 2018 (7 YEARS)

PHARMACIST (STATE OF ARIZONA) FROM JUNE 2009 - DATE (10 YEARS)

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

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

NOT APPLICABLE

Applicant's initial F.E

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

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

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

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

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

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

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

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



Date of photograph 06/05/2019

Applicant's initial FE

STATE OF Nevada

ss.

COUNTY OF Clark

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

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

[Handwritten Signature]

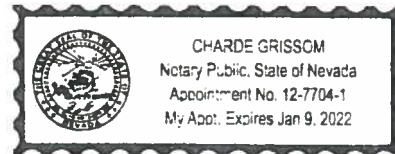
Original Signature of Applicant

Subscribed and Sworn to before me this 5th day of

June, 2019

[Handwritten Signature]

Notary Public



(seal)

Applicant's initial F.E.

ADDITIONAL INFORMATION

BUSINESSES OWNED (continued from Page 6)

(1) From April 2010 to Present Day
 ABA Medical Inc
 2539 Early Light Dr
 Las Vegas NV 8912
 Still owns the business

Activities Performed: Day-to-day operation and Oversight of Allied Pharmacy practice consultation and services

Job Title: President/CEO

(2) From Oct 2015 to April 2019
 Zebra Inc
 2539 Early Light Dr
 Las Vegas NV 89142
~~Head Business~~
 Closed business to concentrate more on

Activities Performed: Real Estate Investment
 Pharmacy:

Job Title: Director:

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

Date 06/05/2019

GENERAL INSTRUCTIONS

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

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

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

Application for RETAIL PHARMACY
Nature of Pharmacy or Wholesaler
AARON PHARMACY INC
Name and Address of Business for Which Designated Representative Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name EGBASE First Name FELIX Middle Name ABU

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

Present Residence Address-Street or RFD VULCAN STREET City LAS VEGAS State/Zip NV 89122

Present Business Address 2465 REYNOLDS AVE #204 City NORTH LAS VEGAS State/Zip NV 89030

Present Position with the Pharmacy or Wholesaler PHARMACY MANAGER/OWNER

Phone: Residence 775 372 8344 Business 775 372 8344

Date of Birth 3/1/89 Place of Birth (City, County, State) LAGOS, NIGERIA

Age 39 Social Security Number Sex Male

Color of Eyes Brown Color of Hair Black Complexion Dark Weight 185 lbs Build Athletic Height 5'7"

Scars, tattoos or distinguishing marks and/or characteristics Slight mark on forehead

Are you a citizen of the United States? Yes No If alien, registration No. N/A

If naturalized, certificate No. Date March 2nd 2012

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial F.E.

Not Applicable

A. Current Marriage

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

Date of Birth Place of Birth

Resident address Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
IBAZEBO, EBESHIREME	06/07/2016	ABUJA, NIGERIA	DIVORCE	LAS VEGAS CLARK, NV
COLLINS, FELICIA	06/15/2009	NORTH HOLLYWOOD, CA	DIVORCE	LAS VEGAS, CLARK, NV

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

Name	Street	City	State	Zip	Telephone
IBAZEBO, EBESHIREME	L EMILY ROAD	BETTENDORF	IA	52722
COLLINS, FELICIA	HEATHERVALE DR.	LOS ANGELES	CA	90043

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
ESE-OSE EGBASE	FREEPORT, BAHAMAS	VULCAN ST. LAS VEGAS NV 89122

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial F.E.

FAMILY INFORMATION-Continued

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

N/A Name
Address
Contact person

C. Parents:

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

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

Table with 4 columns: Name (Maiden), Birth Date, Address, Occupation. Rows include Father (SYLVESTER EGBASE, DECEASED), Mother (VICTORIA EGBASE), Father-in-Law (N/A), and Mother-in-Law (N/A).

D. Brothers and Sisters:

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

Table with 4 columns: Name (Maiden), Birth Date, Address, Occupation. Rows include Anthony Egbase (Lawyer) and Gerald Egbase (Lawyer).

4. EDUCATION:

Table with 4 columns: Name of School, Location, Dates Attended, Graduate. Rows include Igueben College and University of Benin.

Type of degree obtained, if any PHARMACY (B. Pharm).

College or university where obtained UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Applicant's initial F.E.

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

N/A

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft? Yes No

County _____ State _____ Date registered _____

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
Not applicable					

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
Not applicable				

Applicant's initial F-E

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
<i>Not Applicable</i>				

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
<i>Not Applicable</i>		

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
DEC 2007 - PRESENT	1 VULCAN ST	LAS VEGAS	NV (CLARK)
JAN 2007 - DEC. 2007	3111 BEL AIR DR #403	LAS VEGAS	NV (CLARK)
FEB 2005 - JAN 2007	801 S. HOPE ST #503	LOS ANGELES	CA (LOS ANGELES)
JAN 1994 - FEB 2005	38 OGBEWI ST	BENIN CITY,	NIGERIA

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Jan 2018-present	Kindred Hospitals 2250 E. Flamingo Rd Las Vegas NV 89119	2000 hours
Pharmacist	Order Entry, Drug dispensing and distribution to patient care areas	Caroline Eng RPh
June 2016-April 2018	Western Arizona Regional med. Ctr 2735 Silver Creek Road, Bullhead City AZ 86442	4200 hours
Pharmacist	Order Entry and Verification, drug dispensing and distribution to patient areas	Pamela Obah, RPh
June 2009-September 2014	Hawaii Regional Medical Ctr 101 Civic Center Lane, Lake Hawaii HI 96703	6240 hours
Pharmacist	Order Entry and Verification, drug dispensing & distribution to patient care areas	Michael Allen
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial F. E. Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
① Name <u>MONIQUE TROBBETE</u> Home	<u>Kulleran Court</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89141</u>		<u>10 years</u>
Employer <u>PROVIDENCE PHARMACY</u> Business	<u>1729 E. Charleston blvd</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89104</u>	<u>702 778 3072</u>	
② Name <u>IKE NWAJIBI, MD</u> Home	<u>601 S. 8th St.</u>	<u>Tyrole</u>	<u>GA</u>	<u>30290</u>		<u>25 years</u>
Employer <u>WEUSTAR HOSPITAL</u> Business	<u>Griffin GA</u>	<u>30224</u>			<u>770 467 6314</u>	
③ Name <u>Paul Nosa-Diasu, RPh</u> Home	<u>1133 Eagle's Landing Pkwy</u>	<u>Stockbridge</u>	<u>GA</u>	<u>30281</u>		<u>25 years</u>
Employer <u>Piedmont Hospital</u> Business	<u>W. Castle View Ave</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>	<u>678 995 9982</u>	
④ Name <u>Kangyo Ezeanule, MD</u> Home	<u>1800 W. Charleston blvd</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89102</u>		<u>25 years</u>
Employer <u>University medical center</u> Business	<u>114 Vegas</u>	<u>NV</u>	<u>89102</u>		<u>702 383 2000</u>	
⑤ Name <u>Ekeomonan Igbinovia RPh</u> Home	<u>3200 Sparing Gulls #101</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89123</u>		<u>15 years</u>
Employer <u>ACRY Speciality Pharmacy</u> Business	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>		<u>702 800 6448</u>	

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

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No

If yes, state type, where and years held

- ① PHARMACIST (GEORGIA) FROM 2011 - DATE 2018
- ② PHARMACIST IN CALIFORNIA FROM 2010 - DATE
- ③ PHARMACIST (ARIZONA); FROM 2009 - DATE

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

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

N/A

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

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

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

Applicant's initial f-e

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

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

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

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

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

N/A

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 06/05/2019

Applicant's initial F.E.

STATE OF Nevada

ss.

COUNTY OF Clark

I, Felix Egbase, being duly sworn, depose and say I have read the

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

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

[Handwritten Signature]

Original Signature of Applicant

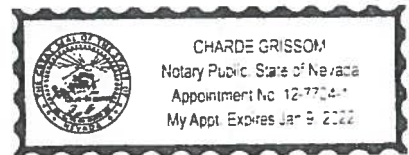
Subscribed and Sworn to before me this 5th day of

June, 2019.

[Handwritten Signature]

Notary Public

(seal)



Applicant's initial F.E.

NONE

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, **AARON PHARMACY INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 16, 2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 16, 2019.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20190416-1541

13B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: COMBINED WELLNESS PHARMACY

Physical Address: 2605 EAST FLAMINGO ROAD

City: LAS VEGAS State: _____ Zip Code: 89121 Telephone: _____

702-847-6565 Fax: 702-847-6569 Toll Free Number: _____

E-mail: Combinedwellnesspharmacy@gmail.com

Website: N/A

Managing Pharmacist: Shih Huei BIA License Number: 19847

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.


Within the last five (5) years:

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

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

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

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


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

MARTIN CHIBUEZE
Print Name of Authorized Person

5/6/19
Date

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

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: MediConcepts LLC

Mailing Address: P.O. Box 36368

City: Las Vegas State: NV Zip: 89133

Telephone: 702 969 3499 Fax: N/A

Contact Person: MARTIN CHIBUEZE

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Business Address

b) N/A
Name Business Address

c) N/A
Name Business Address

d) N/A
Name Business Address

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 4 pm pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/A

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

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

I, MARTIN CHIBUEZE

Responsible Person of COMBINED WELLNESS PHARMACY

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

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

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



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

MARTIN CHIBUEZE
Print Name of Authorized Person

5/7/19
Date

Managing Pharmacist

Pharmacist Name: Shih Huei Bja

License #: 19847

Pharmacy Name: COMBINED WELLNESS PHARMACY

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

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

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

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



Signature

5/7/19

Date



Nevada State Board of Pharmacy

431 W PLUMB LANE • RENO NEVADA 89509
 (775) 850 1440 • 1-800 364 2081 • FAX (775) 850-1444
 E mail pharmacy@pharmacy.nv.gov • Website bop.nv.gov

June 7, 2017

Mr. Martin O. Chibueze, R.Ph.
 2220 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



Case Type: Felony
Date Filed: 12/02/2015
Location: JC Department 10

PARTY INFORMATION

Defendant CHIBUEZE, MARTIN

Lead Attorneys
Jamie S Hendrickson
Retained
702-333-0007(W)

State of Nevada
State of Nevada

CHARGE INFORMATION

Table with 4 columns: Charges, Statute, Level, Date. Lists 5 charges including Domestic battery by strangulation, Coercion, Kidnapping, and Home invasion.

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

05/02/2016 Disposition (Judicial Officer: Tobiasson, Melanie A.)
1. Dom battery by strangulation [54740] Bound Over to District Court as Charged (PC Found)
2. Coerc w/force or threat of force [53159] Bound Over to District Court as Charged (PC Found)
3. Kidnapping, 2nd degree [50075] Bound Over to District Court as Charged (PC Found)
4. Kidnapping, 2nd degree [50075] Bound Over to District Court as Charged (PC Found)
5. Home invasion, (1st) [50435] Bound Over to District Court as Charged (PC Found)

OTHER EVENTS AND HEARINGS

12/01/2015 CTRACK Track Assignment JC01
12/02/2015 Criminal Complaint
12/02/2015 Request for Arrest Warrant Filed
12/02/2015 Filed Under Seal
12/02/2015 Declaration of Warrant Summons (Affidavit)
12/04/2015 Arrest Warrant Request (7:30 AM) (Judicial Officer Tobiasson, Melanie A.)
Result: Arrest Warrant Issued
12/04/2015 Minute Order - Department 10
12/04/2015 Arrest Warrant Ordered to be Issued \$15,000/\$15,000
12/04/2015 Warrant Issued
12/04/2015 Arrest Warrant - Face Sheet
12/04/2015 Arrest Warrant Confidential
01/19/2016 Motion to Place on Calendar to Allow Defendant to Surrender, Request to do a Walk-Through at the Clark County Detention Center, and to Release on His Own Recognizance
01/22/2016 Initial Appearance (8:30 AM) (Judicial Officer Tobiasson, Melanie A.)
No Bail Posted
Result: Matter Heard
01/22/2016 Motion Motion by Defense for a O/R Walk- Through - Motion Granted.
01/22/2016 Warrant Walk - Through Granted O/R
01/22/2016 Release Order - Own Recognizance (Judicial Officer: Tobiasson, Melanie A.)
01/22/2016 Warrant Stands
01/22/2016 Custody Comment Defendant to be booked on arrest warrant and released on O/R.
01/22/2016 Initial Appearance Completed Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint
01/22/2016 Counsel Confirms as Attorney of Record J. Hendrickson, ESQ.
01/22/2016 Minute Order - Department 10
01/22/2016 Warrant Cleared

01/22/2016 **Temporary Custody Record**
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 interlineation- Motion Granted. # 2) Coercion (F) # 3) Kidnap 2nd degree # 4) Kidnap 2nd degree # 5) Home Invasion State Rests. Defendant Advised of His Statutory Right to Make a Statement Defendant Waives the Right to a Sworn or Unsworn Statement Defense Rests Motion to Dismiss and Argument In Favor of Said Motion by Defense - Argument Against Said Motion by State - Motion Dismissed Thereupon the Court Found the Defendant Guilty

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

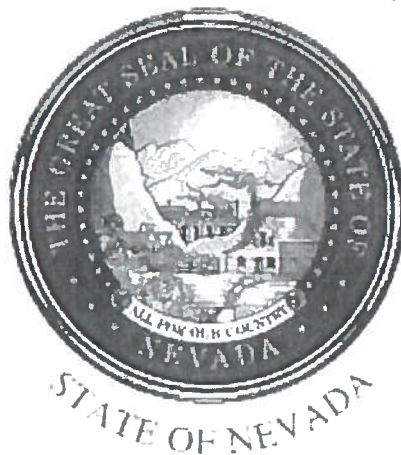
05/02/2016 **Bound Over to District Court as Charged**
Defendant Bound Over to District Court as Charged. Defendant to Appear in the Lower Level Arraignment Courtroom A.

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.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20190508-0489

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/6/19

GENERAL INSTRUCTIONS

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

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

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

Application for PHARMACY
COMBINED Wellness pharmacy 2605 E. Flamingo RD Nature of License LV NV 89121
Name and Address of Establishment for Which License Is Requested
.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name CHIBUEZE First Name MARTIN Middle Name OBINNA

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

NA

Present Residence Address-Street or RFD E. RUSSELL RD City Las Vegas State/Zip NV 89120
1/2/17 - present Dates

Present Business Address 2605 E. Flamingo Rd City Las Vegas State/Zip NV 89121
..... Dates

Occupation PHARMACIST Phone: Residence ? Business 702 847-6565

Date of Birth 8 Place of Birth (City, County, State) NIGERIA

Age 41 Social Security Number Sex

Color of Eyes Brown Color of Hair Black Complexion Dark Weight 160 lb Build Average Height 5ft 8in

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

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

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial jc Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** June 15th 2017 Las Vegas NV
Date City, County and State
 Spouse's full name (Maiden) IFEOMA IROESBUWA 7
S.S. No.
 Date of Birth _____ Place of Birth NIGERIA
 Resident address E. RUSSELL RD Las Vegas NV 89120
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation HOME MARKER
 Address of employer N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>NJIDEKA CHIBUEZE</u>	<u>10/16</u>	<u>6/2002/Reno</u>	<u>DIVORCED</u>	<u>Las Vegas</u>

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

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

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>DOM CHIBUEZE</u>		<u>Reno</u>	<u>Las Vegas</u>
<u>MARTIN CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>
<u>CHIRUA CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial JD

FAMILY INFORMATION-Continued

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

Name Nevada Child Support Center
 Address 1900 E-Flamingo Rd Las Vegas NV 89149
 Contact person NA

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Dominic CHIBUEZE</u>		<u>13512-10 SEC 4 EL PASO TX 79912</u>	<u>PHYSICIAN RETIRED</u>
Mother <u>CARDINE CHIBUEZE</u>		<u>NA</u>	<u>RN - RETIRED</u>
Father-in-Law		<u>NA</u>	
Mother-in-Law		<u>NA</u>	

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
<u>UCHE CHIBUEZE</u>		<u>1 SHADY SPRINGS DR HOUSTON TX 77061</u>	<u>Forensic psychologist</u>
Spouse <u>NA</u>			
<u>CHIZUA CHIBUEZE</u>		<u>1 Wrenwood Cir TX 75062</u>	<u>RN</u>
Spouse <u>NA</u>			
<u>OGECHI CHIBUEZE</u>		<u>LONDON</u>	<u>Law student</u>
Spouse <u>NA</u>			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>NA</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School <u>Federal Govt College</u>	<u>Nigeria</u>	<u>1990-1994</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>University of El Paso</u>	<u>Texas</u>	<u>2000-2002</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other <u>Roseman College of pharmacy</u>	<u>Nevada</u>	<u>2002-2005</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PHARM D

College or university where obtained Roseman college of pharmacy

Applicant's initial [Signature] Page 3

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft? Yes No

County El Paso State Texas Date registered 1999

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

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

Date of Arrest	Age	Charge	Location-City and State	Disposition/Date	Arresting Agency
12/23/10	32	DUI	Sparks, NV	Dropped 3/4/11	Sparks police
Jan 2016 Detained, charged with DV - Strangulation - currently on probation for 36 months since 8/2017					

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

Name	Relationship	Charge	Location	Date
N/A				

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

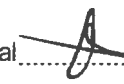
- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
	E. Russell	Las Vegas	NV 12/16-Date
	909 Washington ave	Las Vegas	NV 12/13 - 8/16
	7900 Verde Springs dr	Las Vegas	NV 8/13 - 12/13
	6717 Rolling meadows, #121	Sparks	NV 11/10 - 8/13
	672 N. Taylor st	Fallon	NV 2/09 - 11/10
	5884 Lorenzo dr	Grand prairie	Tx 11/06 - 12/08
	1005 Desierto Seco	El Paso	Tx 8/2000 - 8/2002

Applicant's initial 

8. EMPLOYMENT:

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

2/2009-5/13	CVS pharmacy 461 w. William Ave Fallon NV 89404	8,320 ^{Based on 40 hrs/week}
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	ED Smith
Title	Description of Duties	Name of Supervisor
5/13-7/14	CVS pharmacy 8320 W. Cheyenne Ln NV 89125	2080 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	MATT Ray
Title	Description of Duties	Name of Supervisor
8/15-8/16	SAM club pharmacy 8080 W. Tropical Las Vegas NV 89149	1700 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	TINA BEATHY
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Cletus Amadi</u>	Home	<u>Jacaranda Bay & Las Vegas</u>				
Employer <u>Life care planing</u>	Business	<u>3050 E. Desert Ln LV 702697 201 5411</u>				
Name <u>John Andria</u>	Home	<u>1 Teton Pines Dr. Hn 89074</u>				
Employer <u>Green valley planing</u>	Business	<u>2245 N. Green valley Hn NV 89014 10411</u>				
Name <u>Pamela o Bah</u>	Home	<u>Britton Rose Dr. LV NV 89178 12411</u>				
Employer <u>Pipeline Lx</u>	Business	<u>Las Vegas, NV</u>				
Name <u>Charles Lacy</u>	Home	<u>Lavender Lane, La Canada CA 91011 12411</u>				
Employer <u>Roseman Univ</u>	Business	<u># 11 Sunset way Hn 89014</u>				
Name <u>Nnamdi Otuema</u>	Home	<u>3 Terraeco Verde Ave Las Vegas 702 261 5499 5711</u>				
Employer <u>UMC</u>	Business	<u>Surgical dept 1500 W. Charleston Blvd LV 89102</u>				

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

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

Yes No

If yes, state type, where and years held

.....

.....

.....

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

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

.....

.....

.....

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

.....

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

.....

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

.....

.....

Applicant's initial *AO*

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

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

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

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

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

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

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

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



Date of photograph 3/15/19

Applicant's initial [Signature]

STATE OF Nevada

ss.

COUNTY OF Clark

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

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



Original Signature of Applicant

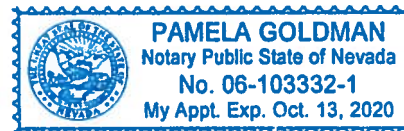
Subscribed and Sworn to before me this 11th day of

march 2019



Notary Public

(seal)



Applicant's initial M

ADDITIONAL INFORMATION

[Ruled area for additional information]

Applicant's initial \$ Page 10

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 hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for Retail pharmacy
Nature of Pharmacy or Wholesaler
COMBINED WELLNESS pharmacy 2605 E. Flamingo Rd LV NV 89121
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name CHIBUERE First Name MARTIN Middle Name OBINNA

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

E. RUSSELL Rd Las Vegas NV 89120
Present Residence Address-Street or RFD City State/Zip

2605 E. Flamingo Rd Las Vegas NV 89121
Present Business Address City State/Zip

pharmacist
Present Position with the Pharmacy or Wholesaler Dates

Phone:
Residence
Business 202 847 6565

 ONITSHA, NIGERIA
Date of Birth Place of Birth (City, County, State)

41 MALE
Age Social Security Number Sex

Brown Black Dark 160lb Average 5ft 8in
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** June 15th 2017 CLARK
 Spouse's full name (Maiden) ^{Date} IFEOMA IKOESHIAN CLARK
 Date of Birth... .. Place of Birth NIGERIA
 Resident address E. RUSSELL RD Las Vegas NV 89120
 Telephone: Residence... .. Business NA
 Spouse's employer N/A Occupation HOME MAKER
 Address of employer N/A

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Njideka Chibuzo</u>	<u>10/21/16</u>	<u>RENO 8/2012</u>	<u>DIVORCED</u>	<u>Las Vegas NV</u>

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

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

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>DOM CHIBUZZE</u>	<u>1</u>	<u>RENO</u>	<u>Las Vegas</u>
<u>MARTIN CHIBUZZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>
<u>CHIZUKA CHIBUZZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial [Signature]

FAMILY INFORMATION-Continued

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

Name Nevada child support center
 Address 1900 E. Flamingo Rd. Las Vegas NV 89119
 Contact person N/A

C. Parents:

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

	Name (Maiden)	Birth Date	Address	Occupation
Father	<u>DOMINIC CHIBUEZE</u>		<u>DESERTE ELPASO TX 79912</u>	<u>PHYSICIAN RETIRED</u>
Mother	<u>CAROLINE CHIBUEZE</u>			<u>NURSE RETIRED</u>
Father-in-Law	<u>N/A</u>		<u>Deceased</u>	
Mother-in-Law	<u>N/A</u>		<u>Deceased</u>	

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	<u>UCHE CHIBUEZE</u>		<u>7 Shady Springs Dr PEARLAND TX 77684</u>	<u>Forensic Psychologist</u>
Spouse	<u>CHIZUM CHIBUEZE</u>	<u>D</u>	<u>lorenzow Sp TX 75052</u>	<u>RN</u>
Spouse	<u>OGECHI CHIBUEZE</u>		<u>LONDON</u>	<u>LAW Student</u>
Spouse	<u>N/A</u>			
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>N/A</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	<u>FED. GOVT COLLEGE</u>	<u>NGERIA</u>	<u>1990-1994</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>University of EL PASO TX</u>		<u>2000-2002</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	<u>Roseman college of pharmacy</u>		<u>2002-2005</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type of degree obtained, if any	<u>PHARM D</u>			
College or university where obtained	<u>ROSEMAN COLLEGE OF PHARMACY PHARM D.</u>			

Applicant's initial [Signature]

5 MILITARY INFORMATION:

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

Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

B. Have you registered for the draft? Yes No

County 242A50 State TEXAS Date registered 1999

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
11/22/10	32	DUI	SPARKS, NV	DROPPED 3/2011	SPARK POLICE
Jan 2016 Detained, charged with Domestic Violence - Strangulation - ^{ex wife case} Currently under going probation for 36 months since 2/2017					

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

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

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

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

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

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

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

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

n/a

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
	E RUSSELL RD	Las Vegas	NV 89120 12/16-06/22
	909 Washington Oaks St	Las Vegas	NV 89128 12/13-8/18
	7900 Verde Springs Dr	Las Vegas	NV 89128 8/13-12/13
	6717 Rolling meadows Dr Apt 123	Sparks	NV 89424 1/10-5/13
	672 W. Taylor St	Fallon	NV 89406 2/09-10/10
	5884 Lorenzo Dr Grand prairie TX		75052 1/2006-12/08
	1005 Desierto Seco drive	El Paso TX	79912 8/2000-8/2002

8. EMPLOYMENT:

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

2/2009/5/2013	CVS pharmacy 461 W. William Ave Fallon NV 89406	8,320 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Manager	pharmacist/manager duties	ED Smith
Title	Description of Duties	Name of Supervisor
6/2013-7/14	CVS pharmacy 8320 W. Cheyenne Ave LV NV 89129	2,000 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Manager	pharmacist/manager duties	MARLOW RAY
Title	Description of Duties	Name of Supervisor
8/2014-5/2016	Sims Club 8080 W. Tropical LV NV 89149	TINA BEATTY
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Manager	pharmacist/manager	TINA BEATTY
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial *J*

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Cletus Amadi</u>	Home	<u>Jacaranda Bay Ln Nr</u>				<u>5 yrs</u>
Employer <u>Life care pharmacy</u>	Business	<u>3050 E. Desert Inn Ln Nr</u>			<u>702-697-2105</u>	
Name <u>John Anozie</u>	Home	<u>7 Teton Pines Jr Henderson</u>				<u>12 yrs</u>
Employer <u>Green valley pharmacy</u>	Business	<u>2245 N. Green valley Henderson</u>			<u>8914</u>	
Name <u>Pamela O Bah</u>	Home	<u>1 Britton Rose Dr, LV Nr 89177</u>				<u>12 yrs</u>
Employer <u>Pipeline Rx</u>	Business	<u>Las Vegas Nr</u>				
Name <u>Charles Lacy</u>	Home	<u>Lavender lane LA Canada CA 9104</u>				<u>12 yrs</u>
Employer <u>Rosemann Univ.</u>	Business	<u>11 Sunset way Henderson</u>			<u>89104</u>	<u>P</u>
Name <u>Akin Kolade</u>	Home	<u>- Yonie Ct Las Vegas</u>				<u>6 yrs</u>
Employer <u>Cal psychiatric</u>	Business	<u>3201 Maryland pkway #318 LV Nr 8909</u>				

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

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

Yes No

If yes, state type, where and years held

.....

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

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

.....

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

.....

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

.....

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

.....

Applicant's initial *bo*

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

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

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

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

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

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

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

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

ATT
T/



Date of photograph 3/5/19

Applicant's initial [Signature]

STATE OF Texas

SS.

COUNTY OF El Paso

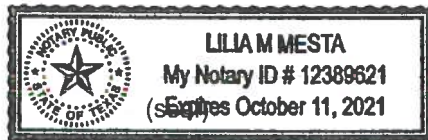
I, MARTIN CHIRQUEZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

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

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of May, 2019

Lilia M Mesta
Lilia M Mesta
Notary Public



Applicant's initial _____

13C

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CREDO PHARMACY LLC

Physical Address: 8995 W FLAMINGO RD STE 120

City: LAS VEGAS State: Zip Code: 89147 Telephone:

702-800-4000 Fax: 702-800-0488 Toll Free Number: N/A

E-mail: INFO@CREDORX.COM

Website: www.credorx.com

Managing Pharmacist: OLUKUNLE ALABI License Number: 14166

TYPE OF PHARMACY AND SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

ARMAN MARTIROSYAN
Print Name of Authorized Person

05-03-2019
Date

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

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: N/A

Mailing Address: 8995 W FLAMINGO RD STE 120

City: LAS VEGAS State: NV Zip: 89147

Telephone: 702-800-4000 Fax: 702-800-0488

Contact Person: ARMAN MARTIROSYAN

For any corporation non publicly traded, disclose the following:

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

a) ARMAN MARTIROSYAN 8995 W FLAMINGO RD STE 120 LAS VEGAS NV 89147
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 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: NV20191247874

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

I, ARMAN MARTIROSYAN

Responsible Person of CREDO PHARMACY LLC

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

ARMAN MARTIROSYAN
Print Name of Authorized Person

05-03-2019
Date

Managing Pharmacist

Pharmacist Name: OLUKUNLE ALABI

License #: 14166

Pharmacy Name: CREDO PHARMACY LLC

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County: _____ Court: _____

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

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

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



Signature

5/2/19

Date



Attention: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206, Reno, NV 89521

This letter is being written to clarify that we are applying for an *In-State* pharmacy license. Please accept this letter of acknowledgment that during our application process we did not mark LTC service at the time of enrollment. However, after reviewing all the opportunity in our market area, we would like to start offering this service in our pharmacy. We can assure the BOP that the pharmacy will always maintain a valid, unexpired license and in good standing at all time to properly carry out business. Thank you in advance for incorporating this information, and for your diligent attention to this matter. The Pharmacy will always comply and maintain strict policies that coincide with all Board of Pharmacy administrative codes, regulations and federal standards if any business changes may accord the BOP will be notified imminently if any additional information is needed please do not hesitate to contact me directly via the phone or e-mail. Thanks

Sincerely,
Arman Martirosyan / Managing Director

CREDO PHARMACY
8995 W Flamingo Rd Ste 120, Las Vegas, NV 89147
Phone/Fax: 702.800.4000, 702.800.0488
Toll Free: 888.800.3007
Email: arman@credorx.com
Web: www.credorx.com

STATE OF Nevada
COUNTY OF Clark

The foregoing instrument was acknowledged
before me this 20th day of May, 2019
by Arman Martirosyan

Notary Signature

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, **CREDO PHARMACY 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 March 29, 2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 1, 2019.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20190501-1297

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

CREDO PHARMACY LLC
Nevada Business Identification # NV20191247874

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 29, 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.

ORGANIZATION CHART

Corporation Info



CREDO PHARMACY LLC

d.b.a

CREDO PHARMACY

8995 W FLAMINGO RD STE 120, LAS VEGAS, NV , 89147



Corporate Officer

ARMAN MARTIROSYAN



Nevada State Board of Pharmacy

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Action
Alabi	Olukunle	14166	LAS VEGAS	NV	United States	

License Number : 14166

Name : Alabi, Olukunle

License Type : Pharmacist

License Status : Active

License Date : 06/19/1998

Expiration Date : 10/31/2019



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 05/06/2019

GENERAL INSTRUCTIONS

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

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

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

Application for NEVADA PHARMACY LICENSE

Nature of License

CREDO PHARMACY LLC, 8995 W FLAMINGO RD STE 120, LAS VEGAS, NV 89147

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

MARTIROSYAN ARMAN N/A
Last Name First Name Middle Name

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

SHALLOW POND DR LAS VEGAS NV 89117
Present Residence Address-Street or RFD City State/Zip

8995 W FLAMINGO RD STE 120 03/29/2019 LAS VEGAS NV 89147
Present Business Address Dates City State/Zip

MANAGING DIRECTOR 03/29/2019 702.800.0330
Occupation Dates Phone:
Residence
Business 702.800.4000

YEREVAN, ARMENIA
Date of Birth Place of Birth (City, County, State)

45 2 MALE
Age Social Security Number Sex

BROWN BLACK WHITE 200 N/A 6'00"
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No. Date 05/10/2013

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AM

MARITAL INFORMATION-Continued

A. **Current Marriage** 08/02/2013 Date YEREVAN, REPUBLIC OF ARMENIA City, County and State
 Spouse's full name (Maiden) ZARUHL TER STEpanyAN S.S. No.
 Date of Birth Place of Birth YEREVAN, ARMENIA
 Resident address .. SIERRA RD APT 4 CONCORD CA 94518
 Street City State Zip
 Telephone: Residence .. Business N/A
 Spouse's employer AIG INSURANCE Occupation CUSTOMER SERVICE
 Address of employer 1655 GRANT STREET CONCORD CA 94520
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>LUSINE GHAZARYAN</u>	<u>05/30/2013</u>	<u>11/08/2005</u>	<u>DIVORCED</u>	<u>LAS VEGAS, NEVADA</u>
<u>ARMINE ADAMYAN</u>	<u>06/30/2004</u>	<u>10/07/1995</u>	<u>DIVORCED</u>	<u>YEREVAN, ARMENIA</u>

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

Name	Street	City	State	Zip	Telephone
<u>LUSINE GHAZARYAN</u>	<u>ELLERHURST DR</u>	<u>LAS VEGAS</u>	<u>NV</u>	<u>89103</u>	<u>702.767.5468</u>
<u>ARMINE ADAMYAN</u>	<u>N/A</u>	<u>YEREVAN</u>	<u>ARMENIA</u>	<u>N/A</u>	<u>N/A</u>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>NAREK MARTIROSYAN</u>		<u>YEREVAN, ARMENIA</u>	<u>YEREVAN, ARMENIA</u>
<u>DAVID MARTIROSYAN</u>		<u>YEREVAN, ARMENIA</u>	<u>YEREVAN, ARMENIA</u>
<u>MARIAM MARTIROSYAN</u>		<u>YEREVAN, ARMENIA</u>	<u>ELLERHURST DR, ALS VEGAS, NV 89103</u>
<u>NUNE MARTIROSYAN</u>		<u>LAS VEGAS, NEVADA</u>	<u>ELLERHURST DR, ALS VEGAS, NV 89103</u>

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial AM

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
VAZGEN MARTIROSYAN Father		1 GALLIANO AVE, LAS VEGAS, NV 89117	RETIRED
NINA POGHOSYAN Mother		1 GALLIANO AVE, LAS VEGAS, NV 89117	RETIRED
ARA TER STEPANYAN Father-in-Law		YEREVAN, ARMENIA	RETIRED
TATEVIK GYOGJAEVA Mother-in-Law		YEREVAN, ARMENIA	RETIRED

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
ARTUR MARTIROSYAN Spouse		2 KHARIBJANYAN ST, YEREVAN, ARMENIA	DRIVER
KRISTINE GEGAMYAN		1 KHARIBJANYAN ST, YEREVAN, ARMENIA	DESIGNER
ANUSH MARTIROSYAN Spouse		SHALLOW POND DR, LAS VEGAS, NV 89117	DESIGNER
KAREN SEYSYAN		1 SHALLOW POND DR, LAS VEGAS, NV 89117	DRIVER

Spouse


Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School YEREVAN 50 SCHOOL	YEREVAN, ARMENIA	1981-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School YEREVAN 50 SCHOOL	YEREVAN, ARMENIA	1981-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University YEREVAN INSTITUTE OF HUMANITIES	YEREVAN, ARMENIA	1992-1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BACHELOR OF ART IN SPANISH TRANSATION.....

College or university where obtained YEREVAN INSTITUTE OF HUMANITIES.....1992-1996.....

Applicant's initial 

5 MILITARY INFORMATION:

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

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

B. Have you registered for the draft? Yes No

County State Date registered

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial AM Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
07/07/2016 - CURRENT	SHALLOW POND DR	LAS VEGAS	NV 89117
10/15/15 - 07/07/2016	3360 SHALLOW POND DR	LAS VEGAS	NV 89117
12/15/2009 - 10/15/15	8675 TRAVELING BREEZE AVE 103	LAS VEGAS	NV 89178
01/03/2009 - 12/15/2009	7885 W FLAMINGO RD 2028	LAS VEGAS	NV 89147
09/23/2006 - 01/03/2009	10820 BALLANTRAE WAY	SACRAMENTO	CA 95670
09/17/1974 - 09/23/2006	32 KHARIBJANYAN ST	YEREVAN	ARMENIA

Applicant's initial AM

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.

<u>2019 - CURRENT</u>	<u>CREDO PHARMACY LLC, 8995 W FLAMINGO RD STE 120, LAS VEGAS, NV 89147</u>	<u>CURRENT</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>MANAGING DIRECTOR</u>	<u>BUSINESS OPERATIONS</u>	<u>ARMAN MARTIROSYAN</u>
Title	Description of Duties	Name of Supervisor
<u>2016 - 2018</u>	<u>REALTY 360, 8565 S EASTERN AVE, LAS VEGAS, NV 89123</u>	<u>NEW JOB PROMOTION</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>REALTOR</u>	<u>REAL ESTATE BUY & SELL TRANSACTIONS</u>	<u>TOM BUNTIC</u>
Title	Description of Duties	Name of Supervisor
<u>2012 - 2016</u>	<u>EREALTY, 6149 S RAINBOW BLVD, LAS VEGAS, NV 89118</u>	<u>NEW JOB PROMOTION</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>REALTOR</u>	<u>REAL ESTATE BUY & SELL TRANSACTIONS</u>	<u>JOSEPH LEE</u>
Title	Description of Duties	Name of Supervisor
<u>2010 - 2012</u>	<u>LUCKY CAB, 4195 W DIABLO DR, LAS VEGAS, NV 89118</u>	<u>NEW JOB PROMOTION</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>DRIVER</u>	<u>TAXI DRIVER & CUSTOMER SERVICE</u>	<u>N/A</u>
Title	Description of Duties	Name of Supervisor
<u>2009 - 2010</u>	<u>ARIA RESORT, 3730 S LAS VEGAS BLVD, LAS VEGAS, NV 89158</u>	<u>NEW JOB PROMOTION</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>CONCIERGE</u>	<u>CUSTOMER SERVICE & EVENT ARRANGEMENTS</u>	<u>N/A</u>
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial AM Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name ELLADA SAROYAN	Home	ELLERHURST DR.	LAS VEGAS, NV	89103		20
Employer CAESARS PALACE	Business	3570 S LAS VEGAS BLVD,	LAS VEGAS, NV	89109	866 227 5938	
Name AVETIK MELIKSETYAN	Home	ELLERHURST DR.	LAS VEGAS, NV	89103		20
Employer N/A	Business	N/A				
Name ARPINE MIRZOYAN	Home	W FLAMINGO RD.	LAS VEGAS, NV	89147	12	15
Employer STUDENT	Business	N/A				
Name ALEX MIRZOYAN	Home	W FLAMINGO RD.	LAS VEGAS, NV	89147		15
Employer STUDENT	Business	N/A				
Name HMAKAK HAKOBYAN	Home	YARMOUTH AVE.	GRANADA HILLS, CA	91344		
Employer WEB HORIZONS	Business	P.O. BOX 11362,	BURBANK, CA	91510	818.308.5880	18

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

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

2012 - 2018 STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY, REAL ESTATE DIVISION

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

Applicant's initial AM 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

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

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

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

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

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

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



Date of photograph 5/6/19

Applicant's initial AM

STATE OF Nevada

SS.

COUNTY OF Clark

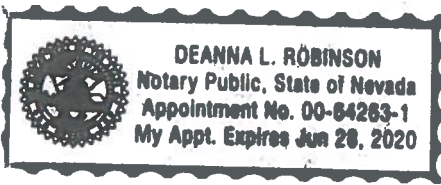
I, Arman Martirosyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

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

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 6th day of

May 2019
[Handwritten Signature]
Notary Public



(seal)

Applicant's initial AM
Page 9

13D

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Economy Drug - Eureka

Physical Address: 91 N. Main St. Eureka, NV ~~89556~~ 89316

City: Eureka State: NV Zip Code: 89316 Telephone: _____

Fax: _____ Toll Free Number: _____

E-mail: _____

Website: _____

Managing Pharmacist: ANDREW D. BATH License Number: 17848

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

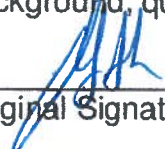
Within the last five (5) years:

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

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

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

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


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

Andrew D. BATH
Print Name of Authorized Person

5/13/2019
Date

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: Thomas A. Bath %: 50
 Name: Andrew D. Bath %: 20
 Name: Thomas O. Bath %: 15
 Name: Paul J Bath %: 15

Partnership Name: Economy Drug
 Mailing Address: 6916 Aultman St
 City, State Zip Code: Ely NV 89301
 Telephone Number: 775-289-4929 Fax Number: 775-289-8515
 Contact Person: Andrew Bath

List any physician shareholders and percentage of ownership.

Name: Ø %: _____
 Name: _____ %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 5 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: _____

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

I, ANDREW D. BATH

Responsible Person of Economy Drug - Eureka

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

Andrew D. BATH

Print Name of Authorized Person

5/13/2019

Date

Managing Pharmacist

Pharmacist Name: ANDREW DALE BATH PharmD

License #: 17846

Pharmacy Name: Economy Drug - Eureka

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County: _____ Court: _____

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

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

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



Signature

5/13/2019

Date

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, **ECONOMY DRUG, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 27, 1981, 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 June 13, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20190613-0815

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

Date 5/24/19

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 New Pharmacy Application - Satellite Pharmacy
Nature of Pharmacy or Wholesaler
Economy Drug - Eureka 91 N Main St Eureka, NV 89316
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bath Last Name Andrew First Name Dale Middle Name

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

Pinehead Ln Present Residence Address-Street or RFD Ely City NV 89301 State/Zip

6960 Aultman St Present Business Address Ely City NV 89301 State/Zip

Managing Pharmacist Present Position with the Pharmacy or Wholesaler 5/2010 Dates

Phone: Residence _____ Business 775-289-4929

3/0 Date of Birth Ely White Pine NV Place of Birth (City, County, State)

36 Age M Social Security Number Sex

Green Color of Eyes Bland Color of Hair White Complexion 175 Weight Medium Build 5'11 Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AB

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/23/2007 Ely, White Pine NV
Date City, County and State
 Spouse's full name (Maiden) April Michele Peterson S.S. No.
Date
 Date of Birth Place of Birth Ely, NV
 Resident address Pinekeel Ln Ely NV 89301
Street City State Zip
 Telephone: Residence Business 775-289-4929
 Spouse's employer Economy Drug Occupation Office Manager
 Address of employer 1916 Artman St Ely NV 89301
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Jillian Tessa Bath	Ely NV	Pinekeel Ln Ely NV
Evan Rose Bath	Ely NV	Pinekeel Ln Ely NV

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial AB

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Thomas A Bath		Mill St Ely NV	Business Owner
Mother			
Margaret L. Miller		Mill St Deceased ELY, NV.	Pharmacist
Father-in-Law			
Michael E Peterson		Wolcott Dr. Spring Creek NV	Maintenance
Mother-in-Law			
Kathleen R Ricci		S. Minnesota Dr Ely NV	W.P.Co. Human Resources

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
Thomas O Bath			
Spouse Jennifer Dalley			
Paul J. Bath			
Spouse Rebecca Byers			

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Mt. View Elementary	Ely NV	9/89-5/94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School White Pine High School	Ely NV	9/97-6/01	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University of Nevada Reno	Reno, NV	8/01-5/06	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Creighton University	Omaha, NE	8/06-5/16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Doctorate of Pharmacy

College or university where obtained..... Creighton University

Applicant's initial M

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No

County.....State.....Date registered.....

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

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

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

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

Name	Relationship	Charge	Location	Date

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
7/02-8/06	600 Mill St	Ely	NV
8/06-5/10	8734 R St	Omaha	NE
5/10-5/11	777 Ave K	Ely	NV
5/11 - Present	Pinckel Ln	Ely	NV

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
5/10-Current	Economy Drug 6916 Aultman St Cky WV	23000 hrs
Title	Description of Duties	Name of Supervisor
Managing Pharmacist		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2007	HylVee Pharmacy Corner of 180th + 1st Omaha NE	
Title	Description of Duties	Name of Supervisor
Intern Pharmacist	Input Rxs + filled Rxs	Nabil
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
0/2004	St Mary's Reno NV	
Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Prepared Orders, Sterile Compounding	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Beverly Bliss	Home	Opal Dr	Ely	NV 89301		35 yrs
Employer Retired	Business					
Name Shannon Sena	Home	Ave K	Ely	NV 89301		20 yrs
Employer SELF	Business	Shannon Sena DDS.			775-289-3375	
Name Susan Keough	Home	Mill St	Ely	NV 89301		36 yrs
Employer Sportsworld	Business	1500 AntHman St	Ely	NV	775-289-8886	
Name Kern Pintar	Home	Mill St	Ely	NV		14 30 yrs
Employer Dr Wilkin	Business	Todd Wilkin DDS			775-289-4000	
Name Mary Swetich	Home	Ave M	Ely	NV		30 yrs
Employer Retired	Business					

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

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

Yes No

If yes, state type, where and years held

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

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

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

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

Applicant's initial Sh

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

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

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

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

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

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

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

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



United



8

AS.

STATE OF Nevada

ss.

COUNTY OF White Pine

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

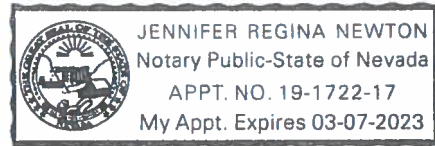
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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

Original Signature of Applicant

Subscribed and Sworn to before me this 29 day of

May, 2019

Notary Public



(seal)

Applicant's initial AB Page 9

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/24/19

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 New Pharmacy Application
Economy Drug-Eureka 91 Main St Eureka, NV 89316
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Both Last Name Thomas First Name Albert Middle Name

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

Mill Street Present Residence Address-Street or RFD Ely City Nevada 89301 State/Zip

Present Business Address Dates City State/Zip

Occupation Dates Phone: Residence Business

1 1 1 Date of Birth East Ely, Nevada Place of Birth (City, County, State) 725-289-4929 Business

74 Age Social Security Number Male Sex

Male Sex

Blue Color of Eyes White Color of Hair light Complexion 220 lb Weight large Build 5'8" Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. Current Marriage.....

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

Date of Birth..... Place of Birth.....

Resident address..... Street..... City..... State..... Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer..... Street..... City..... State..... Zip.....

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Margaret H. Bath		Ely, Nevada	Death 3-19-2016	

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents: *All grown.*

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

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial *EB*

FAMILY INFORMATION-Continued *N/A*

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

	Name (Maiden)	Birth Date	Address	Occupation
Father	Thomas O. Bath	1907	First St Ely NV	deceased Business Owner
Mother	Mary D. Bath	1913	First St Ely NV	deceased Stay at home Mom
Father-in-Law	Vale Miller	1917	Pine St Ely NV	deceased Pharmacist
Mother-in-Law	Rosale Miller	1912	Pine St Ely NV	deceased Stay at home Mom

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	Virginia B Terry		Box	Retired
	Glenn Terry	1945	✓ ✓ ✓	Retired
Spouse	Jim Bath	1950	First Street	Bath lumber - H. Manager
	Donna Bath	1958	✓ ✓ ✓	She works in Nevada
Spouse	Caroline Bath Mcintosh	1953	Box	Retired
	Mike Mcintosh			deceased

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ely Grade	Ely, Nevada		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	White Pine High School		Graduated 1963	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any *B.S. in Accounting & Finance Business*

College or university where obtained *University of Southern California* 1968

Applicant's initial *[Signature]*

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

Nevada National Guard 1968 - 1974 - Elko, Nevada

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 *White Pine* State *Nevada* Date registered *1962*

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial *[Signature]*

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes No (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
BARNEY Court	2015	CV-131159	White Pine County, NV	2019-Feb
Settle in court Against Community owned Mercantile Project dba as Hannel Mercantile. Construction dispute.				

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
Jan, 1969	Mill Street (Mill)	Ely	Nevada White Pine

Applicant's initial 

8. EMPLOYMENT:

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

Month and Year <i>5-2019</i>	Name/Mailing Address of Employer/Business <i>Bath Lumber Co</i>	Reason for Leaving <i>Still Active</i>
Title <i>President</i>	Description of Duties	Name of Supervisor <i>None</i>

Month and Year <i>1-1-1981</i>	Name/Mailing Address of Employer/Business <i>Sportswood</i>	Reason for Leaving <i>Active</i>
Title <i>General Manager Partner</i>	Description of Duties	Name of Supervisor <i>None</i>

Month and Year <i>3-2016</i>	Name/Mailing Address of Employer/Business <i>Economy Drug Co.</i>	Reason for Leaving <i>Active</i>
Title <i>Director</i>	Description of Duties	Name of Supervisor <i>None</i>

Month and Year <i>3-2013</i>	Name/Mailing Address of Employer/Business <i>Community Owner Mercantile Project</i>	Reason for Leaving <i>Active</i>
Title <i>Secretary</i>	Description of Duties <i>(Owned Mercantile)</i> <i>Director</i>	Name of Supervisor <i>None</i>


Month and Year <i>3-2001</i>	Name/Mailing Address of Employer/Business <i>General Dental Products Inc</i>	Reason for Leaving <i>Sold Company 12-31-17</i>
Title <i>President</i>	Description of Duties	Name of Supervisor <i>None</i>

Month and Year <i>6-1967</i>	Name/Mailing Address of Employer/Business <i>Western Marble Co</i>	Reason for Leaving <i>Went out of Business</i>
Title <i>Director</i>	Description of Duties	Name of Supervisor <i>None</i>

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial 

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <i>Jake Duller</i>	Home <i>Box</i>	<i>Ely, NV</i>	<i>89315</i>			<i>70 yrs</i>
Employer <i>Retired</i>	Business					
Name <i>Richard Sims</i>	Home <i>Elysium Drive</i>	<i>Ely, NV</i>	<i>89301</i>			<i>20 yrs.</i>
Employer <i>Block Distributing</i>	Business					
Name <i>Randy Fielding</i>	Home <i>Mt View Drive</i>	<i>Ely, NV</i>				<i>42 yrs</i>
Employer <i>Bathumboro</i>	Business					
Name <i>Becky Allen</i>	Home <i>Auch Ely</i>	<i>NV</i>	<i>89301</i>			<i>20 yrs</i>
Employer <i>Retired</i>	Business <i>Part time Bathumboro Co</i>					
Name <i>Delvin Martinez</i>	Home <i>Box</i>	<i>Ely, NV</i>	<i>89315</i>			<i>20 yrs</i>
Employer <i>KINROSS Mining Co.</i>	Business					

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<i>Box 126</i>	<i>First National Bank of Ely</i>	<i>Ely, Nevada</i>	<i>Thomas Ball</i>

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

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

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

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

Applicant's initial 

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

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

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

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

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

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

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

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



Date of photograph _____

Applicant's initial

STATE OF Nevada

ss.

COUNTY OF White Pine County

I, Thomas A. Bath

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

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

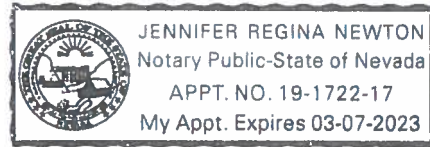
State of Nevada
County of White Pine

Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of

May, 2019 by Thomas Bath

Notary Public



(seal)

Applicant's initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/23/19

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 PHARMACY
Nature of License
91 NORTH MAIN ST. EUREKA, NV 89316
Name and Address of Establishment for Which License Is Requested
ECONOMY DRUG
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

BATH Last Name THOMAS First Name OAKLEY Middle Name

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

S McCLELLAND ST SLC UT 84102
Present Residence Address-Street or RFD City State/Zip

850 S 400 W #113 Dates 4/19-present SLC UT 84101
Present Business Address City State/Zip

ARCHITECT Dates 8/13-present
Occupation

Phone:
Residence _____
Business 801-441-2203

Date of Birth _____ Place of Birth (City, County, State) ELY, NV (WHITE PINE CO.)

39 Age _____ Social Security Number _____ Sex MALE

BLUE Color of Eyes BLONDE Color of Hair TYPE II Complexion 155 lb Weight ATHLETIC Build 5'5" Height

Scars, tattoos or distinguishing marks and/or characteristics Nevada State Tatoo on Left Forearm

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

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial BT

MARITAL INFORMATION-Continued

A. **Current Marriage**..... 10/16/10 Seattle, WA (King County)
Date
 Spouse's full name (Maiden)..... Jennifer Kate Dalley City, County and State
S.S. No.
 Date of Birth..... Place of Birth..... Las Vegas, NV
 Resident address..... S McClelland St. SLC UT 84102
Street City State Zip
 Telephone: Residence..... Business..... Parallel Lines 801 441 2203
 Spouse's employer..... Parallel Lines..... Occupation..... Architect
 Address of employer..... 850 S 400 W #113 SLC UT 84102
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Ava Rinda Bath		Salt Lake City, UT	S McClelland St
Theodore August Bath		SLC, UT	S McClelland St

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial..... 

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father Tom Albert Bath		Mill St Ely, NV 89301	General Manager Ace Hardware
Mother Margaret Louise Bath		Mill St Ely, NV 89301	Pharmacist
Father-in-Law Mahlon Bentley Dalley		N Homestead Dr. Liberty Lake, WA 99019	Educator - University Professor
Mother-in-Law Marianne Dalley		3 N Homestead Dr Liberty Lake, WA 99019	Educator - Higher Ed. Teacher

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Andrew Dale Bath		E Pinwheel Ln Ely, NV 89301	Pharmacist
Spouse April Michelle Bath (Peterson)		"	Office Manager
Paul James Bath		E 282 S Ely, NV 89301	Police Officer
Spouse Becki Jean Bath (Byers)		"	Teacher

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	White Pine Middle School	Ely, NV	- 1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	White Pine	Ely, NV	1995 - 1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Oregon	Eugene, OR	1998 - 2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Science in Architecture

College or university where obtained University of Oregon

Applicant's initial 

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No

County.....State.....Date registered.....

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

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

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

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

Name	Relationship	Charge	Location	Date

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes No (Other than divorces)

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

Table with 5 columns: Plaintiff/Defendant or Claimant/Respondent, Date Filed, Court and Case Number, City, County and State, Disposition/Date

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

Yes No If yes, complete the following:

Table with 3 columns: Name of Entity, Type of Entity, Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

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

Table with 4 columns: Month and Year (From-To), Street and Number, City, State or County. Contains handwritten entries for various addresses in UT, NV, and WA.

Applicant's initial

Handwritten initials 'AB' in blue ink.

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
3/2012-present	Parallel Lines Studio, LLC	—

Title	Description of Duties	Name of Supervisor
Owner	Architect	—

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2009-12/2011	Callison	started at new company

Title	Description of Duties	Name of Supervisor
Associate	Architect	—

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2008 - 2009	NBBT	started at new company

Title	Description of Duties	Name of Supervisor
Designer	Architect	—

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2003-2008	Callison	started at new company

Title	Description of Duties	Name of Supervisor
Associate	Architect	—

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

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

Applicant's initial JB Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>ANDY MARSH</u>	Home	<u>7 SOUTH 1800 EAST</u>			<u>SALT LAKE CITY, UT</u>	
Employer <u>SELF</u>	Business	<u>Ashen Frogg</u>				
Name <u>JIM LEVIN</u>	Home					<u>5</u>
Employer <u>FLIGHT ENGINEER</u>	Business					
Name <u>JON TAYLOR</u>	Home					<u>3 15</u>
Employer	Business					
Name <u>ASHLEY PIKE</u>	Home					<u>5 5</u>
Employer	Business					
Name <u>Dallas Graham</u>	Home					<u>5</u>
Employer <u>REDFRED</u>	Business					

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

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

Architecture License - Washington, Nevada, Utah

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

PARALLEL LINES, UTAH POPL

Applicant's initial AB

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

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

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

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

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

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

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

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

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST



Date of photograph

Applicant's initial

AB

STATE OF Utah

SS.

COUNTY OF Salt Lake

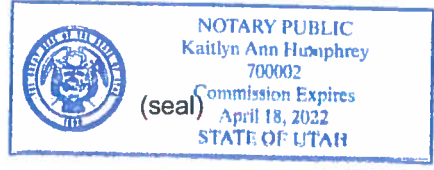
I, Thomas Oakley Bath, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of May 2019

Kaitlyn Humphrey
K Humphrey
Notary Public



Applicant's initial TB

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/24/19

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 New Pharmacy Application
Nature of License
Economy Drug - Eureka
Name and Address of Establishment for Which License Is Requested 91 N Mainst Eureka, NV 89316
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Both Last Name Paul First Name James Middle Name

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

EAST 282 SOUTH Present Residence Address-Street or RFD ELY City NEVADA/89301 State/Zip

Present Business Address Dates City State/Zip

POLICE OFFICER Occupation Dates Phone: Residence:

Date of Birth ELY, WHITE PINE COUNTY, NEVADA Place of Birth (City, County, State) Business 75-289-4929

34 Age MALE Sex Social Security Number

BROWN Color of Eyes BLONDE Color of Hair LIGHT Complexion 155LBS Weight MED Build 5'9" Height

Scars, tattoos or distinguishing marks and/or characteristics 1

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial PB

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

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

Father

TOM ALBERT BATH

1 MILL ST ELY NV, 89301

BUSINESS MANAGER/PRESIDENT

Mother

MARGARET MILLER BATH

1 MILL ST, ELY NV, 89301

PHARMACIST

Father-in-Law

Mother-in-Law

Cynthia Martin

5 E Parkview Cir Centennial CO

X-Ray Tech

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

THOMAS OAKLEY BATH

1 S. McCLELLAND ST, SALT LAKE CITY, UT

ARCHITECT

Spouse

Jennifer Dalley

S. McClelland St SLC UT

Architect

ANDREW DALE BATH

5 PINWHEEL LANE ELY NV

PHARMACIST

Spouse

April Michelle Peterson

Pinwheel Ln Ely NV

Office Manager

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School WHITE PINE MIDDLE SCHOOL	ELY, NV	1996-1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School WHITE PINE HIGH SCHOOL	ELY, NV	1999-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University UNIVERSITY OF NEVADA, RENO (UNR)	RENO, NV	2004-2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any... BACHELOR OF ARTS IN CRIMINAL JUSTICE

College or university where obtained... UNR

Applicant's initial... PB

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No

County WHITE PINE State NEVADA Date registered 10/12/2002

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial PS

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
APRIL 2017 TO PRESENT	7 EAST 282 SOUTH	ELY	NEVADA
JUNE 2008 TO APRIL 2017	1290 AVEL	ELY	NEVADA
AUGUST 2006 TO JUNE 2008	2951 ARSEL DRIVE	RENO	NEVADA
AUGUST 2004 TO AUGUST 2006	1675 SKY MOUNTAIN DR.	RENO	NEVADA
BIRTH TO AUGUST 2004	600 MELL STREET	ELY	NEVADA

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
6/18/18		
JUNE 2018	WHITE PINE COUNTY SHERIFFS / 1785 GREAT BASIN ELY, NV.	CURRENT
Title	Description of Duties	Name of Supervisor
DEPUTY PATROL	PATROL OFFICER	SGT. FISCHER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE 2017	BATH LUMBER CO. / 1900 AVE G. ELY, NV.	NEW OCCUPATION
Title	Description of Duties	Name of Supervisor
MANAGER	BOOK KEEPING	TOM BATH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2010	SPORTSWORLD / 1500 ALTMAN ST ELY, NV.	PROMOTION
Title	Description of Duties	Name of Supervisor
MANAGER	MANAGE EMPLOYEES AND DAILY OPERATIONS	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE 2008	BATH LUMBER CO. / 1900 AVE G. ELY, NV.	PROMOTION
Title	Description of Duties	Name of Supervisor
MANAGER	WAREHOUSE MANAGER, SERVICE TRUCKS, BELV.	TOM BATH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial PS Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>CATALINA JONES</u>	Home	<u>7 IRON DR. ELY NV. 89301</u>				<u>30 YEARS</u>
Employer <u>WHITE PINE SCHOOL DIST.</u>	Business	<u>1135 AVE C ELY NV. 89301</u>		<u>775 289 4851</u>		
Name <u>CHRES JONES</u>	Home	<u>IRON DR ELY NV. 89301</u>				<u>30 YEARS</u>
Employer <u>ELY STATE PRISON</u>	Business	<u>4569 NORTH STATE RT. ELY NV. 89301</u>		<u>775 289 8800</u>		
Name <u>LANDON WHALEY</u>	Home	<u>WILLOW RD IBAPAH UT. 84034</u>				<u>30 YEARS</u>
Employer <u>GOLD HILL MINE</u>	Business	<u>GOLD HILL UT. 84034</u>				
Name <u>LUKE SHADY</u>	Home	<u>DICKERSON AVE ELY NV. 89301</u>				<u>25 YEARS</u>
Employer <u>WHITE PINE COUNTY SHERIFFS OFFICE WPCSO</u>	Business	<u>GREAT BASIN BLVD ELY NV. 89304 775 289 8208</u>				
Name <u>TODD FFWLHER</u>	Home	<u>MURRY ST ELY NV. 89309</u>				<u>25 YEARS</u>
Employer <u>WPCSO</u>	Business	<u>GREAT BASIN BLVD ELY NV. 89304 775 289 8808</u>				

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

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

.....

.....

.....

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

.....

.....

.....

Applicant's initial PB

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

.....

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

.....

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

.....
.....

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

.....
.....

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

.....

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

.....

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

.....

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

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Date of photograph 5/25/19

Applicant's initial PS

STATE OF Nevada

ss.

COUNTY OF White Pine

I, Paul Bath

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

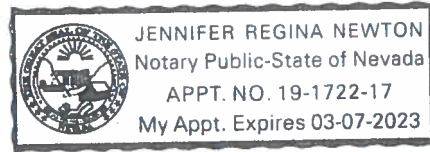
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Original Signature of Applicant

Subscribed and Sworn to before me this 29 day of

May 2019

Notary Public



(seal)

Applicant's initial PB

Date 5/24/19

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 New Pharmacy Application -> Satellite Pharmacy
Economy Drug-Eureka Nature of License
91 N Main St Eureka, NV 89316 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Bath, First Name: Andrew, Middle Name: Dale

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

Present Residence Address-Street or RFD: Pinwheel Ln, City: Ely, State/Zip: NV 89301

Present Business Address: 6916 Aultman St, Dates: 5/2010 - Present, City: Ely, State/Zip: NV 89301

Occupation: Managing Pharmacist, Dates: 5/2010

Phone: Residence, Business: 775-289-4929

Date of Birth: 3/6, Place of Birth (City, County, State): Ely, White Pine Co NV

Age: 36, Social Security Number, Sex: M

Color of Eyes: Green, Color of Hair: Blond, Complexion: White, Weight: 175, Build: Medium, Height: 5'11"

Scars, tattoos or distinguishing marks and/or characteristics: NONE

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

If naturalized, certificate No. Date.

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial [Signature]

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Father

Thomas A. Bath	1	Mill St. ELY, NV	Business Owner
----------------	---	------------------	----------------

Mother

Margaret Lu Miller		Deceased ELY, NV	Pharmacist
--------------------	--	------------------	------------

Father-in-Law

Michael E. Peterson		Wolcott Dr Spring Creek NV	Maintenance
---------------------	--	----------------------------	-------------

Mother-in-Law

Kathleen R Ricci		5 Minnesota Dr Ely NV	WPCo Human Resources
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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
---------------	------------	---------	------------

Thomas O. Bath		1 S. McClelland St SLC, UT	Architect
----------------	--	----------------------------	-----------

Spouse

Jennifer Dalley		S. McClelland St SLC, UT	Architect
-----------------	--	--------------------------	-----------

Paul J. Bath		1E 282 South Ely NV	Police Officer
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Spouse

Rebecca Byers	4	1E 282 South Ely NV	Teacher
---------------	---	---------------------	---------

Spouse

Spouse

4. EDUCATION:

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

Grammar School	Mt View Elementary Ely, NV	9/89-5/94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
----------------	----------------------------	-----------	---

High School	White Pine High School Ely NV	9/97-6/01	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------------	-------------------------------	-----------	---

College University	University of NEVADA Reno Reno NV	8/01-5/00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--------------------	-----------------------------------	-----------	---

Other	Creighton University Omaha NE	8/00-5/10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Type of degree obtained, if any..... Doctorate of Pharmacy

College or university where obtained..... Creighton University

Applicant's initial *AB*

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No

County.....State.....Date registered.....

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

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

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

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

Name	Relationship	Charge	Location	Date

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
7/82-8/06	600 Mill St	Ely	NV White Pine
8/06-5/10	18734 R St	Omaha	NE
5/10-5/11	777 Ave K	Ely	NV
5/11 - Present	2 Pinwheel Ln	Ely	NV

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/10-Current	Economy Drug 6916 Aultman St Ely NV 89301	N/A.
Title	Description of Duties	Name of Supervisor
Managing Pharmacist		

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2007	HyVee Pharmacy	Graduated Pharm School.
Title	Description of Duties	Name of Supervisor
Intern Pharmacist	Inpatient Rx's & E:K Rx's	Nabil

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2004	St Mary's Reno, NV.	Graduated college went to Plenary School
Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Prepared Orders, Sterile Compounding	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial AH Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Beverly Bliss</u>	Home	<u>Opal Dr.</u>	<u>Ely</u>	<u>NV</u>	<u>89301</u>	<u>35 yrs</u>
Employer <u>Retired</u>	Business					
Name <u>Shannon Sena</u>	Home	<u>1 Ave K</u>	<u>Ely</u>	<u>NV</u>	<u>89301</u>	<u>20 yrs</u>
Employer <u>SELF</u>	Business	<u>Shannon Sena D.D.S.</u>			<u>775-289-3375</u>	<u>20 yrs</u>
Name <u>Susan Keough</u>	Home	<u>2 Mill St</u>	<u>Ely</u>	<u>NV</u>	<u>89301</u>	<u>36 yrs</u>
Employer <u>Sportsworld</u>	Business	<u>Manager</u>			<u>775-289-8886</u>	
Name <u>Kerri Pintar</u>	Home	<u>1 Mill St</u>	<u>Ely</u>	<u>NV</u>	<u>89301</u>	<u>30 yrs</u>
Employer <u>Dr. Wilkin</u>	Business	<u>Todd Wilkin D.D.S.</u>			<u>Office Manager 775-289-4000</u>	
Name <u>Mary Swetich</u>	Home	<u>3 Ave M</u>	<u>Ely</u>	<u>NV</u>	<u>89301</u>	<u>30 yrs</u>
Employer <u>Retired</u>	Business					

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

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

.....

.....

.....

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

.....

.....

.....

Applicant's initial AS 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

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

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

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

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

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

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

States



Date of photograph 6/1/2019

Applicant's initial H

STATE OF Nevada

ss.

COUNTY OF White Pine

I, Andrew Bath, being duly sworn, depose and say I have read the

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

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

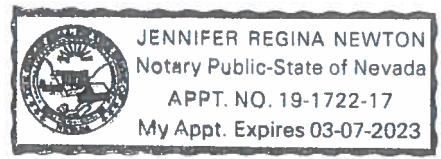
AB

Original Signature of Applicant

Subscribed and Sworn to before me this 29 day of

May, 2019

Jennifer Regina Newton
Notary Public



(seal)

Applicant's initial AB

13E

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Old Fashioned Pharmacy LLC

Physical Address: 3772 E Flamingo Rd

City: Las Vegas State: NV Zip Code: 89121 Telephone: Pending

Fax: Pending Toll Free Number: N/A

E-mail: oldfashionedpharmacy@gmail.com

Website: N/A

Managing Pharmacist: Jaime Dorsett License Number: 18900

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Carlos J Echevarria
Print Name of Authorized Person

6/13/2019
Date

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

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: N/A

Mailing Address: 5997 Aimless ST

City: Henderson State: NV Zip: 89011

Telephone: 702-334-3763 Fax: pending

Contact Person: Carlos J Echevarria

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Business Address

b) N/A
Name Business Address

c) N/A
Name Business Address

d) N/A
Name Business Address

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

3) What was the price paid per share? 0

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday 10:00 am 2:00 pm
Sunday closed am closed pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191194728

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

I, Carlos J Echevarria

Responsible Person of Old Fashioned 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

Carlos J Echevarria

Print Name of Authorized Person

6/13/2019

Date

Managing Pharmacist

Pharmacist Name: Wume Dorsett License #: 18900

Pharmacy Name: Old Fashioned Pharmacy LLC

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County: _____ Court: _____

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

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

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

Daime Dorsett
Signature

6.14.2019
Date

NEVADA SECRETARY OF STATE

Barbara K. Cegavske

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OLD FASHIONED PHARMACY

Business Entity Information			
Status:	Active	File Date:	6/14/2019
Type:	Reserved Name	Entity Number:	E0277352019-9
Qualifying State:		List of Officers Due:	
Managed By:		Expiration Date:	9/14/2019

Reservation Holder			
Name:	Carlos J Echevarria	Address1:	5997 Aimless St
Address 2:		City:	Henderson
State:	NV	Zip Code:	89011

Registered Agent Information
 No Registered Agent associated with this company

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

Include Inactive Officers
 No active officers found for this company

Click here to view the 1 action or amendment associated with this company

13F

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Robert A. Seik, PharmD License # 13574
Print Name of Authorized Person

4-29-19
Date

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

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

Type of Partnership: General X Limited _____

List names of 4 largest partners and percentage of ownership:

Name: Robert A. Seik, PharmD License # 13574 %: 100
Name: _____ %: _____
Name: _____ %: _____
Name: _____ %: _____

Partnership Name: Sunrise Pharmacy

Mailing Address: 2560 E Sunset RD #102

City, State Zip Code: Las Vegas, NV 89102

Telephone Number: 702-831-5881 Fax Number: 855-631-4115

Contact Person: Robert A. Seik

List any physician shareholders and percentage of ownership.

Name: n/a %: _____
Name: _____ %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

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

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

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

I, Robert A. Seik

Responsible Person of Sunrise 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

Robert A. Seik

Print Name of Authorized Person

4-29-19

Date

Managing Pharmacist

Pharmacist Name: Tammy Angeles

License #: 19070

Pharmacy Name: Sunrise pharmacy

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

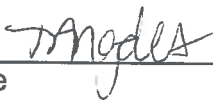
Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

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

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

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

Signature



Date



List of Sunrise Pharmacy owners-

1.Current Owner; Michael L. Peters

2.New Owner; Robert A. Seik

NEVADA STATE BOARD OF PHARMACY
431 W PLUMB LANE - RENO, NV 89509 - (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 #: PH 03880
**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: SUNRISE PHARMACY Store #: N/A
Address: 2560 EAST SUNSET RD
City: LAS VEGAS State: * NV Zip: NV 89120
Telephone: 702-831-5881 Fax: _____
New Managing Pharmacist Name: CHRISTOPHER GOODMAN
License #: 16422 Date Started: 5/13/19

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

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

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

PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220).
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282; NAC 639.510; NAC 639.473(2)).
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NRS 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254(2))
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from the last fill date for original paper prescription). (NRS 639.236; NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639:268; NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

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

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



Signature of New Managing Pharmacist (no stamps or copies)

5-9-19

Date

<input checked="" type="checkbox"/> Board Use Only Date Received: _____ Amount: _____	Page 2 of 2
--	-------------

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, **SUNRISE PHARMACY 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 May 2, 2017, 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 April 25, 2019.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20190425-2031

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

☑ Date 4-25-2019

GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy
Nature of Pharmacy or Wholesaler
2560 E. Sunset Rd, #102, Las Vegas, NV 89120
Name and Address of Business for Which Designated Representative Is Requested
Sunrise Pharmacy, LLC
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Seik Robert Alan
Last Name First Name Middle Name

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

aramie Ave Las Vegas NV 89113
Present Residence Address-Street or RFD City State/Zip

5835 S. Eastern Ave., Suite 101, Las Vegas, NV 89119 June 2013 to present
Present Business Address Dates City State/Zip

CEO - Owner Dates April 2005 to present
Present Position with the Pharmacy or Wholesaler

Phone: Residence
Business 702-791-3800

Washington, Washington County, PA
Date of Birth Place of Birth (City, County, State)

47 Male
Age Social Security Number Sex

Blue Brown Fair 185 Medium 5'9"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Greek letters tatoood on upper left thigh, Phi Delta Chi

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AS Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 1-11-2015 Las Vegas, Clark, NV
Date City, County and State
 Spouse's full name (Maiden) Deana Marie Villei S.S. No.
 Date of Birth _____ Place of Birth Norristown, PA
 Resident address Laramie Ave Las Vegas NV 89113
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer N/A Occupation N/A
 Address of employer _____
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Charles Valor Seik		Las Vegas, NV	Laramie Ave, Las Vegas, NV 89113
Samuel Keen Seik		Las Vegas, NV	Laramie Ave, Las Vegas, NV 89113

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial DS Page 2

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Charles William Seik		Jefferson Ave, Washington, PA 15301	Retired
Mother			
Dorothy Marie Dhayer		Deceased	
Father-in-Law			
Francis Kenneth Villei		Deceased	
Mother-in-Law			
Susanna Georeno		Deceased	

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Lori Seik		Jefferson Ave, Washington, PA 15301	None
Spouse N/A			
Charles Richard Seik		3 Longview Drive, Latrobe, PA 15650	Laborer - Brewery
Spouse Jill Seik			
		3 Longview Drive, Latrobe, PA 15650	Medical Billing
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Wolfedale Elementary	Washington, PA	1976-1981
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Trinity High School	Washington, PA	1981-1990
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Duquesne University	Pittsburgh, PA	1990-1995
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PharmD

College or university where obtained Duquesne University

Applicant's initial AS

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No

County Washington State PA Date registered June, 1989

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plaintiff	4-25-16	A-16-735593-B	District Court Clark County, Las Vegas, NV	Settled 5-17-2017

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
One Way Drug, LLC	Limited Liability Corporation	Filed 4-25-16, settled 5-17-2017

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
April 2011 to present	Laramie Ave	Las Vegas	NV
June 2010 to April 2011	3930 Spencer Street	Las Vegas	NV
Nov 2005 to April 2011	10639 Sweet Lily Court	Las Vegas	NV
June 2003 to Nov 2005	4439 Weitzman Place	Las Vegas	NV
June 2000 to June 2003	10537 Canon Perdido St	Las Vegas	NV
April 1999 to June 2000	3749 Tohono Canyon St	Las Vegas	NV
April 1997 to April 1999	2151 N. Green Valley Pkwy	Henderson	NV
1994 to 1997	3180 Jefferson Ave	Washington	PA

Applicant's initial VB 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.

April 2005 to present	Partell Specialty Pharmacy 5835 S. Eastern Ave., Suite 101, Las Vegas, NV 89119	28,000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
CEO - Owner - Pharmacist	Fill and validate prescriptions, consult patients, compounding	N/A
Title	Description of Duties	Name of Supervisor
April 1997 to June 1999	Walgreens, Las Vegas, NV	4000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Fill and validate prescriptions, consult patients	George Flaherty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Michael Wolfe	Home	Clark Way,	Tustin, CA	92782		6
Employer Self	Business	MarketingDNA				
Name Cesar Maurtua	Home	Robertson Ave,	Sacramento, CA	95821		10
Employer Self	Business	Physician				
Name Takashi Upshur	Home	Sergeant Jordan Ave,	N Las Vegas, NV	89031		10
Employer ASP Cares	Business	501 S Rancho Drive, Las Vegas, NV 89106				
Name Josiah Garlan	Home	Meadowhawk Lane,	Las Vegas, NV	89135		22
Employer Self	Business	Planet Fitness, 7250 Arroyo Crossing Pkwy, Las Vegas, NV 89113				
Name Andrew Sternfield	Home	J W Palmetto Pkwy,	Unit 203-C, Boca Raton, FL	33432		10
Employer PTC Therapeutics	Business	100 Coroprate Ct., South Plainfield, NJ 07080				

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

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

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

Texas License #60106 - licensed pharmacist - 2 years

Nebraska License #15075 - licensed pharmacists - 4 years

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

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

Applicant's initial

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

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

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

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

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

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

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

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

.....
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.....
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Date of photograph

Applicant's initial RAS

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, Robert Seik, being duly sworn, depose and say I have read the

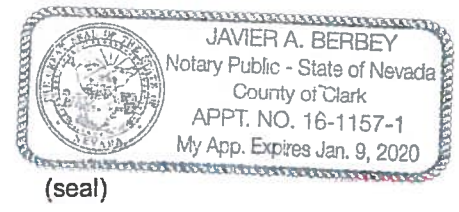
foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed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

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

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of

April 2019
.....
[Handwritten Signature]
.....
Notary Public



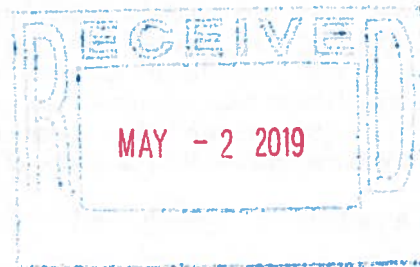
Applicant's initial RAS [Handwritten Signature]
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Page 9

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Applicant's initial  Page 10



partell
PHARMACY



April 30, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

RE: Application for Designated Representative

Good Afternoon,

We sent a package containing documents to transfer ownership of Sunrise Pharmacy to me but the first page of the Application to be the Designated Representative was filled out incorrectly with our pharmacy information instead of the Sunrise Pharmacy information.

We have corrected it and have enclosed it herewith.

Please let us know if there is anything else that we need to do at this time.

Thank you,

Robert Seik

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4-25-2019

GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy

2560 E. Sunset Rd #102, Las Vegas, NV 89120 ^{Nature of License}

Sunrise Pharmacy, LLC ^{Name and Address of Establishment for Which License Is Requested}

^{If applicable, Name Under Which It Is Now Operated}

1. PERSONAL INFORMATION:

Seik	Robert	Alan
Last Name	First Name	Middle Name

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

<u>.aramie Ave</u>	<u>Las Vegas</u>	<u>NV 89113</u>
Present Residence Address-Street or RFD	City	State/Zip

<u>5835 S. Eastern Ave., Suite 101, Las Vegas, NV 89119</u>	<u>June 2013 to present</u>
Present Business Address	Dates

<u>CEO - Owner - Partell Pharmacy</u>	<u>April 2005 to present</u>
Occupation	Dates

Phone:
Residence
Business <u>702-791-3800</u>

<u>Washington, Washington County, PA</u>
Date of Birth
Place of Birth (City, County, State)

<u>47</u>	<u>Male</u>
Age	Sex

<u>Blue</u>	<u>Brown</u>	<u>Fair</u>	<u>185</u>	<u>Medium</u>	<u>5'9"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics Greek letter tatoood on upper left thigh, Phi Delta Chi


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

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial 

MARITAL INFORMATION-Continued

A. **Current Marriage** 1-11-2015 Las Vegas, Clark, NV
 Date
 Spouse's full name (Maiden) Deana Marie Villet City, County and State
 S.S. No.
 Date of Birth Place of Birth Norristown, PA
 Resident address 7 Laramie Ave Las Vegas NV 89113
 Street City State Zip
 Telephone: Residence Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:


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

Name	Birth Date	Birth Place	Residence Address
Charles Valor Seik		Las Vegas, NV	aramie Ave, Las Vegas, NV 89113
Samuel Keen Seik		Las Vegas, NV	Laramie Ave, Las Vegas, NV 89113

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial 

FAMILY INFORMATION-Continued

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

Name N/A

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Charles William Seik		Jefferson Ave, Washington, PA 15301	Retired
Mother			
Dorothy Marie Dhayer		Deceased	
Father-in-Law			
Francis Kenneth Villei		Deceased	
Mother-in-Law			
Susanna Georeno		Deceased	

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Lori Seik		Jefferson Ave, Washington, PA 15301	None
Spouse N/A			
Charles Richard Seik		Longview Drive, Latrobe, PA 15650	Laborer - Brewery
Spouse Jill Seik			
		Longview Drive, Latrobe, PA 15650	Medical Billing
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Wolfedale Elementary	Washington, PA	1976-1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Trinity High School	Washington, PA	1981-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Duquesne University	Pittsburgh, PA	1990-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PharmD

College or university where obtained Duquesne University

Applicant's initial [Signature] Page 3

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft? Yes No

County Washington State PA Date registered June, 1989

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial AS Page 4

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

Yes No (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plaintiff	4-25-16	A-16-735593-B	District Court Clark County, Las Vegas, NV	Settled 5-17-2017

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

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
One Way Drug, LLC	Limited Liability Corporation	Filed 4-25-16, settled 5-17-2017

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
April 2011 to present	7 Laramie Ave	Las Vegas	NV
June 2010 to April 2011	3930 Spencer Street	Las Vegas	NV
Nov 2005 to April 2011	10639 Sweet Lily Court	Las Vegas	NV
June 2003 to Nov 2005	4439 Weitzman Place	Las Vegas	NV
June 2000 to June 2003	10537 Canon Perdido St	Las Vegas	NV
April 1999 to June 2000	3749 Tohono Canyon St	Las Vegas	NV
April 1997 to April 1999	2151 N. Green Valley Pkwy	Henderson	NV
1994 to 1997	3180 Jefferson Ave	Washington	PA

Applicant's initial



8. EMPLOYMENT:

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

April 2005 to present	Partell Specialty Pharmacy 5835 S. Eastern Ave , Suite 101, Las Vegas, NV 89119	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO - Owner - Pharmacist	Fill and validate prescriptions, consult patients, compounding	N/A
Title	Description of Duties	Name of Supervisor
April 1997 to June 1999	Walgreens, Las Vegas, NV	Owner Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Staff Pharmacist	Fill and validate prescriptions, consult patients	George Flaherty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Michael Wolfe	Home	Clark Way, Tustin, CA 92782				6
Employer Self	Business	MarketingDNA				
Name Cesar Maurtua	Home	7 Robertson Ave, Sacramento, CA 95821				10
Employer Self	Business	Physician				
Name Takashi Upshur	Home	Sergeant Jordan Ave, N Las Vegas, NV 89031				10
Employer ASP Cares	Business	501 S Rancho Drive, Las Vegas, NV 89106				
Name Josiah Garlan	Home	Meadowhawk Lane, Las Vegas, NV 89135				22
Employer Self	Business	Planet Fitness, 7250 Arroyo Crossing Pkwy, Las Vegas, NV 89113				
Name Andrew Sternfield	Home	W Palmetto Pkwy, Unit 203-C, Boca Raton, FL 33432				10
Employer PTC Therapeutics	Business	100 Corporate Ct., South Plainfield, NJ 07080				

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

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes No

If yes, state type, where and years held

Texas License #60106 - licensed pharmacist - 2 years

Nebraska License #15075 - licensed pharmacists - 4 years

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

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

Applicant's initial



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

.....

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

.....

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

.....
.....

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

.....

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

.....

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

.....

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

.....

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

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Date of photograph 4/25/2019

Applicant's initial

STATE OF Nevada

SS.

COUNTY OF Clark

I, Robert A Seik, being duly sworn, depose and say I have read the

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

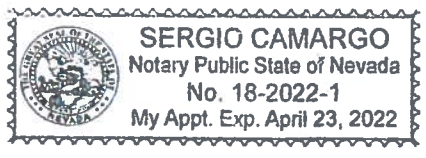
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 29 day of

April 2019 by Robert Alan Seik

[Handwritten Signature]
Notary Public



(seal)

Applicant's initial [Handwritten Initials] Page 9

13G

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

Publicly Traded Corporation – Pages 1,2,3,10,11a&b

Partnership - Pages 1,2,6,10,11a&b

Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vegas Pharma LLC

Physical Address: 2121 E. Flamingo Rd. Suite 216

City: Las Vegas State: NV Zip Code: 89119

Telephone: _____ Fax: _____

Toll Free Number: _____ E-mail: _____

Website: _____

Managing Pharmacist: Ashley Isom License Number: 17655

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.


Within the last five (5) years:

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

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

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

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


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

Ashley Isom
Print Name of Authorized Person

4/15/19
Date

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

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

Owner's Name: Jeremy Delk

Business Name: Vegas Pharma LLC

Current Business Address: 2121 E Flamingo Rd Suite 216

City: Las Vegas State: NV Zip Code: 89119

Telephone: Contact Ashley Tsom Fax: _____
775-354-6856

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20191171007

Note: Owner intends for closed door pharmacy to provide on-call service after hours. Pending increasing business hours of operation may increase.

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

I, Ashley Isom
Responsible Person of Vegas Pharma LLC

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.

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

Ashley Isom
Print Name of Authorized Person

4/15/19
Date

Managing Pharmacist

Pharmacist Name: Ashley Isom

License #: 17655

Pharmacy Name: Vegas Pharma LLC

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

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

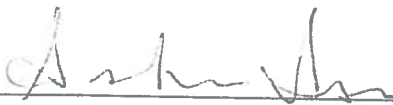
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>NV</u> Date: <u>1/14/2016</u> Case #: <u>NV</u>		
And/or Criminal Action: State: <u>N/A</u> Date: <u>N/A</u> Case #: <u>N/A</u>	County: _____	Court: <u>N/A</u>

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

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

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



Signature Ashley Isom

4/15/19

Date

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

Date 4/15/19

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 non-sterile compounding pharmacy
Vegas Pharma LLC
Nature of Pharmacy or Wholesaler
Name and Address of Business for Which Designated Representative is Requested
2121 E Flamingo Rd #216,
Las Vegas, NV 89119
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name LSOM First Name ASHLEY Middle Name CHRISTINE

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

Present Residence Address-Street or RFD Sandpiper Village Way, Henderson NV 89012
City #752 State/Zip Since 01/2019

Present Business Address 6280 S. Valley View City Las Vegas NV 89118
State/Zip Since 09/2017

Present Position with the Pharmacy or Wholesaler Pharmacist per diem Dates

Phone: Residence _____ Business 775-354-6856

Date of Birth 4/2/11 Place of Birth (City, County, State) Culver City, Los Angeles, CA

Age 42 Social Security Number _____ Sex Female

Color of Eyes Hazel Color of Hair blonde Complexion fair Weight #120 Build medium Height 5'3"

Scars, tattoos or distinguishing marks and/or characteristics Birthmark on left upper arm, tattoo on right + left forearm + shoulder

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

If naturalized, certificate No. N/A Date _____

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AS

MARITAL INFORMATION-Continued

A. Current Marriage 01/02/2015 Reno, Washoe, NV
Date City, County and State
 Spouse's full name (Maiden), Stephen Barr Isom S.S. No.
 Date of Birth _____ Place of Birth Cedar City, UT
 Resident address Sandpiper Village Way Henderson NV
Street City State Zip 89012
 Telephone: Residence 702-884-4277 Business same or 702-914-1398
 Spouse's employer CRF-Pulmonary Rehab Occupation Physical Therapy Assistant
 Address of employer 8605 S. Eastern Av, Suite B, LV, NV, 89123
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Stephen Isom	09/08/2000		married	LV, NV (Clark Ct)
Stephen Isom	04/19/2007		divorced	LV, NV (Clark Ct)
Stephen Isom	01/02/2015		married	Reno, NV (Washoe)

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

Name	Street	City	State	Zip	Telephone
same as above - Remarried Stephen Isom					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
NA			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial SI Page 2

FAMILY INFORMATION-Continued

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

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

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Aloia, Frank</u> <u>deceased</u>		<u>Las Vegas, NV</u>	<u>Retired (deceased)</u>
Mother <u>Constance Forbes</u> <u>Cornell</u>		<u>sandpiper Village Way Henderson 89012</u>	<u>Retired</u>
Father-in-Law <u>Garth Isom</u> <u>(deceased)</u>		<u>5073 S Washington Washington, UT 84780</u>	<u>Retired</u>
Mother-in-Law <u>Janice Campbell-Isom</u>		<u>E. 735 S. Washington, UT 84780</u>	<u>Superintendent of schools</u> <u>Home maker</u>

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Brother: <u>Jason Aloia</u>		<u>Lonicera St Carlsbad, CA</u>	<u>Director of Product Mgmt for ServiceNow ITSM</u>
Spouse			
Sister In-Law: <u>Deanna Hodgson-Aloia</u>		<u>Lonicera St Carlsbad, CA</u>	<u>Graphic Artist</u>
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Pat Diskin Elementary</u>	<u>Las Vegas, NV</u>	<u>1985-1987</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Las Vegas Academy</u>	<u>Las Vegas, NV</u>	<u>1994-1995</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UNLV University of Nevada, Las Vegas (now Roseman)</u>	<u>Henderson, NV</u>	<u>2006-2009</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UNLV University of Nevada, Las Vegas</u>	<u>Las Vegas</u>	<u>2000-2003</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UNLV University of Nevada, Las Vegas</u>	<u>Las Vegas</u>	<u>1996-2000</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type of degree obtained, if any	<u>1) PharmD, 2009, 2) MEd, 2003, 3) BS, kinesiology in 2003</u>		
College or university where obtained	<u>see above</u>		

Applicant's initial AL Page 3

5 MILITARY INFORMATION:

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

Branch N/A 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? N/A 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? N/A Yes No

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

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

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

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

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

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

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

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

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

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

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

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

Applicant's initial AD

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
1/1/2019 - current	Sandpiper Village Way	Henderson	NV 89012
7/15/2016 - 12/31/2018	5970 Sabb Ave	Las Vegas	NV 89118
10/31/2011 - 7/15/2016	7875 Idlewild Dr #109	Reno	NV 89509
1/1/2011 - 10/31/2011	3269 Ogden Rd	Lucerne	CA 95458
	Less than one mile away moved within months Atholl Rd, Lucerne, CA 95458		
5/1/2008 - 12/2010	8815 Murray Canyon Ct	LV	NV 89156
5/1/2007 - 5/1/2008	5155 W Tropicana #2020	LV	NV 89103
9/1/2000 - 5/1/2007	1765 Mt Hood St	LV	NV 89156
3/1/1996 - 9/1/2000	5155 W. Tropicana #2020	LV	NV 89103
8/1/1995 - 3/1/1996	800 Font Blvd	SF	CA 94132
4/1/1994 - 8/1/1995	5155 W Tropicana #2020	LV	NV 89103
10/31/1985 - 4/1/1993	7237 Pleasant View Ave	LV	NV 89110

Applicant's initial..... *AD* 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.

9/2017 - current Aeva Pharmacy, 6280 S. Valley View #732 Las Vegas NV 660 hrs

Pharmacist (started parttime, now per diem) Camerina Gamboa
mostly: Record keeping, counseling, dispensing, filling

2/4/15 - 12/14/15 CVS 285 E Plumb Ln, Reno 500 hrs

Pharmacist fulltime dispensing, record keeping Diego Medina

2/2013 - 11/2014 Walmart 4855 Kietzko Ln Reno 89511 3,400 hrs

Pharmacist fulltime dispensing, record keeping, Aaron Camp

2/2012 - 11/2012 Tahoe Pacific Hospitals 1440 hrs

Clinical Pharmacist fulltime, clinical monitoring, dosing, filling, compounding, record keeping, managing

9/2009 - 1/2011 Monte Vista - Red Rock Hospitals 2,560 hrs

Clinical Pharmacist clinical monitoring, filling, dispensing, teaching

5/2009 - 9/2009 Monte Vista - Red Rock Hosp. 640 hr

Intern Pharmacist filling, dispensing, record keeping

8/2008 - 5/2009 see attached 1400 hr

Student Intern Pharm. intern experience

* see pg 10

filling, dispensing, record keeping

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

Applicant's initial [Signature]

9. CHARACTER REFERENCES:

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

Name of Where Employed Street City State Zip Telephone Years Known

Name Tommy Spain Home 2 Trogon Way, LV NV 89103/1
Employer Flamingo Security Business 3555 S. Las Vegas Blvd, LV NV Over 30

Name Larry Espada Home Director of Chemical Dependency Monte Vista Hos
Employer Montevista Hospital Business 5900 W. Rachelle Ave, LV NV 89103 / (702) 364-1111 5

Name Mindy Hsu Home 3 Humboldt St Reno NV 89509 /
Employer Veteran Affairs Business Reno NV 975 Kirman Av, Reno NV 89502 Pharm

Name Danielle Fouts Home 3186 S. Maryland Pkwy LV, NV Nurse
Employer Sunrise Hospital Business 7 Pimenta Alta St, Las Vegas NV 89178/1 7

Name Rick + Debi Novak Home Mojave Sage Ct, LV, NV 89148 5 yrs
Employer Retired Business Retired nurse and IT specialist Debi

* see p. 10 if reference on vacation - Alternate references.

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

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

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

High School Teacher at Las Vegas High 2003-2006 Sciences
Nevada teaching license with Clark County School District

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

NA

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

NV BOP 1/14/16 (discipline), and 4/11/19 (approval to be Pharmacy Manager)

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

see above

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

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

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

NV BOP see #12-12-12

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

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

NV BOP see #12-12-12

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

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

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

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



Date of photograph 4/16/19

Applicant's initial AD

STATE OF Nevada.....

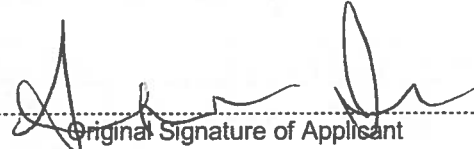
ss.

COUNTY OF Clark.....

I, Ashley Isom....., being duly sworn, depose and say I have read the

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

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

.....

Original Signature of Applicant

Subscribed and Sworn to before me this 1st day of

May 2019
.....
Emily Fox ID#5483e1
.....
Notary Public

(seal)

Applicant's initial AI
.....
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ADDITIONAL INFORMATION


pg 9.) IF References on vacation, see alternates :
cont.
Alternate References

Goessel Anson MD.
Anson, Higgins, & Edwards Plastic Surgery, Las Vegas
3 Spanish Heights, LV NV 89148
W. 702-822-210 ; W. Sunset #130 (10+ years)
LV NV 89113

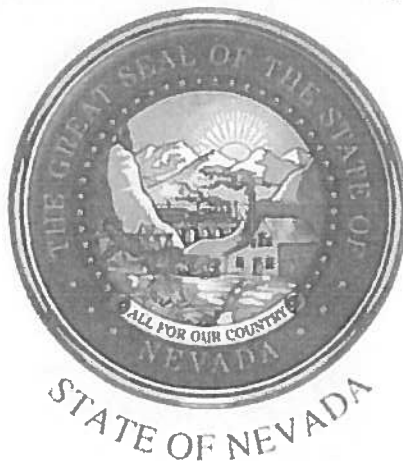
Elizabeth McKenna
Hard Rock Hotel & Casino
Las Vegas, NV (10+ years)

FROM PG 6.)

See following pages for
previous employment duties/responsibilities

Applicant's initial  Page 10

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

VEGAS PHARMA LLC

Nevada Business Identification # NV20191171007

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 4, 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.

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **VEGAS PHARMA LLC** did on March 4, 2019, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20190304-2669

Date 4/25/19

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 Non-Sterile Compounding Pharmacy
Nature of License
Vegas Pharma, LLC, 2171 E. Flamingo Rd #216, Las Vegas, NV
Name and Address of Establishment for Which License is Requested
N/A
89119
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name: Deik, First Name: Jeremy, Middle Name: Steven

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

Present Residence Address-Street or RFD: Hambrikk Drive, City: Nicholasville, State/Zip: KY 40356

Present Business Address: 200 Moore Drive, City: Investor, Dates: December 2006 - Present, State/Zip:

Occupation: Investor, Dates: April 2001 - Present, Phone: Residence, Business: 859-887-0013

Date of Birth: 3/9, Place of Birth (City, County, State): Clearwater, Pinellas, FL

Age: 39, Social Security Number, Sex: Male

Color of Eyes: Brown, Color of Hair: Brown, Complexion: Medium, Weight: 255, Build: Athletic, Height: 6'2"

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

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's Initial: [Signature]

A. Current Marriage 5/29/10 Bardstown, Nelson, KY
 Spouse's full name (Maiden) ^{Date} Cynthia Mae Peake Bardstown, Nelson, KY
 Date of Birth _____ Place of Birth Bardstown, KY
 Resident address Hambbrick Dr. Nicholasville, KY 40356
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation stay at home mom
 Address of employer N/A

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Graham Harrison Delf</u>	<u>-</u>	<u>Louisville, KY</u>	<u>1 Hambbrick Dr. Nicholasville KY 40356</u>
<u>Ava Collins</u>	<u>19</u>	<u>Lexington, KY</u>	<u>2 Hambbrick Dr. Nicholasville, KY 40356</u>

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial [Signature]

FAMILY INFORMATION-Continued

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

Name NA

Address

Contact person

C. Parents:

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

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

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

Father

<u>Douglas cornett</u>		<u>Lutheran church Rd. - Bardstown, KY</u>	<u>Retired</u>
------------------------	--	--	----------------

Mother

<u>Cheryl cornett</u>		<u>"</u>	<u>" - Retired</u>
-----------------------	--	----------	--------------------

Father-In-Law

Mother-In-Law

D. Brothers and Sisters:

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

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

<u>Josh Deik</u>		<u>r Bernie Trail, Nicholasville, KY 40350</u>	<u>Sales / Snr. Manager</u>
------------------	--	--	-----------------------------

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>St. Joseph</u>	<u>Bardstown, KY</u>	<u>4-8th</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Nelson County</u>	<u>"</u>	<u>'94-'98</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Johnson & Wales</u>	<u>Providence, RI</u>	<u>'98-2002</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any A.S. & B.S.

College or university where obtained same

Applicant's Initial

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No

County.....State.....Date registered.....

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial..... ..... Page 4

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Vet Stem - MediVet		#13CV0498-WG	Poway, CA	7/1/14
10 Pearls - Tailor Made Health		#CL-2019-02477	Fairfax, VA	May '19

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Vet Stem - MediVet	#13CV0498-WG	7/1/14
10 Pearls - Tailor Made Health	#CL-2019-02477	May 2019

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
9/14-Present:	Hambrick Dr.	Nicholasville	KY
4/09-9/14:	158 Deep Springs Dr.	Bardstown	KY
4/06-4/09:	15 Richmond Place	Huntington Station	NY
1/03-4/05:	285 Willis Ave.	Manhattan	NY
1/02-1/03:	54 W 110 th 15c Street	New York	NY
9/98-1/02:	626 Smithfield Rd #910	N. Providence	RI
1/90-9/98:	1360 Lutheran Church Rd	Bardstown	KY

Applicant's initial



8. EMPLOYMENT:

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

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

2002-Present Deik Enterprises

Title Description of Duties Name of Supervisor

CEO Making major corporate decisions and managing operations

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

2000 - 2002 Fidelity Investments

Title Description of Duties Name of Supervisor

Trader mediator between client and the people executing the trades

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

98 - 2000 Abercrombie & Fitch

Title Description of Duties Name of Supervisor

Sales Associate Improving engagement with merchandise & increase sales

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor


Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

If additional space is 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	Zip	Telephone	Years Known
Name <u>TJ Masterson</u>	Home					
Employer <u>Medivet</u>	Business <u>200 Maple Dr., Nicholasville, KY 40356 (2012)</u>					
Name <u>Roger Frantz</u>	Home					
Employer <u>Roger F., PSC</u>	Business <u>PO Box 850, Pewee Valley, KY 40056 (2012)</u>					
Name <u>Jerry Fowler</u>	Home					
Employer <u>Jerry F., PLLC</u>	Business <u>112 N. Spalding Ave., PO Box 1140, LeBannon, KY 40033 (2013)</u>					
Name <u>Steven Wright</u>	Home					
Employer <u>Central Bank</u>	Business <u>2400 Harrodsburg Rd., Lexington, KY 40503 (2015)</u>					
Name <u>Lawrence Wetherby</u>	Home					
Employer <u>Republic Bank</u>	Business <u>333 West Vine St., Lexington, KY 40507 (2013)</u>					

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

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

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

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

Yes No

If yes, state type, where and years held

KY state

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

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

Yes, shipping license for Tailor Made products to all 50 USA states EXCEPT AR, LA, ME, MS, NC, SC and WV.

-Tailor Made Compounding

Applicant's initial

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

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

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

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

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

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

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

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



Date of photograph 9/25/19

Applicant's initial [Signature]

ss.

COUNTY OF Fayette.....

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

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


.....
Original Signature of Applicant

Subscribed and Sworn to before me this 25th day of

April 2019
Emily Fox #548501
Notary Public

(seal)

Applicant's initial 
.....
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Applicant's initial .....
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