

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA WHOLESALE 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 Wholesaler    ☐ Ownership Change    ☐ Name Change    ☐ Location Change  
(Please provide current license number if making changes: WH\_\_\_\_\_)

☐ Publicly Traded Corporation – Page 1,2,3,4    ☒ Partnership - Page 1,2,3,6a,6b  
☐ Non Publicly Traded Corporation – Page 1,2,3,5a,5b    ☐ Sole Owner – Page 1,2,3,7  
Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: Forte Bio-Pharma, LLC  
Physical Address: 2835 S. Jones Blvd  
Mailing Address: 2835 S. Jones Blvd  
City: Las Vegas    State: NV    Zip Code: 89146  
Telephone: (702) 951-2243    Fax: (702) 951-2262  
Toll Free Number: N/A  
E-mail: info@fortebiopharma.com    Website: pending  
Facility Manager: James Fares

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Expertise in leading bio-pharmaceutical & specialty pharmaceutical companies for the past 20 years. Please see attached resume.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies    ☐ Practitioners    ☐ Hospitals    ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☐ Legend Pharmaceuticals, Supplies or Devices    ☐ Hypodermic Devices  
☐ Poisons or Chemicals    ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

## APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?  
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?  
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	Woodfield Distribution, LLC	951 Clint Moore Road, Suite A, Boca Raton, FL 33487
	Name	Address
	3PL	
	Business	
2)		
	Name	Address
	Business	
3)		
	Name	Address
	Business	
4)		
	Name	Address
	Business	

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

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

# APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 ☒ X
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 ☒ X

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 wholesaler 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.

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

James Fares  
Print Name of Authorized Person

7/28/18  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: \$500.00

## APPLICATION FOR NEVADA WHOLESALER LICENSE

### OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name: <u>James Fares</u>	%: <u>40.83%</u>
Name: <u>James Harris</u>	%: <u>40.83%</u>
Name: <u>Mehdi Ansarinia</u>	%: <u>15.0%</u>
Name: <u>Mike Coffee</u>	%: <u>2.22%</u>

Partnership Name: Forte Bio-Pharma, LLC

Mailing Address: 2835 S. Jones Blvd

City: Las Vegas State: NV Zip: 89146

Telephone: 702-951-2243 Fax: 702-951-2262

Contact Person: James Fares

### Include with the application for a partnership

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

\*If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

\*If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*. Each officer and director of the corporation must submit fingerprints. Please send an email request to [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) for fingerprint cards. If needed. We accept standard fingerprint cards.

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date

7/23/18

## GENERAL INSTRUCTIONS

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

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

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

Application for "Virtual" Manufacturer

Nature of License  
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146

Name and Address of Establishment for Which License Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Fares	James	Lawrence
Last Name	First Name	Middle Name
N/A		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
Woodwell Street Unit D,	Las Vegas,	NV 89147
Present Residence Address-Street or RFD	City	State/Zip
2835 S. Jones Blvd,	Las Vegas,	NV 89146
Present Business Address	City	State/Zip
CEO	Dates March 2018 - present	
Occupation	Phone: Residence	
	Fullerton, Orange County, CA	Business (702) 980-8963
Date of Birth	Place of Birth (City, County, State)	
55	Male	
Age	Social Security Number	Sex
Brown	White	200
Color of Eyes	Color of Hair	Complexion
		Weight
		Build
		Height
		6'1

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

JLF

Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resident address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of employer \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Enid Alicea	5/22/14	6/9/2011	Divorce	Las Vegas, Clark, NV
Kerstin Robbins	12/18/09	8/29/1987	Divorce	Orange, Orange, CA

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

Name	Street	City	State	Zip	Telephone
Enid Alicea	Dolphin Ct	Henderson	NV	89074	
Kerstin Robbins	Brown St	Napa	CA	94559	

**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
Nicholas Fares 89147		Lansdale, PA	Woodwell St. Unit D, Las Vegas, 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 JLF

**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 Fares		Rogers Place, Burbank, CA	Sales
Mother			
Martha Cartmell		Elmbrook Dr., La Mirada, CA 90638	Editor
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
Laura Fares		Kudu Pl, Ventura, CA 93003	Disabled
Spouse			
James Horan		Kudu Pl, Ventura, CA 93003	Retired
Julie Fares		Shadow Oaks, Irvine, CA	Teacher
Spouse			
Michael Phillips		Shadow Oaks, Irvine, CA	Civil Government
Sean Fares		Sandalwood Ave, Fullerton 92835	Police Officer
Spouse			
Denise Graubart		Sandalwood Ave, Fullerton, Ca 92835	Secretarial
Thomas Fares	1	Shadow Oaks, Irvine, CA	Disabled
Spouse			
Sarah Fares		LaHabra, CA	Sales

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School	St. Phillip	Fullerton, CA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Servite	Anaheim, CA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	San Jose State University	San Jose, CA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any..... Bachelors in Business Administrative Finance

College or university where obtained..... San Jose State University

Applicant's initial.....

JLF

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## 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 \_\_\_\_\_ Orange \_\_\_\_\_ State \_\_\_\_\_ CA \_\_\_\_\_ Date registered \_\_\_\_\_ 1980 \_\_\_\_\_

## 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 \_\_\_\_\_

JLF



**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
James Fares	12/2015	14-16008-abl	Las Vegas, Clark, Nevada	3/22/2016

James Fares/Nautilus Neurosciences	9/2013		Delaware	Case Dismissed 10/15
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- 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
6/2016 - present	1 Woodwell St #D	Las Vegas	Nevada, Clark
1/2014-5/2016	6650 W. Warm Springs Rd	Las Vegas	Nevada, Clark
9/2013-12/2013	725 S. Hualapai	Las Vegas	Nevada, Clark
10/2012-9/2013	9404 Fountainblue	Las Vegas	Nevada, Clark
7/2012-9/2012	3726 Las Vegas Blvd South	Las Vegas	Nevada, Clark
9/2010-6/2012	3730 Las Vegas Blvd South	Las Vegas	Nevada, Clark
12/2009-8/2010	2727 Paradise Rd	Las Vegas	Nevada, Clark
7/2001-11/2009	16 Spanish Bay Drive.	Newport Beach	Orange, CA
6/1996-7/2001	12 Glorietta Ln	Orinda	Contra Costa, CA
3/1992-5/1996	22321 Windham Drive	Dana Point	Orange, CA

Applicant's initial **JLF**

## 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
3/2018-PRESENT	FORTE BIO-PHARMA 2835 S. Jones Blvd, Las Vegas, Nevada 89146	CURRENT
CEO	EXECUTIVE MANAGEMENT	N/A
Title	Description of Duties	Name of Supervisor
1/2010-4/2011	NAUTILUS NEUROSCIENCES BEDMINISTER, NEW JERSEY	opportunity close to home
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Chairman & CEO	Executive Management	Board of Directors
Title	Description of Duties	Name of Supervisor
07/2007-Present	Nuro Pharma, Las Vegas, NV	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President & CEO	Product development	N/A
Title	Description of Duties	Name of Supervisor
2/2005-5/2007	Questcor Pharmaceuticals, 3260 Whipple Rd, Union City, CA 94587	another opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President & CEO	Executive Management	Board of Directors
Title	Description of Duties	Name of Supervisor
2/2001-11/2003	Xcel Pharmaceuticals, 6363 Greenwich Dr., San Diego, CA 92122	Illness
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Senior VP Commercial Operations	Sales and Marketing	John Cook
Title	Description of Duties	Name of Supervisor
12/1991-2/2001	Athena/Elan. 800 Gateway blvd, south San Francisco, CA 94080.	Merger
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
General Manager and Vice President,	Sales and Marketing	Michael Coffee
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

JLF

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## 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Michael Inouye	Home	Hawkshead Cir, San Ramon, CA 94583				29 years
Employer Consultant	Business	1054 Hawkshead Cir, San Ramon 94583				
Name Lee Gould	Home	West Erie, Apt 2303, Chicago IL 60654				18 years
Employer Gould & Pakter Associates	Business	Legal & CPA	205 W Wacker, Chicago IL, 60606			
Name Joseph Hendel	Home	West Thomas Rd, Lansdale, PA 19446				32 years
Employer Self Employed Realtor	Business	601 Bethlehem Pike, Montgomeryville, PA 18936				
Name Edward Kessig	Home	Scenic Way, Middletown, New Jersey, 07748				27 years
Employer Antares Pharma	Business	100 Princenton South, Ewing, NJ, 08628				
Name George Lewis	Home	Arlington Ave, Upper Arlington, Ohio, 43221				28 years
Employer Disabled	Business	N/A			N/A	

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

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

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 \_\_\_\_\_ JLF

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 ☐

My son Nicholas Fares is a Sales and Marketing Manager within Forte Bio-Pharma.

My nephew Ernest Cabrera is a sales representative for Fort Bio-Pharma



Date of photograph 7/23/18

Applicant's initial JLF

STATE OF Nevada

ss.

COUNTY OF Clark

I, James Lawrence Fares, 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.

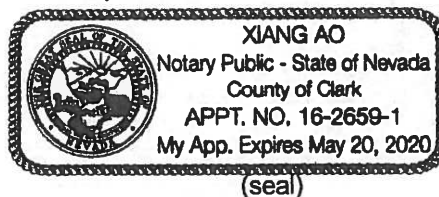
James L. Fares  
Original Signature of Applicant

State of Nevada  
County of Clark

Subscribed and Sworn to before me this 23 day of July, 2018

by James Lawrence Fares

[Signature]  
Notary Public



Applicant's initial

JLF

AO  
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ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial

JLF

Page 10

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date June 28, 2018

## GENERAL INSTRUCTIONS

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Application for "Virtual" Manufacturer  
Nature of License  
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146  
Name and Address of Establishment for Which License Is Requested  
N/A  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

<u>Harris</u>	<u>James</u>	<u>Bret</u>
Last Name	First Name	Middle Name
<u>N/A</u>		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>Mulford Road</u>	<u>Wyncote</u>	<u>PA 19095</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>2835 S. Jones Blvd,</u>	<u>Las Vegas,</u>	<u>NV 89146</u>
Present Business Address	City	State/Zip
<u>President</u>	<u>Dates March 2018 - present</u>	
Occupation		Phone: Residence _____ Business <u>(702) 951-2243</u>
	<u>Stockton, San Joaquin County, CA</u>	
Date of Birth	Place of Birth (City, County, State)	
<u>56</u>		<u>Male</u>
Age	Social Security Number	Sex
<u>Blue</u>	<u>Brown</u>	<u>white</u>
Color of Eyes	Color of Hair	Complexion
	<u>190</u>	<u>Medium</u>
	Weight	Build
		<u>6'2"</u>
		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 JBH Page 1



MARITAL INFORMATION-Continued

A. **Current Marriage** 9/24/1994 Stockton, San Joaquin County, California  
Date City, County and State  
 Spouse's full name (Maiden) Jill Steinberg S.S. No.  
 Date of Birth 6 Philadelphia, PA  
Place of Birth  
 Resident address Mulford Road, Wyncote, PA 19095  
Street City State Zip  
 Telephone: Residence 215-652-0469 Business 215-652-0469  
 Spouse's employer Merck Inc. Occupation Associate Director Finance  
 Address of employer 770 Sumneytown Pike, West Point, PA 19486  
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
NA				

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

Name	Street	City	State	Zip	Telephone
NA					

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
Bret Harris,		Bucks County PA	Mulford Road, Wyncote PA 19095
Nicole Harris,		Little Rock AR	Mulford Road, Wyncote PA 19095

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

*JBH*



**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

James Boyd Harris (Deceased) 2 Meadow Ave, Stockton CA 95207, Pharmaceutical Sales Representative

Mother

Nancy Ann Nelson (Deceased) Meadow Ave, Stockton CA 95207, Homemaker

Father-in-Law

Marvin Steinberg (Deceased) Ballytore Road, Huntingdon Valley PA 19006, Engineer

Mother-in-Law

Hermine Frieman Ballytore Road, Huntingdon Valley PA 19006, Volunteer - Abington Hospital

**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
---------------	------------	---------	------------

Bonnie Harris West Elm Street, Lodi CA 95242 Landscape designer

Spouse

Tom Scott 9 West Elm Street, Lodi CA 95242 Sales Manager

Linda Harris 5 Meadow View Dr. Woodbridge CA 95258 Teacher

Spouse

Les Lundgren 3 Meadow View Dr. Woodbridge CA 95258 Contractor

Spouse

Spouse

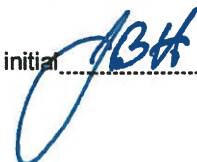
**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School John R. Williams	Stockton CA	1965-1972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Lincoln Sr Elementary & High School	Stockton CA	1972-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University San Joaquin Delta Junior College	Stockton CA	1979-1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other California State University, Sacramento, CA		1981-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any AA, BS, MBA .....

College or university where obtained Delta College (AA); and California State University, Sacramento (BS &amp; MBA)

Applicant's initial



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**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 San Joaquin State CA Date registered October 1979

**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 JBH 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
1/1992 to 3/1995	712 Woodridge Court	Brentwood TN	37027
4/1995 to Present	Mulford Road	Wyncote PA	19095

Applicant's initial

*JBH*

## 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
3/2018	Forte Bio-Pharma 2835 South Jones Boulevard, Las Vegas NV 89146	NA
Title	Description of Duties	Name of Supervisor
President and Co-Chairman	Marketing/Sales/Manufacturing	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2014	PolyCore Therapeutics 3180 Chestnut Street #104 Philadelphia PA 19104	NA
Title	Description of Duties	Name of Supervisor
CEO	Business Development/Operations	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2013	LignaMed LLC 3711 Market Street #866 Philadelphia PA 19104	NA
Title	Description of Duties	Name of Supervisor
CEO	Business Development/Operations	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2012	J2 Bio-Pharma LLC 648 Mulford Road Wyncote PA 19095	NA
Title	Description of Duties	Name of Supervisor
Co-Founder	Operations	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2011	Harris Consulting 648 Mulford Road Wyncote PA 19095	NA
Title	Description of Duties	Name of Supervisor
President	Business Consulting	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/1985-2/2011	Merck Inc 770 Sumneytowne Pike, West Point PA 19486	Retired
Title	Description of Duties	Name of Supervisor
Executive Director, Diversified Brands Franchise	US Commerical Operations	Mark Princeton
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



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## 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Justin Watkins</u>	Home					5 years
Employer <u>Drinker Biddle Law</u>	Business	<u>One Logan Square, Ste 2000 Philadelphia PA 19103</u>				
Name <u>Mark Feller</u>	Home	<u>Mulford Road</u>	<u>Wyncote PA</u>	<u>19095</u>	<u>215-801-4781</u>	23 years
Employer <u>Dilworth Law Firm</u>	Business	<u>1500 Market Street, Suite 3500E Philadelphia PA 19102</u>				
Name <u>Charlie McGuth</u>	Home	<u>Mulford Road</u>	<u>Wyncote PA</u>	<u>19095</u>	<u>215-630-2986</u>	15 years
Employer <u>EMC</u>	Business	<u>1420 E. Mermaid Lane Glenside PA 19038</u>				
Name <u>Donald Goldberg</u>	Home	<u>Marlborough Road</u>	<u>Brooklyn NY</u>	<u>11226</u>	<u>917-453-4039</u>	25 years
Employer <u>Goldberg Law</u>	Business	<u>26 Court Street, Brooklyn NY 11226</u>				
Name <u>Elliott Greenfield</u>	Home	<u>Timbergate Drive</u>	<u>Rydal PA</u>	<u>19046</u>		10 years
Employer <u>NA-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 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.

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Applicant's initial

*JBH*

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 ☐

Lester Lundgren (Nephew), Sales Rep for Boehringer Ingelheim Pharmaceuticals, 2805 E. Center Street Acampo, CA 95220



Date of photograph June 2018

Applicant's initial JLN

STATE OF Pennsylvania

ss.

COUNTY OF Montgomery

I, James Bret Harris, 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.

James B Harris  
Original Signature of Applicant

Subscribed and Sworn to before me this 28<sup>th</sup> day of

June, 2018  
Marie E. Thornton  
Notary Public

Commonwealth of Pennsylvania - Notary Seal  
Marie E. Thornton, Notary Public  
Montgomery County  
My commission expires January 3, 2022  
Commission number 1166713  
Member, Pennsylvania Association of Notaries

STATE OF PENNSYLVANIA  
County of Montgomery

(seal)

Applicant's initial

JBH

ADDITIONAL INFORMATION

NA

Applicant's initial

JBH



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/26/2018

## GENERAL INSTRUCTIONS

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

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

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

Application for "Virtual Manufacturer"  
Nature of License  
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146  
Name and Address of Establishment for Which License Is Requested  
N/A  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Ansarinia		Mehdi	
Last Name	First Name	Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)			
Diamond Falls Dr		Las Vegas	NV/ 89117
Present Residence Address-Street or RFD		City	State/Zip
2835 S. Jones Blvd		Las Vegas,	NV/ 89146
Present Business Address		City	State/Zip
Chief Medical Officer	Dates		
Occupation		Phone: Residence	
		Business	(702) 951-2243
	Tehran, Iran		
Date of Birth	Place of Birth (City, County, State)		
52	Male		
Age	Social Security Number	Sex	
Brown	Black	Fair	185
Color of Eyes	Color of Hair	Complexion	Weight
		Medium	5'7"
		Build	Height

Scars, tattoos or distinguishing marks and/or characteristics


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

If naturalized, certificate No Date 08/15/1996

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

### 2. MARITAL INFORMATION:

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

Applicant's initial MA  Page 1

A. **Current Marriage** ..... **Not applicable** .....

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 .....

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Not applicable				

Name	Street	City	State	Zip	Telephone
Not applicable					

Name	Birth Date	Birth Place	Residence Address
Not applicable			

Applicant's initial \_\_\_\_\_ MA MA

**FAMILY INFORMATION-Continued**

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

Name Not Applicable

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			
Abbas Ansarinia	1926	Deceased	
Mother			
Zahra Golbargi		Diamond Falls Dr Las Vegas, NV 89117	
Father-in-Law			
Not applicable			
Mother-in-Law			
Not applicable			

**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
Nooshin Ansarinia		Flora Vista Ave Cupertino, CA 95014	Shoe Designer
Spouse			
Mehran Esmali	1960	Flora Vista Ave, Cupertino, CA 95014	Shoe Manufacturing
Katy Ansarinia		El Serano Ct Los Altos, CA, 94024	Dentist
Spouse			
Abbas Refaee		El Serano Ct Los Altos, CA, 94024	Dentist
Spouse			
Hossein Ansarinia		Touchal Ave. Tajrish Tehran, Iran	Retired
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate	
Grammar School	Davidson middle school	San Rafael, CA	1978-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	San Rafael High School	San Rafael, CA	1979-1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	College of Marin	Kentfield, CA	09/1981 - 12/1981	Yes <input type="checkbox"/> No <input type="checkbox"/>
University	San Francisco State University	San Francisco, CA	01/1982 - 05/1986	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any M.D.College or university where obtained University of Southern CaliforniaApplicant's initial MA

## 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 MA  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	March 2016	District Court	Las Vegas, Clark County, NV	Settlement 10/2016
Case # A-16-732894-B				

- 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:

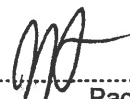
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

## 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
2007-Present	Diamond Falls Dr	Las Vegas	NV
2001- 2007	3365 Blue Ash Lane	Las Vegas	NV
1998 - 2001	349 Condon Ct	Santa Clara	CA
1995 - 1998	357 Rolling Meadows	Ann Arbor	MI
1992 - 1995	936 B Boston Wy	Coralville	IA

Applicant's initial MA



## 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
October 2011	Headache Specialists / 2835 S. Jones Blvd Las Vegas, NV 89146	
Title	Description of Duties	Name of Supervisor
MD/ Director	Patient care & Clinic Director	Self ( Mehdi Ansarinia )
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1998-2001	Not employed	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1995-July 1998	Michigan Head pain & Neurological institute 3120 Professional Dr, Ann Arbor, MI 48104	Family illness
Title	Description of Duties	Name of Supervisor
Clinical neurologist	Patient care	Dr. Joel Saper
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1994-July 1995	University of Iowa 200 Hawkins Dr Iowa City, IA. 52242	Finished training
Title	Description of Duties	Name of Supervisor
Fellow in headache	Fellowship training/ patient care	Dr. Sue Barcellos
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1991 - July 1994	University of Iowa 200 Hawkins Dr. Iowa City, IA. 52242	Finished training/ Started fellowship
Title	Description of Duties	Name of Supervisor
Resident in Neurology	Residency training / Patient care	Dr. Damasio
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 MA



## 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 Arturo Marchand	Home	Secret Harbor	Las Vegas, NV	89128		30
Employer Nevada Heart	Business	S. Burnham Ave, Ste 100	Las Vegas, NV	89119		
Name Hootan Daneshmand	Home	Via Ultimo,	San Juan Capistrano, CA	92675		30
Employer Self	Business	Portola Pkwy #101, Foothill Ranch, CA	92601			
Name Bill Kwan	Home	Post St	San Francisco, CA	94108		32
Employer Self	Business	Post St, Ste 400	San Francisco, CA	94108		
Name Ardeshtir Rohani	Home	Belmondo Ln	Las Vegas, NV	89117		10
Employer Self	Business	S Jones Blvd,	Las Vegas, NV	89103		
Name Hossein Momeni	Home	Rainbow Ridge Dr	Las Vegas, NV	89117		10
Employer Self	Business	S. Durango Dr	Las Vegas, NV	89117		10

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
Safety Deposit Box	US Bank	Las Vegas, NV	Self

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
<u>Doctor</u>	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

Medical License - Nevada - Since 2001

Medical License - Michigan- 1995 - 1998

Medical License - Iowa - 1992 - 1995

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.....MA.....

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 ☒

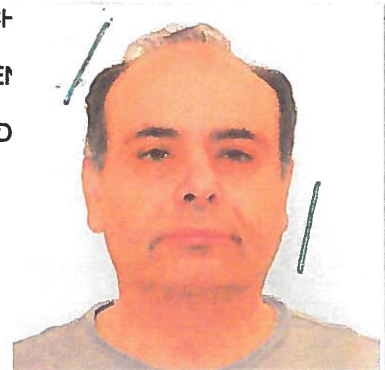
18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

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

TAKE

30 D



Date of photograph 7/18

Applicant's initial MA

MA



STATE OF NEVADA

ss.

COUNTY OF CLARK

I, Mehdi Ansarinia, 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.

STATE OF NEVADA

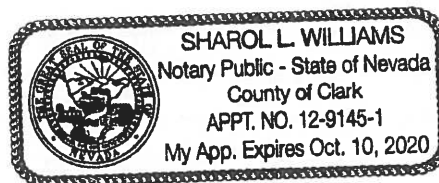
COUNTY OF CLARK

Subscribed and Sworn to before me this 26 day of

July 2018

[Signature]  
Notary Public

[Signature]  
Original Signature of Applicant



(seal)

Applicant's initial MA

[Signature]  
Page 9

ADDITIONAL INFORMATION

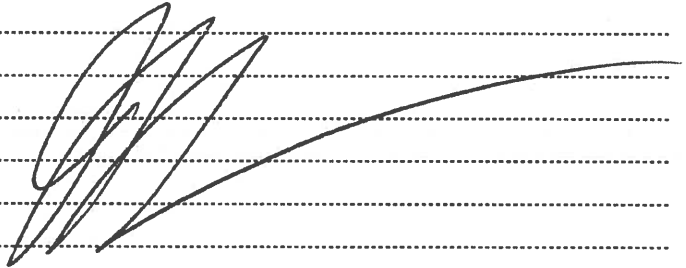
Answers to questions:

6D. Appeared in front of Nevada Medical Board in March 2017 to answer questions regarding timely submission of documents.

Case dismissed

6E. Testified as treating physician & expert witness in two medico-legal case. I was not party to either side of litigation last case testified in May 2017

6I. I was the plaintiff in a law suit for a breach of contract regarding investment in a venture.

A large, stylized handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Applicant's initial MA

Handwritten initials 'MA' in black ink, written in a cursive style.

## Acknowledgement

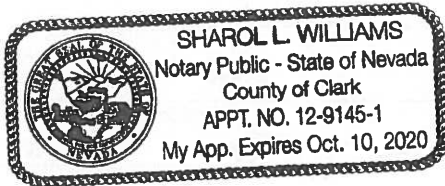
State of Nevada

County of Clark

Acknowledged to before me this 26 day of July, \_\_\_\_\_

by MEHDI ANSARINIA \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature \_\_\_\_\_

*[Handwritten Signature]*

## OPTIONAL INFORMATION

### CAPACITY CLAIMED BY THE SIGNER

☒ Individual(s)

☐ Corporate Officer

Title: \_\_\_\_\_

☐ Partner(s)

☐ Attorney-in-fact

☐ Trustee(s)

☐ Other \_\_\_\_\_

### DESCRIPTION OF THE ATTACHED

Title of Document: CERTIFICATE OF  
NATURALIZATION

(UNLAWFUL TO COPY)

Number of Pages: 1

Document Date: AUG 15, 1996

Other Information: DETROIT, MICHIGAN  
(MEHDI HAS IN HIS POSSESSION)

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date 7/11/18

## GENERAL INSTRUCTIONS

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

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

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

Application for "Virtual" Manufacturer  
 Nature of License  
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146  
 Name and Address of Establishment for Which License Is Requested  
N/A  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

COFFEE MICHAEL DENIS  
 Last Name First Name Middle Name

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

Via Los Altos Tiburon CA 94920  
 Present Residence Address-Street or RFD City State/Zip

1900 Powell St. Emeryville CA 94608  
 Present Business Address City State/Zip

Business Exec. 10/13 - Present  
 Occupation Dates

Phone:  
 Residence 510-450-3504  
 Business N.J.

Long Branch, Monmouth  
 Date of Birth Place of Birth (City, County, State)

72 M  
 Age Social Security Number Sex

GREEN GRAY FAIR 170 Thin 6'0"  
 Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

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

### 2. MARITAL INFORMATION:

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

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. Current Marriage 10/84 - Present

Spouse's full name (Maiden) Liza Ann Triano Date 10/84 City, County Newark, NJ S.S. No.

Date of Birth  Place of Birth Newark, NJ

Resident address Via Los Altos Tiburon CA 94920  
 Street City State Zip

Telephone: Residence  Business N.A.

Spouse's employer N.A. Occupation Housewife

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
Laurette Brodt	9/83	4/68	Divorce	Union Co., NJ

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
Karen Coffey		Troy N.Y.	Robertson Park, CA
Paul Coffey		"	Buffalo, N.Y.
Andrea Coffey		Normal, Ct.	San Francisco, CA
Nicholas Coffey		Providence, RI	Redwood City, CA
Michael T. Coffey		San Francisco, CA	Tiburon, CA

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

Albert Coffea ..... deceased.

Mother

Maria ~~Coffea~~ D'Illo ..... deceased.

Father-in-Law

Albert Triewer ..... deceased

Mother-in-Law

Pollyann Grumbat ..... Wildwood, N.J. 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
---------------	------------	---------	------------

Kathleen Coffea ..... Muskegon, MI ..... N.A. - Retired.

Spouse

Robert Porter ..... Muskegon, MI ..... N.A. - Retired.

Spouse

Spouse

Spouse

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Margaret's School	Hottelville, N.Y.	1954-1960	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Christen Brothers Academy	DeWitt, N.Y.	1960-1964	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Siena College	Coudenville, N.Y.		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, BiologyCollege or university where obtained Siena CollegeApplicant's initial f

## 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 Onondaga State NY Date registered 1965

## 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

# 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
6/92- 3/95	146 Madonna Ave.	Bolton	CA
3/95- 9/2000	6 Costa Los Ceros	Tiburon	CA
9/2000- Present	1 Via Los Altos	Tiburon	CA

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
10/68-3/81	Novartis Pharma, Hopkinton, MA.	Better opportunity
Title	Description of Duties	Name of Supervisor
	Sales Rep. Reg. Manager, Division of Sales New York Society	
3/81-3/84	USV Labs, Tarrytown, NY.	Better opportunity
Title	Description of Duties	Name of Supervisor
	VP Sales - Sales Organization	James T. O'Brien
3/84-9/86	Baxter Pharma, W. Haven, Ct.	Better opportunity
Title	Description of Duties	Name of Supervisor
	U.P. Sales & Marketing	Horst Wollroben
9/86-3/91	O'Brien Pharmaceuticals, Rosier, NY	Better opportunity
Title	Description of Duties	Name of Supervisor
	U.P. Sales & Marketing	James T. O'Brien
4/91-6/2000	Flow Pharma, San Francisco, CA	Better opportunity
Title	Description of Duties	Name of Supervisor
	President North America	John Green
6/2000-3/2004	Aurion Pharma, CA	Better opportunity
Title	Description of Duties	Name of Supervisor
	President	Rick Stuart
3/2004-6/2008	Avigen Pharma, Alameda, CA	Company was sold.
Title	Description of Duties	Name of Supervisor
	Chief Business Officer	Kew Cholina
6/2008-4/2010	Novamoleculon Inc.	Company downsizing
Title	Description of Duties	Name of Supervisor
	Sales U.P. Sales & Marketing	Greg West

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>Polson Smith</u>	Home	<u>Tiburon, CA</u>	<u>94920</u>			<u>25 years</u>
Employer <u>Self-employed</u>	Business	<u>Guadalupe</u>	<u>"</u>	<u>"</u>		
Name <u>John Guion</u>	Home	<u>Ocean Beach, NJ</u>				<u>25 years</u>
Employer <u>L.A.</u>	Business	<u>Retired</u>				
Name <u>Kaw Choline</u>	Home	<u>Park City, UT</u>				<u>15 years</u>
Employer <u>Ancestry.com</u>	Business	<u>Genetic testing</u>				
Name <u>Stephen Sargy</u>	Home	<u>Tampa, FL</u>				<u>25 years</u>
Employer <u>Physician</u>	Business	<u>Neurologist</u>				
Name <u>Amila Montoya</u>	Home	<u>Ft. Lauderdale, FL</u>				
Employer <u>Self-employed</u>	Business	<u>Insurance Relations</u>				

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>4292A</u>	<u>Bank of America</u>	<u>Tiburon, CA</u>	<u>Michael &amp; Lita Coffey</u>

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

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

Applicant's initial Star

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 7/20/18

Applicant's Initial [Signature]

STATE OF \_\_\_\_\_

SS.

COUNTY OF \_\_\_\_\_

I, Michael D. Coffer, 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 \_\_\_\_\_ day of \_\_\_\_\_

see attached  
California Jurat  
\_\_\_\_\_  
Notary Public

(seal)

Applicant's initial 

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- ☐ See Attached Document (Notary to cross out lines 1-6 below)  
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1  
2  
3  
4  
5  
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda



Subscribed and sworn to (or affirmed) before me

on this 25 day of July, 2018  
 by Michael Coffee  
 Date Month Year

(1) Michael Coffee

(and (2) N/A),  
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Michelle Bryan  
 Signature of Notary Public

Seal  
 Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Wholesaler License - Nevada Document Date: \_\_\_\_\_

Number of Pages: 10 Signer(s) Other Than Named Above: 7/11/2018

ADDITIONAL INFORMATION

4/2011 - 8/2013	Medicowood, Inc	Computer Accounting
	Chief Business Officer	Yui Iwaki U.D.
9/2013 - Present	Adomas Ploma	- Still employed
	Senior VP Strategy & Planning	Greg Wolf

Applicant's Initial



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date 7-6-2018

## GENERAL INSTRUCTIONS

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

Application for "Virtual" Manufacturer  
Nature of License  
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146  
Name and Address of Establishment for Which License Is Requested  
N/A  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Wittenbrock First Name Todd Middle Name Emerich  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
1427 Rancho Hills Dr. Chino Hills CA. 91709  
Present Residence Address-Street or RFD City State/Zip  
S. Jones Bl. Las Vegas NV. 89146  
Present Business Address City State/Zip  
National Sales Dir. 6/25/2018  
Occupation Phone: Residence 0  
West Covina, CA County, CA. Business  
Date of Birth 53 Place of Birth (City, County, State)  
Age 53 Social Security Number 245 Sex Male  
Color of Eyes Blue Color of Hair Blonde Complexion White Weight 245 Build 6'1" 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 W

MARITAL INFORMATION-Continued

A. **Current Marriage** 8-16-1997  
 Date  
 Spouse's full name (Maiden) Diane L. Wittenbrock (Social Security No.                     )  
 Date of Birth                      Place of Birth                       
 Resident address Rancho Hills Dr. Chino Hills CA. 91709  
 Street City State Zip  
 Telephone: Residence                      Business                       
 Spouse's employer Homemaker Occupation Homemaker  
 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
----------------	-------------------------	---------------------------	------------------	-----------------------

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>Victoria Wittenbrock</u>		<u>Arcadia, CA.</u>	<u>Rancho Hills Dr. Chino Hills, CA. 91709</u>
<u>Breanne Wittenbrock</u>		<u>Arcadia, CA.</u>	<u>- same -</u>
<u>Addison Wittenbrock</u>		<u>Arcadia, CA.</u>	<u>- same -</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 SW



**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

Charles Wittenbrock (deceased)

Mesa View St, Upland, CA 91786

Mother

Judith Wittenbrock

Mesa View St. Upland, CA. 91786

Father-in-Law

George Yaciu (deceased)

Blacklay Dr. Temple City, CA. (retired) 91786

Mother-in-Law

Lorraine Yaciu

Paseo Grande Chino Hills, CA. 91709

**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
---------------	------------	---------	------------

Troy Wittenbrock

Vineyard Ave. Rancho Cucamonga, CA. 91701

Spouse

Tracy Wittenbrock

- same -

- homemaker Field Services Mgr.

Spouse

Spouse

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School	Diamond Point Elementary	Diamond Bar 1969-1975	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Damen High School	La Jorne, CA. 1979-1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Mt. San Antonio Jr College	Watert, CA. 1982-1984	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University	Chapman College	Orange, CA. 1984-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Science Business Administration

College or university where obtained Chapman College

Applicant's initial

WS

**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 SW

# 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
8-97-present	Rancho Hills Dr.	Chino Hills,	CA.
4-93-8-97	858 Mesa View St.	Upland,	CA.

Applicant's initial Yes

# 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
Title	Description of Duties	Name of Supervisor
06/2018	Forté Bio Pharma 2835 S. Jones Blvd., LAS Vegas, NV 89146	
National Sales Director - Sales		Jim Fares
07/16 - 02/18	Sunovion Pharmaceuticals 84 Waterford Dr. Marlborough MA 01752	opportunity
District Sales Manager Sales		Craig Barrette
8/2013 - 07/16	Depomed Inc. 1999 Gateway Bl Ste 500 Newark, Ca. 94560	opportunity
Regional Manager Sales		Don Hansen
06/2011 - 8/2013	Archimedes Pharmaceuticals	opportunity
Region Manager Sales		
04/2004 - 04/2011	Eisai Pharmaceuticals	opportunity
Sr. Dist. Mgr. Sales		Mary Myers
07/97 - 04/2004	Elan/Athena Neurosciences	
Sales Rep → Dist. Manager		Jim Fares
02/93 - 07/97	Athena Neurosciences	opportunity
Dist. Sales Manager - Sales		Jim Fares
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

*JS*

# 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>Tom Bledsoe</u>	Home	<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>		<u>2 15</u>
Employer <u>Retired</u>	Business					
Name <u>Jim Cook</u>	Home					<u>5</u>
Employer <u>Self employed</u>	Business					
Name <u>Ten Mendez</u>	Home	<u>Woodlyn Rd.</u>	<u>CA</u>			<u>20</u>
Employer <u>San Gabriel School District</u>	Business					
Name <u>Henny Young</u>	Home					<u>5</u>
Employer <u>NFL</u>	Business					
Name <u>David Patterson</u>	Home	<u>E. Endemont Ct.</u>	<u>CA</u>	<u>92802</u>		<u>9</u>
Employer <u>Casa Colina Hospital</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 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.

.....

.....

.....

Applicant's initial

*[Signature]*

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 7-6-2018

Applicant's initial JS



STATE OF CALIFORNIA

SS.

COUNTY OF San Bernardino

I, Todd Wittenbrock, 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 6<sup>th</sup> day of

July, 2018

See correct CA wording below  
Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

(seal)

State of California, County of San Bernardino

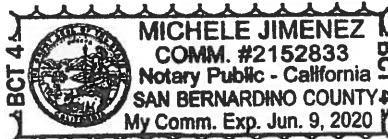
Subscribed and sworn to (or affirmed) before me

on this 6<sup>th</sup> day of July, 2018

by Todd Emerich Wittenbrock

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: 



Applicant's initial fw

## ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial

*ME*



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

Date 7-25-2018

**GENERAL INSTRUCTIONS**

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

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

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

Application for "Virtual" Manufacturer  
Nature of Pharmacy or Wholesaler  
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146  
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:**

Fares	James	Lawrence
Last Name	First Name	Middle Name
<u>N/A</u>		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>Woodwell Street Unit D,</u>	<u>Las Vegas,</u>	<u>NV 89147</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>2835 S. Jones Blvd,</u>	<u>Las Vegas,</u>	<u>NV 89146</u>
Present Business Address	City	State/Zip
<u>CEO</u>	<u>March 2018 - present</u>	
Present Position with the Pharmacy or Wholesaler		Phone:
		Residence
		Business <u>(702) 951-2243</u>
	<u>Fullerton, Orange County, CA</u>	
Date of Birth	Place of Birth (City, County, State)	
<u>55</u>		<u>Male</u>
Age	<u></u>	Sex
	Social Security Number	
<u>Hazel</u>	<u>Black</u>	<u>White</u>
Color of Eyes	Color of Hair	Complexion
	<u>200</u>	<u>Medium</u>
	Weight	Build
		<u>6'1</u>
		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 JLF  Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resident address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of employer \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Enid Alicea	5/22/14	6/9/2011	Divorce	Las Vegas, Clark County, Nevada
Kerstin Robbins	12/18/09	8/29/1987	Divorce	Orange, Orange County, California

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

Name	Street	City	State	Zip	Telephone
Enid Alicea	Dolphin Ct	Henderson	NV	89074	
Kerstin Robbins	1 Brown St.	Napa	CA	94559	

**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
Nicholas Fares		Lansdale, PA	Woodwell St. #D, Las Vegas, NV 89147

**B. Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial **JLF**



**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
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Father

Thomas Fares	1/5/36	1855 Rogers Place, Burbank, CA	Sales
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Mother

Martha Cartmell	11/13/36	15626 Elmbrook Dr., La Mirada, CA 90638	Editor
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Father-in-Law

Mother-in-Law

**D. Brothers and Sisters:**

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

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

Laura Fares		Kudu PI, Ventura, CA 93003	Disabled
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Spouse

James Horan		Kudu PI, Ventura, CA 93003	Retired
-------------	--	----------------------------	---------

Julie Fares		6 Shadow Oaks, Irvine, CA	Teacher
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Spouse

Michael Phillips		Shadow Oaks, Irvine, CA	Civil Government
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Sean Fares		Sandalwood Ave, Fullerton 92835	Police Officer
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Spouse

Denise Graubart		Sandalwood Ave, Fullerton, Ca 92835	Secretarial
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Thomas Fares		Shadow Oaks, Irvine, CA	Disabled
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Spouse

Sarah Fares		LaHabra, CA	Sales
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**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
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Grammar School	St. Phillip	Fullerton, CA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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High School	Servite	Anaheim, CA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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College University			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Other	San Jose State University	San Jose, CA	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Type of degree obtained, if any..... Bachelors in Business Administrative Finance

College or university where obtained..... San Jose St. University

Applicant's initial JLF

## 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 \_\_\_\_\_ Orange \_\_\_\_\_ State \_\_\_\_\_ CA \_\_\_\_\_ Date registered \_\_\_\_\_ 1980 \_\_\_\_\_

## 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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- 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.

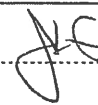
Name	Relationship	Charge	Location	Date
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Applicant's initial JLF



**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
James Fares	12/2015	14-16008-abl	Las Vegas, Clark, Nevada	3/22/2016
James Fares/Nautilus Neurosciences	9/2013		Delaware	Case Dismissed 10/15

- 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
6/2016 - present	Woodwell St #D	Las Vegas	Nevada, Clark
1/2014-5/2016	6650 W. Warm Springs Rd	Las Vegas	Nevada, Clark
9/2013-12/2013	725 S. Hualapai	Las Vegas	Nevada, Clark
10/2012-9/2013	9404 Fountainblue	Las Vegas	Nevada, Clark
7/2012-9/2012	3726 Las Vegas Blvd South	Las Vegas	Nevada, Clark
9/2010-6/2012	3730 Las Vegas Blvd South	Las Vegas	Nevada, Clark
12/2009-8/2010	2727 Paradise Rd	Las Vegas	Nevada, Clark
7/2001-11/2009	16 Spanish Bay Drive.	Newport Beach	Orange, CA
6/1996-7/2001	12 Glorietta Ln	Orinda	Contra Costa, CA
3/1992-5/1996	22321 Windham Drive	Dana Point	Orange, CA

Applicant's initial **JLF**

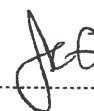
## 8. EMPLOYMENT:

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.

3/2018-PRESENT	FORTE BIO-PHARMA. 2835 S. Jones Blvd, Las Vegas, Nevada 89146	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
CEO	EXECUTIVE MANAGEMENT	N/A
Title	Description of Duties	Name of Supervisor
1/2010-4/2011	NAUTILUS NEUROSCIENCES BEDMINISTER, NEW JERSEY	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Chairman & CEO	Executive Management	N/A
Title	Description of Duties	Name of Supervisor
07/2007-Present	Nuro Pharma, Las Vegas, NV	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
President & CEO	Product development	N/A
Title	Description of Duties	Name of Supervisor
2/2005-5/2007	Questcor Pharmaceuticals, 3260 Whipple Rd, Union City, CA 94587	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
President & CEO	Executive Management	Board of Directors
Title	Description of Duties	Name of Supervisor
2/2001-11/2003	Xcel Pharmaceuticals, 6363 Greenwich Dr., San Diego, CA 92122	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Senior VP Commercial Operations	Sales and Marketing	John Cook
Title	Description of Duties	Name of Supervisor
12/1991-2/2001	Athena/Elan. 800 Gateway blvd. south San Francisco, CA 94080.	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
General Manager and Vice President,	Sales and Marketing	Michael Coffee
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 JLF



## 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 Inouye	Home	Hawkshead Cir, San Ramon, CA 94583			8	29 years
Employer Consultant	Business	1 Hawkshead Cir, San Ramon 94583				
Name Lee Gould	Home	West Erie, Apt 2303, Chicago Il 60654			7	18 years
Employer Gould & Pakter Associates	Business	Legal & CPA	205 W Wacker, Chicago Il, 60606			
Name Joseph Hendel	Home	West Thomas Rd, Lansdale, PA 19446				32 years
Employer Self Employed Realtor	Business	Bethlehem Pike, Montgomeryville, PA 18936				
Name Edward Kessig	Home	Scenic Way, Middletown, New Jersey, 07748				27 years
Employer Antares Pharma	Business	100 Princeton South, Ewing, NJ, 08628				
Name George Lewis	Home	3 Arlington Ave, Upper Arlington, Ohio, 43221				28 years
Employer Disabled	Business	N/A			N/A	

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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 JLF

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 ☐

My son Nicholas Fares is a Sales and Marketing Manager within Forte Bio-Pharma.

My nephew Ernest Cabrera is a sales representative for Fort Bio-Pharma

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 7/23/18

Applicant's initial JLF JR



STATE OF NEVADA

SS.

COUNTY OF CLARK

I, James L. FARES

, 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.

James L. Fares  
Original Signature of Applicant

STATE OF NEVADA

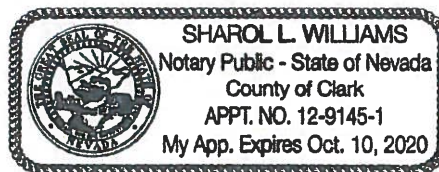
COUNTY OF CLARK

Subscribed and Sworn to before me this 26 day of

July, 2018

Sharol L. Williams

Notary Public



(seal)

Applicant's initial

JLF

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## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**JLF**

### **Description of Operations**

Forte Bio-Pharma, LLC's corporate office is located in Las Vegas, NV. The hours of operation are M-F 9:00am – 5:00pm PST. Forte Bio-Pharma, LLC is a "virtual manufacturer" because it does not physically manufacture its products. Forte Bio-Pharma, LLC manufactures its products through a sub-contracting arrangement with a contract manufacturer, Mikart, Inc., and distributes its products through a subcontracting arrangement with a third-party logistics provider, Woodfield Distribution, LLC, located at 951 Clint Moore Road, Suite A, Boca Raton, FL 33487.

Woodfield Distribution, LLC is responsible for warehousing and distributing the products to wholesalers. Forte Bio-Pharma, LLC will not at any time have drug products on the premises.

### **Ownership**

James Fares 40.83%  
James Harris 40.83%  
Mehdi Ansarinia 15.0%  
Mike Coffee 2.22%  
Todd Wittenbrock 1.11%

### **Contract Manufacturer**

Mikart, Inc.  
1750 Chattahoochee Avenue, N.W. Atlanta, GA 30318

### **3PL**

Woodfield Distribution, LLC  
951 Clint Moore Road, Suite A, Boca Raton, FL 33487

### **Product List**

Nalocet Oral Tablet 2.5-300 MG Controlled Substance (II) NDC# 72245-0193-03 30 tablets/bottle

Nalocet Oral Tablet 2.5-300 MG Controlled Substance (II) NDC# 72245-0193-10 100 tablets/bottle

**Woodfield Employees who handle our product(s)**

Dina Kennedy

Nelson Hurtado

Caesar Valles

Oliver Razz- Manager