NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR NEVADA WHOLESALER 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.

XNew Wholesaler Ownership Change Name Change Location Change (Please provide current license number if making changes: WH)	
☐ Publicly Traded Corporation – Page 1,2,3,4 X 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	ed res
Types of licensed outlets or authorized persons firm will serve:	
☐ Pharmacies ☐ Practitioners ☐ Hospitals X Wholesalers ☐ Other:	
Type of Products to be handled or wholesaled be firm:	
 □ Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals □ Veterinary Legend Drugs X Controlled Substances (include copy of DEA) □ Other: 	

APPLICATION FOR NEVADA WHOLESALER LICENSE This page must be submitted for all types of ownership.

11115	page must be submitted for all types of ownership.				
	Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate.)] No	X		
	Licensed as a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration)	No	X		
busin	ny shareholders hold an interest ownership or have management in any typoness or facility which are licensed by the State of Nevada or another political liction? Yes \square No X				
	he top 4 suppliers your company has been associated with in regards to phaucts that were sold, dispensed or distributed within the last year.	armac	euti	cal	
	1) Woodfield Distribution, LLC 951 Clint Moore Road, Suite A, Boca Raton, FL 334	487			
	Name Address 3PL				_
	Business				-
	2)Name Address				-
	Business				
	Name Address	·			
	Business				_
	4)				
	Name Address				
	Business	***			_
With	in the last five (5) years:				
1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 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)?	est Yes		No	ΙX
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ast Yes		No	X
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	ast Yes		No	X

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

	and the control of th			
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at leas 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?	st Yes □	No	x
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at leas 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise	it		
	(other than upon voluntary close of a facility)?	Yes □	No	X)
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation meson solutions of any documents that identify the circumstance or contain an order, agrees sition may be required.			
correc	by certify that the answers given in this application and attached documenta ct. I understand that any infraction of the laws of the State of Nevada regula tion of an authorized wholesaler may be grounds for the revocation of this p	ting the	true	and
certify accura serval	read all questions, answers and statements and know the contents thereof, under penalty of perjury, that the information furnished on this application at and correct. I hereby authorize the Nevada State Board of Pharmacy, its and employees, to conduct any investigation(s) of the business, professi background, qualification and reputation, as it may deem necessary, proper	are true, s agents, onal, soo	cial a	
	Jemes Fares			
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	os		į
James	Fares 7/20/1	0		
Print I	Name of Authorized Person Date	. = 32. 14		•
Roard	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: James Fares	_ %: <u>40.83%</u>
Name: James Harris	%: <u>40.83%</u>
Name: Mehdi Ansarinia	%: 15.0%
Name: Mike Coffee	_%: _2.22%
Partnership Name: Forte Bio-Pharma, LLC	8 79-1
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.

<u>Designated representative form</u>. 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.nv.gov for fingerprint cards. If needed. We accept standard fingerprint cards.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 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			// Anufacturer	***************		
		Nature nes Blvd, Las Vegas,				
NI/A	Name a	and Address of Establishm	nent for Which License	e Is Requested	•••••••••••••••••••••••••••••••••••••••	
		If applicable, Name Unde	er Which It Is Now Ope	erated	•••••	
1. PERSONAL Fares	INFORMATION:	James		Loumones		
Last Name		First Name		Lawrence Middle Name		
N/A						
Alias(es, Nicknames, N	Maiden Name, Other Nan	ne Changes, Legal or Oth	erwise)			
Woodwell S		Las	Vegas,	NV	89147	
Present Residence Ad			ity		te/Zip	
2835 S. Jones Blv		Las	Vegas,	NV :	89146	
Present Business Addr	ress		ity		te/Zip	
CEO		Dates March 2018	- present			
Occupation				Phone: Residence		
		Fullowton O	Carrette CA		702) 980-8963	
Date of Birth		Fullerton, Orange). 669111655	, 02, 700-0903	
		Place of Birth (City, Co	ounty, State)			
55					Male	
Age		Security Number			Sex	
	Brown	White	200	Avei	age	6'1
	Color of Hair	Complexion	Weight	Build	Height	
Color of Eyes Scars, tattoos or di	Color of Hair istinguishing marks	Complexion and/or characteristics	sN/A	Build	Height	
Color of Eyes Scars, tattoos or di	Color of Hair istinguishing marks	Complexion and/or characteristics	sN/A	Build	Height	
Scars, tattoos or di	Color of Hair istinguishing marks	Complexion and/or characteristics Yes ☑ No □ If	sN/A alien, registration	Build No.	Height	
Scars, tattoos or di	Color of Hair istinguishing marks	Complexion and/or characteristics Yes ☑ No □ If	sN/A alien, registration	Build No.	Height	
Scars, tattoos or di Are you a citizen of naturalized, certif	Color of Hair istinguishing marks a f the United States?	Complexion and/or characteristics Yes ☑ No □ If	sN/A silien, registration	Build No	Height	
Scars, tattoos or di Are you a citizen of naturalized, certif	Color of Hair istinguishing marks a f the United States?	Complexion and/or characteristics Yes ☑ No □ If	sN/A silien, registration	Build No.	Height	
Scars, tattoos or di Are you a citizen of naturalized, certif	Color of Hair istinguishing marks a f the United States?	Complexion and/or characteristics Yes ☑ No □ If	sN/A silien, registration	Build No	Height	
Scars, tattoos or di Are you a citizen o If naturalized, certif	Color of Hair istinguishing marks a f the United States?	Complexion and/or characteristics Yes ☑ No □ If	s N/A alien, registration Date (If naturalize	Nozed, document m	Height	
Scars, tattoos or di Are you a citizen o If naturalized, certif	Color of Hair istinguishing marks a f the United States? ficate No.	Complexion and/or characteristics Yes ☑ No □ If	s N/A alien, registration Date (If naturalize	Nozed, document m	Height	

el

N/A A. City, County and State Spouse® full name (Maiden)_______ S.S. No_____ Date of Birth_____Place of Birth_____ Resident address _______Street City State Zip Telephone: Residence ______ Business ____ Spouse® employer_____Occupation____ Address of employer_______Street City State Zip B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: Date of Order Date of Place Nature of City Name of Spouse or Decree of Marriage Action 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: Street City State Zip Telephone Enid Alicea Dolphin Ct Henderson NV 89074 Kerstin Robbins **Brown St** Napa CA 94559 3. FAMILY INFORMATION: **Children and Dependents:** List all children, including step-children and adopted children and give the following information: Birth Date Birth Place Residence Address Woodwell St. Unit D, Las Vegas, NV Nicholas Fares Lansdale, PA 89147 B. **Child Support Information:** Please mark the appropriate response: $\ensuremath{\square}$ 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 $\ \square$ 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. Applicants initial____

	Name		r enforcing the child support order:	
	Address			
	Contact person			
C.	Parents:		and most recent occupations of parent	
paren	15-			s, step-parents,
	Name (Maiden)	tired or deceased. Birth Date	list last address and occupation. Address	Occupation
Father				
	Thomas Fares	Ro	gers Place, Burbank, CA	Sales
Mother				
	Martha Cartmell	Elmbroo	ok Dr., La Mirada, CA 90638 Editor	
Father-i	n-Law			
Mother-	in-Law	21 100		
1 1				
	D. Alexandra			
D.	Brothers and Sisters:	ses dates of high	and most recent account to the state of the	
	LIEIT TESDECTIVE Shouses.	ses, dates of bitti	and most recent occupations of brother	s and sisters and o
	Name (Maiden)	Birth Date	Address	Occupation
Laura I	Fares)	Kudu Pl, Ventura, CA 93003	Disabled
Laura I Spouse James	Fares Horan	0,00,100	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003	
Spouse	Horan	,		Disabled
Spouse James Julie F	Horan	,	Kudu Pl, Ventura, CA 93003	Disabled Retired Teacher
Spouse James Julie F	Horan ares el Phillips	,	Kudu Pl, Ventura, CA 93003 Shadow Oaks, Irvine, CA	Disabled Retired
Spouse James Julie Fo Spouse Michae Sean Fo Spouse	Horan ares el Phillips	0,00,700	Kudu Pl, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA	Disabled Retired Teacher Civil Governme
Spouse James Julie F Spouse Michae Sean F Spouse Denis	Horan ares el Phillips ares	0,00,700	Kudu Pl, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835	Disabled Retired Teacher Civil Governme Police Officer
Spouse James Julie For Spouse Michae Sean For Spouse Denise Thoma Spouse	Horan ares el Phillips fares e Graubart s Fares	Oracle factor	Kudu Pl, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA	Disabled Retired Teacher Civil Governme Police Officer Secretarial
Spouse James Julie For Spouse Michae Sean For Spouse Denise Thoma Spouse	Horan ares el Phillips fares ares ares	Oracle factor	Kudu Pl, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835	Disabled Retired Teacher Civil Governme Police Officer Secretarial
Spouse James Julie Formuse Michael Sean Formuse Denise Thomae Spouse Sarah	Horan ares el Phillips fares e Graubart s Fares	Oracle factor	Kudu Pl, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA	Disabled Retired Teacher Civil Governme Police Officer Secretarial Disabled
Spouse James Julie Forman Spouse Michae Sean Forman Spouse Denise Thoma Spouse Sarah 4. EL	Horan ares Phillips Fares Graubart S Fares Pucation: Name of School	Oracle factor	Kudu Pl, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA	Disabled Retired Teacher Civil Governme Police Officer Secretarial Disabled Sales
Spouse James Julie F Spouse Michae Sean F Spouse Denise Thoma Spouse Sarah 4. EL Gramma School	Horan ares Phillips Fares Graubart S Fares Pucation: Name of School	1	Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA LaHabra, CA Dates Attended	Disabled Retired Teacher Civil Governme Police Officer Secretarial Disabled Sales Graduate
Spouse James Julie Formuse Michae Sean Formuse Denise Thomae Spouse Sarah 4. EL	Horan ares Pl Phillips Fares Graubart S Fares Pucation: Name of School St. Phillip	Location Fullerton,	Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA LaHabra, CA Dates Attended CA	Disabled Retired Teacher Civil Governme Police Officer Secretarial Disabled Sales Graduate Yes No No
Spouse James Julie For Spouse Michael Sean For Spouse Denise Thomae Spouse Sarah 4. EL Grammae School ligh School College	Horan ares Pl Phillips Fares Graubart s Fares Pucation: Name of School St. Phillip Servite	Location Fullerton, Anaheim,	Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA LaHabra, CA Dates Attended CA CA	Disabled Retired Teacher Civil Governme Police Officer Secretarial Disabled Sales Graduate Yes No \(\)
Spouse James Julie Forma Spouse Michael Sean Forma Spouse Denise Thoma Spouse Sarah 4. EL Gramma School ligh School college Jniversit	Horan ares el Phillips fares e Graubart s Fares DUCATION: Name of School f St. Phillip Servite	Location Fullerton,	Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA LaHabra, CA Dates Attended CA CA	Disabled Retired Teacher Civil Governme Police Officer Secretarial Disabled Sales Graduate Yes No Yes No Yes No
Spouse James Julie Forman Sean Forman Spouse Denis Forman Spouse Sarah 4. EL Gramma Chool ligh Chool college Iniversity of the Forman Sean Forman Spouse Sarah	Horan ares Pl Phillips Fares Graubart S Fares Pucation: Name of School St. Phillip Servite y San Jose State University	Location Fullerton, Anaheim, San Jose	Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA LaHabra, CA Dates Attended CA CA CA	Disabled Retired Teacher Civil Governme Police Officer Secretarial Disabled Sales Graduate Yes No \(\)
Spouse James Julie F. Spouse Michael Sean F. Spouse Denis Thoma Spouse Sarah 4. El Gramma School ligh Chool college Iniversite ther	Horan ares el Phillips fares e Graubart s Fares Pucation: Name of School f St. Phillip Servite y San Jose State University	Location Fullerton, Anaheim, San Jose	Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Sandalwood Ave, Fullerton 92835 Sandalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA LaHabra, CA Dates Attended CA CA	Disabled Retired Teacher Civil Governme Police Officer Secretarial Disabled Sales Graduate Yes No Yes No Yes No

Applicants initial JLF

5 MILITARY INFORMATION:

	Have you ever served in any armed forces?	Yes 🛘 No 🗸	
	Branch	Date of entry-active service	
	Date of separation	Type of discharge	
	Rating at separation		
	While in the military service were you ever arrespecial or general court martial? Yes regardless of where they occurred-foreign or do	sted for an offense which result	
B.	Have you registered for the draft? Yes ☑	•	
	County Orange State	CA Date registe	red 1980
6. A.	ARRESTS, DETENTIONS, LITIGATIONS AND AR not convicted.) Have you ever been arrested, detained, charged violation for any reason whatsoever, regardless Yes No If yes, give details in space provi	d, indicted or summoned to an	e arrests in which you were
Date of	Arrest Age Charge Location		
			Arresting Agency
-			·
B. C. D. E.	Has a criminal indictment, information or compla arrested or in which you were named as an unin page 10. Have you ever been questioned or deposed by a or committee? Yes □ No ☑ Have you ever been subpoenaed to appear or te commission? Yes □ No ☑ Have you ever been subpoenaed to testify for an	city, state, federal or law enfo stify before a federal, state or	If yes, furnish details on procement agency, commission county grand jury, board or
C. D.	page 10. Have you ever been questioned or deposed by a or committee? Yes ☐ No ☑ Have you ever been subpoenaed to appear or te commission? Yes ☐ No ☑ Have you ever been subpoenaed to testify for an Yes ☐ No ☑ Have you ever had a civil or criminal record expu	city, state, federal or law enfo stify before a federal, state or y civil, criminal or administration	If yes. furnish details on preement agency, commission county grand jury, board or reproceeding or hearing?
C. D. E.	page 10. Have you ever been questioned or deposed by a or committee? Yes □ No ☑ Have you ever been subpoenaed to appear or te commission? Yes □ No ☑ Have you ever been subpoenaed to testify for an Yes □ No ☑ Have you ever had a civil or criminal record expulf yes, when? Have you ever received a pardon or deferred pro	a city, state, federal or law enformation state, federal, state or stify before a federal, state or y civil, criminal or administration nged or sealed by a court order the county and state.	If yes. furnish details on preement agency, commission county grand jury, board or reproceeding or hearing?
C. D. E. F.	page 10. Have you ever been questioned or deposed by a or committee? Yes ☐ No ☑ Have you ever been subpoenaed to appear or te commission? Yes ☐ No ☑ Have you ever been subpoenaed to testify for an Yes ☐ No ☑ Have you ever had a civil or criminal record expu	a city, state, federal or law enformstify before a federal, state or y civil, criminal or administrative nged or sealed by a court ordecity, county and state secution for any criminal offen city, county and state	If yes, furnish details on preement agency, commission county grand jury, board or reproceeding or hearing? Per? Yes No Se? Yes No No No No No No No No No No
C. D. E. F. G.	page 10. Have you ever been questioned or deposed by a or committee? Yes No Have you ever been subpoenaed to appear or te commission? Yes No Have you ever been subpoenaed to testify for an Yes No Have you ever had a civil or criminal record expulf yes, when? Have you ever received a pardon or deferred pro If yes when? Has any member of your family or of your spouse If you answer to any of the above questions (B the	a city, state, federal or law enformstify before a federal, state or y civil, criminal or administrative nged or sealed by a court ordecity, county and state secution for any criminal offen city, county and state secution for any criminal offen city, county and state secution for any criminal offen city, county and state segments family ever been convicted rough H) is yes, furnish details	If yes, furnish details on prediction or county grand jury, board or proceeding or hearing? Per? Yes No Se? Yes No For the proceeding or hearing?
C. D. E. F.	page 10. Have you ever been questioned or deposed by a or committee? Yes \[\subseteq \text{No } \varnothing \] Have you ever been subpoenaed to appear or te commission? Yes \[\subseteq \text{No } \varnothing \] Have you ever been subpoenaed to testify for an Yes \[\subseteq \text{No } \varnothing \] Have you ever had a civil or criminal record expulse you ever received a pardon or deferred proof yes when? Has any member of your family or of your spouse.	a city, state, federal or law enformstify before a federal, state or y civil, criminal or administrative nged or sealed by a court ordecity, county and state secution for any criminal offen city, county and state	☑ If yes. furnish details on preement agency, commission county grand jury, board or proceeding or hearing? er? Yes □ No ☑ se? Yes □ No ☑

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 Court and Case Claimant/Respondent **Date Filed** 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 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: Approximate Date(s) of Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy 7. RESIDENCES: List all residences you have had for the last 25 years: Month and Year (From-To) Street and Number State or County Woodwell St #D 6/2016 - present 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 LasVegas 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 2727 Paradise Rd 12/2009-8/2010 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

Applicants	initial	J	LF	 	 	 	 	 ••				
									2	2/	16	5

8. EMPLOYMENT:

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

Month and Year	FORTE BIO-PHARMA. 2835 S. Jones Blvd, Las Vegas, Nevada 89146 Name/Mailing Address of Employer/Business	CURRENT
CEO		Reason for Leaving
Title	EXECUTIVE MANAGEMENT	N/A
1/2010-4/2011	Description of Duties	Name of Supervisor
1/2010-4/2011	NAUTILUS NEUROSCIENCES BEDMINISTER, NEW JER	SEY 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	
07/2007-Present	Nuro Pharma, Las Vegas, NV	Name of Supervisor N/A
Month and Year	Name/Mailing Address of Employer/Business	
President & CEO	Product development	Reason for Leaving
Title	Description of Duties	N/A
2/2005-5/2007	Questcor Pharmaceuticals, 3260 Whipple Rd, Union City, CA	Name of Supervisor
	The state of the s	94587 another opportunity
Month and Year	Name/Mailing Address of Employer/Business	Page on for Leaving
President & CEO	Executive Management	Reason for Leaving
itle	Description of Duties	Board of Directors
2/2001-11/2003	Acei Pharmaceuticals, 6363 Greenwich Dr., San Diego, CA	Name of Supervisor
	92122	Iliness
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Senior VP Commer	cial OperationSales and Marketing	John Cook
itle	Description of Duties	
12/1991-2/20 01	Athena/Elan. 800 Gateway blvd, south San Francisco, CA 94	Name of Supervisor
	The start of the s	Werger
lonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
General Manager and	Vice President, Sales and Marketing	Michael Coffee
itle	Description of Duties	
		Name of Supervisor
lonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
		Cason to Leaving
itle	Description of Duties	Name of Conserie
		Name of Supervisor
onth and Year	Name/Mailing Address of Employer/Business	Person for Leavis
		Reason for Leaving
tle	Description of Duties	
		Name of Supervisor

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

Applicants initial JLF

9. CHARACTER REFERENCES:

ame Consultant Business 1054 Hawkshead Cir, San Ramon, CA 94583 29 years Consultant	. M	of Where Employed	Street	City S	tate Zip	Telepho	ne Years	Known
Business Susiness Susiness	Name	lichael Inouye	Home	Hawkshead Cir,	San Ramon, CA 94583			29 years
## Home	Employ	Consultant er	Business 10	054 Hawkshead	Cir, San Ramon 94583			
molover Alter Renderlands Susiness CPA 20 by Wacker, Chicago II, 60696 Mone	lame Le	ee Gould	- HOTE		03, Chicago II 60654			18 years
molover Self Emplyed Realtor ame	mploy	Gould & Pakter Asso	ociates Business	200	V Wacker, Chicago II, 6060	6	å.	
ame Edward Kessig Home Scenic Way, Middletown, New Jersey, 07748 27 years Marca Pharma Business 100 Princenton South, Ewing, NJ, 08628 28 years	lame	seph Hendel		West Thomas	Rd, Lansdale, PA 1944	6		32 years
ame Edward Kessig Home Scenic Way, Middletown, New Jersey, 07748 27 years Marca Pharma Business 100 Princenton South, Ewing, NJ, 08628 28 years	mploy	Self Emplyed Rea	altor Business 60)1 Bethlehem I	Pike, Montgomeryville, F	PA 18936		
### Antares Pharma Business 100 Princenton South, Ewing, NJ, 08628 ### George Lewis Home	ame	dward Kessig	Sa					27 years
Artington Ave, Upper Artington, Ohio, 43221 28 years	mploy	Antares Pharma	Business 10	00 Princenton	South, Ewing, NJ, 08628	В		
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 operson® depository? Yes □ No [2] If yes, complete the following: Number or Type of Depository Location City and State Authorized Users	- (28 years
10. Do you have any safe deposit box or other such depository, access to any depository or do you use any operson® depository? Yes ☐ No ☑ If yes, complete the following: Number or Type of Depository		Disabled		N/A			N/A	April 1997
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.	x Nur	mber or Type of Depos	sitory	Location	City and State		Authorized Users	
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.	11.	Have you ever h	neld a privilege	ed. occupation	nal or professional lic	rense in :	any state including by	t not limited
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.	11.	Liquor Doctor Accountant Yes No	Lawyer Contractor Pilot	Race hors Real estat Sports pro	se/race dog owner te broker or salesmar		Securities dealer Barber/Cosmetologis	Insuranc
	11.	Liquor Doctor Accountant Yes No	Lawyer Contractor Pilot	Race hors Real estat Sports pro	se/race dog owner te broker or salesmar		Securities dealer Barber/Cosmetologis	Insuranc t Gaming
		Liquor Doctor Accountant Yes No If yes, state type Have you ever a interest in a licer If yes, state type involved, the nar	Lawyer Contractor Pilot e, where and y applied for a cinsed businesse, when and wi	Race hors Real estat Sports pro rears held ty, county of or industry (here and give	se/race dog owner te broker or salesmar omoter state business, ventu DUTSIDE the State of the s	ire or inde	Securities dealer Barber/Cosmetologis Trainer or manager ustry license or held a ? Yes No Usinesses in which you	Insurand t Gaming Educate financial
		Liquor Doctor Accountant Yes No If yes, state type Have you ever a interest in a licer If yes, state type involved, the nar	Lawyer Contractor Pilot e, where and y applied for a cinsed businesse, when and wi	Race hors Real estat Sports pro rears held ty, county of or industry (here and give	se/race dog owner te broker or salesmar omoter state business, ventu DUTSIDE the State of the s	ire or inde	Securities dealer Barber/Cosmetologis Trainer or manager ustry license or held a ? Yes No Usinesses in which you	Insurance t Gaming Educato
		Liquor Doctor Accountant Yes No If yes, state type Have you ever a interest in a licer If yes, state type involved, the nar	Lawyer Contractor Pilot e, where and y applied for a cinsed business e, when and wi mes and addre try.	Race hors Real estat Sports pro rears held ty, county of or industry (here and give ess of all par	se/race dog owner te broker or salesmar omoter state business, ventu DUTSIDE the State of e names and location tners and the agency	re or indef Nevadas of the tresponsi	Securities dealer Barber/Cosmetologis Trainer or manager ustry license or held a ? Yes □ No ☑ ousinesses in which you ble for licensing said to	Insurand t Gaming Educate financial

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 ☑
********	to the above, state where, when and for what reason:
	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.	guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No V
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® initial JLF \1.0

ants initial JLF \Q

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

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

State of Nevada county of clark Subscribed and Sworn to before me this 23 day of July, 2018

by James Lawrence Fares

Notary Public

XIANG AO Notary Public - State of Nevada

County of Clark APPT. NO. 16-2659-1 My App. Expires May 20, 2020

ADDITIONAL INFORMATION

4 994	
And the state of t	
The property of the contraction	

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

June	28,	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						
Forte-BioPharma, LL		Mature	of License NV 89146			
N/A	Name and	Address of Establishm	ent for Which License	ls Requested		
******************************	lf	applicable, Name Unde	r Which It Is Now Ope	erated		••••
1. PERSONAL INF	ORMATION:	James		Bret		
Last Name		First Name		Middle Name	:	
N/A Alias(es, Nicknames, Maid	en Name, Other Name	Changes, Legal or Other	erwise)			
Mulford Road			icote	PA	19095	
Present Residence Addres	s-Street or RFD	Ci		Sta	ite/Zip	
2835 S. Jones Blvd,		Las	Vegas,	NV	89146	
Present Business Address	· · · · · · · · · · · · · · · · · · ·	Ci		Sta	ate/Zip	
President		Dates March 2018	- present			
Occupation				Phone: Residence		
		Stockton, San Joac	uin County, CA	Business .(702) 951-2243	
Date of Birth		Place of Birth (City, Co	<u> </u>			
56					Male	
Age	Social Se	curity Number			Sex	
Blue	Brown	white	190	Medium	6'2"	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	
Scars, tattoos or disti	nguishing marks a				9	
Are you a citizen of th	e United States?	Yes ⊠ No □ If	alien, registration	n No		••••
If naturalized, certifica	ate No		Date			
Place			(If natural	ized, document r	nust be verified.)	
2. MARITAL INFO	RMATION:					
Single Married	⊠ Separated	□ Divorced	□ Widowed	□ Engaged	- 101h	
				Applicant's ini	tial PBH	
						Page 1

MARITAL INFORMATION-Continued

Α."	Current Marriage	9/24/19	94 S	lockton, San Joa	quin County, California	
		Date	teinberg	City	County and State	
	Date of Birth				ı.PA	•
	Resident address_	. Mulford Ro Street	ad. Wyncote PA 190	95 City	State Zip	
	Telephone: Resid	ence	E	Business215-	652-0469	
					ciate Director Finance	
	Address of employe	er 770 Sumne) Street	town Pike, West Poi	nt PA 19486 City	State Zip	•••••
B. F			arated, divorced, or a			
		te of Order	Date of Place	Nature of	City	
<u>Name</u>	of Spouse	or Decree	of Marriage	Action	County and State	
	NA					
	List of names curre	ant address and to	elephone numbers of	previous spouses		
	Name	Street Street		State State		
N/						
3. F	AMILY INFORMATIO	N:				
A.	Children and Depo	endents:				
	List all childres Name	n, including step-o Birth Date	hildren and adopted o	hildren and give t	he following information: idence Address	
		8				
	Bret Harris.	Bucks County	PA	Mulford Road, W	lyncote PA 19095	
, N	licole Harris,	, Little Rock	AR ,	Mulford Road, W	yncote PA 19095	
B.	Child Support Info	ormation: rk the appropriate	response:			
		• • • • • • • • • • • • • • • • • • • •	·			
	💢 I am no	t subject to a cou	t order for the support	of child.		
	plan app	proved by the dist	der for the support of or rict attorney or other puant to the order; or	one or more childr ublic agency enfo	en and am in compliance rcing the order for the re	e with a paymen
	the orde	er or a plan approv	der for the support of oved by the district attoount owed pursuant to	rney or other publi the order.	en and NOT in complian	ce with order for
				Applic	ant's initial	Page

	District attorney or public agen	cy responsible for enforci	ng the child support orde	r:
	Name		•••••	
	Address		***************************************	••••••
	Contact person	•••••		•••••
C.	Parents: List names, residence address	es. dates of birth and mos	st recent occupations of	parents, step-parents.
arents	-			parente, etch parente,
	in-law or legal guardian. If reting Name (Maiden)	red or deceased, list last a irth Date Address	address and occupation.	Occupation
ather				
	Boyd Harris (Deceased)	Meadow Ave Stocktor	CA 95207 Pharmace	utical Sales Representativ
other	- Doya Hamo (Deceased)	- Weddow Ave, Glocklor	- TON 00201, I Hallillacel	
	/ Ann Nelson (Deceased)	Meadow Ave, Stocktor	CA 95207, Homemake	er
ather-in	-Law			
other-ir	Marvin Steinberg (Deceased)	Ballytore Road, Hu	ntingdon Valley PA 190	006, Engineer
F	dermine Frieman Ballyto	ore Road, Huntingdon Va	alley PA 19006 Volunte	er - Abington Hospital
		no moud, manangdon va	aley 171 15000; Volume	ci - Abington Hospital
D.	Brothers and Sisters: List names, residence address their respective spouses.	es, dates of birth and mos	st recent occupations of	brothers and sisters and of
	Name (Maiden)	Birth Date Address		Occupation
	Bonnie Harris	Wes	st Elm Street. Lodi CA 9	95242 Landscape design
ouse		- 1 I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	st Elm Street, Lodi CA 9	
	Tom Scott		and the state of t	
ouse	Linda Harris	5 Me	adow View Dr. Woodbri	dge CA 95258 Teacher
ouse	Les Lundgren	.3 i Me	adow View Dr. Woodbr	idge CA 95258 Contracto
oouse	The second			
ouse				
. EC	DUCATION:	North Name of the Control		
amma	Name of School	Location	Dates Attended	Graduate
hool	John R. Williams	Stockton CA	1965-1972	Yes ☑ No □
gh hool	Lincoln Sr Elementary & Hi	gh School Stockton CA	1972-1979	Yes ☑ No □
ollege niversit	y San Joaquin Delta Junior College	Stockton CA	1979-1981	Yes ⊠ No □
	California Ctata I Inicamita	Sacramento CA	1981-1985	Yes ဩ No □
her	California State University			
	f degree obtained, if anyAA			

Applicant's initial

5 MILITARY INFORMATION:

A.	A. Have you ever served in any armed forces? Yes ☐ No	D 🔯
	BranchDate of entry-active	e service
	Date of separationType of discharge_	
	Rating at separationSerial num	ber
	While in the military service were you ever arrested for an offense w special or general court martial? Yes ☐ No ☐ If yes, furnit regardless of where they occurred-foreign or domestic.)	hich resulted in summary action, a trial or sh details on page 10. (List all incidents
B.	B. Have you registered for the draft? Yes ☒ No ☐	
	County San Joaquin State CA Da	te registered October 1979
6. Al	. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Inc	lude those arrests in which you were
A.	not convicted.) A. Have you ever been arrested, detained, charged, indicted or summor violation for any reason whatsoever, regardless of the disposition of Yes □ No ☑ If yes, give details in space provided below. List all converges to the convergence of the disposition of Yes □ No ☑ If yes, give details in space provided below.	the event? (Except minor traffic citations.)
Date of	e of Arrest Age Charge Location-City and State	Deposition/Date Arresting Agency
B.		ed against you, but for which you were no
	arrested or in which you were named as an unindicted co-party? Ye page 10.	es D No 🔀 If yes. furnish details on
C.		or law enforcement agency, commission
D.		al, state or county grand jury, board or
E.	E. Have you ever been subpoenaed to testify for any civil, criminal or a	dministrative proceeding or hearing?
F.	Yes □ No ায় 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 sta	te
G.	If ves when?	ite .
H.,	Has any member of your family or of your spouse's family ever beer If you answer to any of the above questions (B through H) is yes, fur	n convicted of a felony? Yes ☐ No 🔯
Name	ne Relationship Charge	Location Date
	TO STORY OF THE ST	Essensi: Date
		1 Poll
		Applicant's initial Page
		// rage

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

laintiff/Def	fendant or		Court and Case			
	espondent	Date Filed	Number	City, County and St	ate	Disposition/Date
а	ssociated with	it as an owne	er, officer, director or p	le proprietorship or clo partner) been a party to	osely held co	orporation (while you we arbitration or bankrupto
Y	res⊔ No b∡	if yes, comple	ete the following:		Approximate I	Date(s) of
N	lame of Entity		Type of Entity			ation/Bankruptcy
ist all re	Year		ne last 25 years:	City	Sta	te or County
ist all re	esidences you	Street	ne last 25 years:	City Brentwood TN :		te or County
st all re	Year	Street 712 Wo	and Number		37027	te or County
onth and (From-To	Year c) 2 to 3/1995	Street 712 Wo	and Number	Brentwood TN	37027	te or County
onth and (From-To	Year c) 2 to 3/1995	Street 712 Wo	and Number	Brentwood TN	37027	te or County
st all re	Year c) 2 to 3/1995	Street 712 Wo	and Number	Brentwood TN	37027	te or County

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
	Bio-Pharma 2835 South Jones Boulevar	
Title	Description of Duties	Name of Supervisor
President and Co	o-Chairman Marketing/Sales/Manufacturi	ing NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	Core 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 Lign	aMed LLC 3711 Market Street #866 Philade	elphia 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 \	Myncote 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 Wyn	ncote 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 Commeric	cal 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
	1117	

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

Applicant's initial 184

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees Name of Where Employed Street City State Telephone Years Known 5 years Name Justin Watkins Home Employer Drinker Biddle LawBusiness One Logan Square, Ste 2000 Philadelphia PA 19103 Mulford Road Wyncote PA 19095 215-801-4781 Mark Feller Home 23 years Employer Dilworth Law Firm Business 1500 Market Street, Suite 3500E Philadelphia PA 19102 Charlie McGuth Home Mulford Road, Wyncote PA 19095 215-630-2986 15 years Employer **EMC Business** 1420 E. Mermaid Lane Glenside PA 19038 Name Donald Goldberg Marlborough Road Brooklyn NY 11226 917-453-4039 25 years Home Employer Goldberg Law **Business** 26 Court Street, Brooklyn NY 11226 Elliott Greenfield Home Timbergate Drive, Rydal PA 19046 10 years NA-Retired Employer Business 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 Race horse/race dog owner Securities dealer Lawyer 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 initia

13.	Have you ever appeared before any licensing agency of any reason whatsoever? Yes □ No 図	or similar authority in or outside the	State of Nevada for
14.	Have you ever been denied a personal license, permit, or professional activity? Yes □ No ☒		
	o the above, state where, when and for what reason:		
	Have you ever been refused a business or industry lice participant in any group which has been denied a busin suitability?	ness or industry license or related fire	nding of Yes □ No ဩ
16.	Have you or any person with whom you have been a pandministrative action or proceeding relating to the phand	articipant in any group been the sub maceutical industry?	oject of an Yes □ No ဩ
17.	Have you or any person with whom you have been a paguilty or entered a plea of nolo contendere to any offen controlled substances?	se, federal or state, related to preso	ription drugs and/or Yes □ No ဩ
18.	Have you or any person with whom you have been a permit or certificate of registration relating to the pharm upon voluntary close of a manufacturer	articipant in any group ever surrend aceutical industry voluntarily or othe	ered a license.
	Do you have any relatives within the fourth degree of compharmaceutical or drug related industry? Lundgren (Nephew), Sales Rep. for Boehringer Ingelheim Pham	onsanguinity associated with or em	Yes ⊠ No □
		4.7	

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		Date of photograph Sune	2018
		Applicant's initial	10H
		//	Page 8

STATE	OF Pennsylvania	ss.	
COUNT	Y OF Montgomery		
contain a misrepre a manufication statutes registration of an appurither, to Controlle promulgagents fican, sha	g application and know the content a full and true account of the information or failure to reveal informaturer license; that I am voluntarily 639.210 (10) provides denial or reion or permit if the holder or application, or any record, affidavit or that I have familiarized myself with ad Substances Act, as amended, a ated thereunder and agree, if licent I hereby expressly waive, release a from any and all manner of action a	ts thereof; that the statem nation requested; that I explained in a submitting this application and "Has obtained any cere other information in support the contents of Nevada Sund the Regulations of the sed, to abide thereby, and forever discharge the and causes of action what is Nevada, the licensing age	eing duly sworn, depose and say I have read the ents contained herein are true and correct and recuted this statement with the knowledge that deemed sufficient case for denial or revocation of on with full knowledge that Nevada Revised in of any person for a certificate, license, tificate, certification, license or permit by the filing fort thereof, which is false of fraudulent," and statutes on Pharmacists and Manufacturer and the Nevada State Board of Manufacturer as State of Nevada, the licensing agency and their soever which I, my administrators or executors ency and their agents, as a result of my applying
<i>J</i>	ned and Swom to before me this When Jola Notary Public Te of Pennsy The of Montson	28 nday of	Original Signature of Applicant 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 (seal)

Applicant's initial

ADDITIONAL INFORMATION

NI D
NA

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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

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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 Manufac		of License		***************************************
Forte-BioPharma,		Blvd, Las Vegas, N\	89146		
N/A	Name and	d Address of Establishing	nent for Which Licenson	e Is Requested	
	If	applicable, Name Und	er Which It Is Now Op	erated	
1. PERSONAL INF	ODMATION.			a .	
Ansarinia	ORMATION:	Mehdi			
Last Name		First Name		Middle Nar	ne
Alias(es, Nicknames, Maide	an Name Other Name	Changes Legal or Oth	anuica)		
Alias(es, Nickitatiles, Maid	sii Name, Obiei Name				
Diamond Falls Dr			s Vegas		NV/ 89117
Present Residence Address	s-Street or RFD		City	8	State/Zip
2835 S. Jones Blvd		Las Ve	T		NV/ 89146
Present Business Address		C	Sity	8	State/Zip
Chief Medical Officer		Dates		-	
Occupation				Phone: Residence	
					(702) 951-2243
		Tehran, Iran		Business	(102)0012210
Date of Birth		Place of Birth (City, C	ounty, State)		
52					Male
Age	Social Se	ecurity Number			Sex
Brown		Fair	185	Madium	6171
Color of Eyes	Black Color of Hair	Complexion	Weight	Medium Build	5'7" Height
Scars, tattoos or distir	nguishing marks a		es		
			alien, registration	n No	
f naturalized, certifica	te No		Date	08/15/1996	
Place Detroit, MI	•••••		(If natural	ized, document	must be verified.)
2. MARITAL INFOR	MATION:				
Single 🛛 Married	☐ Separated	□ Divorced	☐ Widowed	□ Engage	d ⊔
Single 🛭 Married	☐ Separated	☐ Divorced	☐ Widowed	Applicant's i	20/M

MARITAL INFORMATION-Continued

			applicable			
	Spouse's full	name (Maiden)	e	Citv.	County and State	
	Date of Birth_		Place of B	irth	*****************	***************
	Resident add	ress		City	State 7in	
			B			
			Oc			
R D						***************************************
D. F	Tevious Marria	Date of Order	parated, divorced, or an Date of Place			
lame	of Spouse	or Decree	of Marriage	Nature of Action	City County an	d State
1	Not applicable				Particular Designation	
						10,7 %
	List of names,	current address and	telephone numbers of p	previous spouses:		
NI-	Name	Street	City		Zip Tel	ephone
NC	ot applicable					
	- app					

3 FA		IATION:				
3. FA	MILY INFORM	Dependents:				
_	MILY INFORM Children and List all ch	Dependents: nildren, including step-	children and adopted ch			mation:
Α.	MILY INFORM Children and List all ch Name	Dependents:	children and adopted ch Birth Place		e following info	mation:
Α.	MILY INFORM Children and List all ch	Dependents: nildren, including step-	children and adopted ch Birth Place			mation:
Α.	MILY INFORM Children and List all ch Name	Dependents: nildren, including step-	children and adopted ch Birth Place			mation:
Α.	MILY INFORM Children and List all ch Name	Dependents: nildren, including step-	children and adopted ch Birth Place			mation:
Α.	MILY INFORM Children and List all ch Name Not applicable Child Suppor	Dependents: nildren, including step-	Birth Place			mation:
Α.	MILY INFORM Children and List all ch Name Not applicable Child Suppor	Dependents: nildren, including step- Birth Date t Information: e mark the appropriate	Birth Place	Resid		mation:
Α.	MILY INFORM Children and List all ch Name Not applicable Child Suppor Please □ I al pla	Dependents: nildren, including step- Birth Date t Information: e mark the appropriate m not subject to a court or	Birth Place e response: int order for the support of order for the support of order trict attorney or other pu	Residence of child.	n and am in co	mpliance with a

FAMIL	Y INFORMATION-Continued District attorney or public agency	responsible for enforc	ring the child support order:	
		The second of	The state of the first of the state of the s	
	Name Not Applicable Address			
C.	Contact person Parents:		•••••••••••••••••••••••••••••••••••••••	••••••
	List names, residence addresses	, dates of birth and mo	ost recent occupations of parer	its, step-parents,
parents	s- <u>in-law or legal guardian. If retire</u>	d or deceased list last	address and occupation	
		Date Address		Occupation
Father				
	Abbas Ansarinia 1	926 Dece	eased	
Mother				
	Zahra Golbargi		Diamond Falls Dr Las Vegas,	NV 89117
Father-in	-Law			
	Not applicable			
Mother-in	n-Law	-		-0.0 H 1/2 H
	Not applicable			
D.	Brothers and Sisters: List names, residence addresses their respective spouses.	, dates of birth and mo	est recent occupations of broth	ers and sisters and of
		Birth Date Address		Occupation
	Nooshin Ansarinia	Flora Vist	a Ave Cupertino, CA 95014	Shoe Designer
Spouse	Mehran Esmali 1960	Flora Vista Ave, C	upertino, 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. ED	UCATION:			
	Name of School	Location	Dates Attended	Graduate
Grammar School	Davidson middle school	San Rafael, CA	1978-1979	Yes 🖔 No 🗆
High School	San Rafael High School	San Rafael, CA	1979-1981	Yes 🛛 No 🗌
College	College of Marin	Kentfield, CA	09/1981 - 12/1981	<u>_</u>
University Other	San Francisco State University	y San Francisco, CA	01/1982 - 05/1986	Yes ☑ No ☐ Yes ☑ No ☐
	A D			
	degree obtained, if any M.D. or university where obtained	University of Southern	California	

5 MILITARY INFORMATION:

A.	Have you ever served in any armed forces?	Yes ⊔ No ⊠		
	Branch	Date of entry-active service_	***************************************	***************************************
	Date of separation	Type of discharge		
	Rating at separation	Serial number		•••••
	While in the military service were you ever an special or general court martial? Yes regardless of where they occurred-foreign or	☐ No ☐ If yes, furnish details	ted in summary a on page 10. (Li	action, a trial or st all incidents
B.	Have you registered for the draft? Yes	□ No ⊠		
	CountyState_	Date register	red	*************
6. A	RRESTS, DETENTIONS, LITIGATIONS AND	ARBITRATIONS: (Include thos	e arrests in whi	ch you were
A.	not convicted.) Have you ever been arrested, detained, charge violation for any reason whatsoever, regardle Yes □ No ☒ If yes, give details in space pro	ess of the disposition of the event?	? (Except minor t	ninal offense or traffic citations.)
Date of	Arrest Age Charge Locat	ion-City and State Depositi	ion/Date Arrest	ing Agency
B.	Has a criminal indictment, information or com arrested or in which you were named as an upage 10.	plaint ever been returned against nindicted co-party? Yes No	t you, but for whick	ch you were no
C.	Have you ever been questioned or deposed bor committee? Yes ☒ No ☐	by a city, state, federal or law enfo	orcement agency	, commission
D.	Have you ever been subpoenaed to appear o commission? Yes □ No ☒	r testify before a federal, state or	county grand jur	ry, board or
E.	Have you ever been subpoenaed to testify for Yes ☒ No ☐	r any civil, criminal or administrati	ve proceeding o	r hearing?
F.	Have you ever had a civil or criminal record ex		ler? Yes No	×
G.	Have you ever received a pardon or deferred		nse? Yes 🗆 No	×
Н.	If yes when? Has any member of your family or of your spo If you answer to any of the above questions (I			s □ No 🛭
lame	Relationship	Charge	Location	Data
	TOTAL OTTO THE	Charge	Location	Date
				101

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I.

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 10/2
Case # A-16-73	32894-B				
associated v		officer, director or pa	proprietorship or closel rtner) been a party to a		
Name of Entity		Type of Entity		proximate Date(swsuit/Arbitration/	
			transmissa memilikan merekan kesan ke		
7. RESIDENCES:	ou have had for the	last 25 years:			
List all residences yo		-	City	State or 0	County
List all residences you	Street ar	last 25 years: d Number iamond Falls Dr	City Las Vegas	State or 0	County
List all residences yo Month and Year (From-To)	Street ar	nd Number			County
List all residences you Month and Year (From-To) 2007-Present	Street ar) 3365 B	id Number iamond Falls Dr	Las Vegas	NV	County
List all residences you Month and Year (From-To) 2007-Present 2001- 2007	Street ar) 3365 B 349 Co	iamond Falls Dr lue Ash Lane	Las Vegas Las Vegas Santa Clara	NV NV	County
Month and Year (From-To) 2007-Present 2001- 2007	Street ar) 3365 B 349 Co 357 Ro	iamond Falls Dr lue Ash Lane	Las Vegas Las Vegas	NV NV CA	County
List all residences your Month and Year (From-To) 2007-Present 2001- 2007 1998 - 2001 1995 - 1998	Street ar) 3365 B 349 Co 357 Ro	iamond Falls Dr lue Ash Lane Indon Ct Illing Meadows	Las Vegas Las Vegas Santa Clara Ann Arbor	NV NV CA MI	County
List all residences you Month and Year (From-To) 2007-Present 2001- 2007 1998 - 2001 1995 - 1998	Street ar) 3365 B 349 Co 357 Ro	iamond Falls Dr lue Ash Lane Indon Ct Illing Meadows	Las Vegas Las Vegas Santa Clara Ann Arbor Coralville	NV NV CA MI	County
List all residences you Month and Year (From-To) 2007-Present 2001- 2007 1998 - 2001 1995 - 1998	Street ar) 3365 B 349 Co 357 Ro	iamond Falls Dr lue Ash Lane Indon Ct Illing Meadows	Las Vegas Las Vegas Santa Clara Ann Arbor Coralville	NV NV CA MI	County
List all residences your Month and Year (From-To) 2007-Present 2001- 2007 1998 - 2001 1995 - 1998	Street ar) 3365 B 349 Co 357 Ro	iamond Falls Dr lue Ash Lane Indon Ct Illing Meadows	Las Vegas Las Vegas Santa Clara Ann Arbor Coralville	NV NV CA MI	County

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

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
October 2011	Headache Specialists / 2835 S. Jones Blvd Las Vegas,	<u> </u>
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 July 1995-July 1998	Name/Mailing Address of Employer/Business Michigan Head pain & Neurological institute	Reason for Leaving
July 1990-July 1990	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 July 1994-July 1995	Name/Mailing Address of Employer/Business University of Iowa	Reason for Leaving
Title	200 Hawkins Dr. Iowa City, IA, 52242 Description of Duties	Finished training
Fellow in headache	Fellowship training/ patient care	Name of Supervisor Dr. Sue Barcellos
· cliow in incadacine	r enowship training/ patient care	Dr. Sue barcerios
Month and Year July 1991 - July 1994	Name/Mailing Address of Employer/Business University of Iowa	Reason for Leaving
Title	200 Hawkins Dr. Iowa City, IA, 52242 Description of Duties	Finished training/ Started fellowship 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___

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 Secret Harbor Las Vegas, NV 89128 30 Name Arturo Marchand Home Employer Nevada Heart S. Burnham Ave, Ste 100 Las Vegas, NV 89119 Business Hootan Daneshmand San Juan Capistrano, CA 92675 30 Name Home Self Portola Pkwy #101, Foothill Ranch, CA 92601 **Employer Business** Name Bill Kwan 32 Post St San Francisco, CA 94108 Home Employer Self Post St, Ste 400 San Francisco, CA 94108 **Business** Ardeshir Rohani 10 Belmondo Ln Las Vegas, NV 89117 Name Home Employer Self S Jones Blvd, Las Vegas, NV 89103 **Business** Name Hossein Momeni Rainbow Ridge Dr Las Vegas, NV 89117 10 Home Employer Self 10 S. Durango Dr Las Vegas, NV 89117 **Business** 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 Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Securities dealer Liquor Lawyer Race horse/race dog owner 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 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.

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 図
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒
	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No ☒
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ☒
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No ☒
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 TAKEN
	30 D
	Date of photograph 7/18
	Applicant's initial MA Page 8

STATE OF INEVADA
SS.
COUNTY OF CLAVEK
I, Mehdi Ausavinia, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Official Signature of Applicant
STATE OF NEVADA
Subscribed and Sworn to before me this Z6 day of SHAROLL WILLIAMS
Notary Public - State of Nevada #
County of Clark APPT NO. 12-9145-1
My App. Expires Oct. 10, 2020
Notary Public

(seal)

Applicant's initial MA

ADDITIONAL INFORMATION

Answers to questions:
6D. Appeared in front of Nevada Medical Board in March 2017 to answer questions regarding timely submissio
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 plantiff in a law suit for a breach of contract regarding investment in a venture.
3
······

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. SHAROLL WILLIAMS otary Public - State of Nevada County of Clark APPT. NO. 12-9145-1 My App. Expires Oct. 10, 2020 **OPTIONAL INFORMATION CAPACITY CLAIMED BY THE SIGNER** DESCRIPTION OF THE ATTACHED Individual(s) Title of Document: CERTIFICATE OF NATURALIZATION ☐ Corporate Officer (UNLAWFUI TO COPY Number of Pages: _____/ ☐ Partner(s)

☐ Attorney-in-fact

☐ Other

☐ Trustee(s)

Document Date: <u>Aug 15, 1996</u>

Other Information: DETROTT, MICHICAN

(MEHDI HAS IN HIS DOSCASSION)

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	***************************************	<u> </u>
Forte-BioPharma, LLC - 2835 S. Jo	Nature of License		8 2
N/A	and Address of Establishment for Which License is	Requested	# # # # # # # # # # # # # # # # # # #
A W A B	If applicable, Name Under Which It is Now Opera	ted	
1. PERSONAL INFORMATION:		5a q ⁵	9
CO FFEE	MICHAEL	DEN15	E IN SEC. P. S
Last Name (V · A ·	First Name	Middle Name	
Alias(es, Nicknames, Malden Name, Other Na	ame Changes, Legal or Otherwise)		
Win Los Alto	5 Tibunon	CA	94920
Present Residence Address-Street or RFD	City	State/Zi	
1900 Powell St.	Dates Europyvilla	CA	94608
Present Business Address	City	State/Zi	
Business Exec	: Dates 10/13- PR-5-51		<u> </u>
Occupation	8	Phone: Residence	(i)
		T.C	-450-35
	Pilice of Birth (City, County, State)	Business 3	120 22
Date of Birth	Place of Birth (City, County, State)	100	
72.			M
Age Socia	al Security Number		Sex
GREEN GRAY	FAIR 170	Tis	61011
Color of Eyes Color of Hair	Complexion Weight	Build	Height
		=	
Scars, tattoos or distinguishing mark	ks and/or characteristics	١	
Assume altimos of the United Cisto	s? Yes 🔯 No 🗆 If alien, registration I	No	
Are you a chizen on the United State	s: responded in alient, registration i	40	
If naturalized, certificate No	Date		
	Sec. 1		
Place	(If naturalization)	eu, gocument mus	i de vermeu.)
2. MARITAL INFORMATION:			
	and D. Diremed D. Mildered D.	Charred C	1
Single ☐ Married ♥ Separa	ated Divorced Widowed	☐ Engaged ☐	4
		Applicant's initial	
		• • • • • • • • • • • • • • • • • • • •	Page

MARITAL	INFORMATION-Contin	nued

A. Current	Marriage \	0/84-	Prosoc				
Spouse's	full name (Ma	niden) Liza	ANN TO	Sidhe S	ty, County S.S. No	400000000000000000000000000000000000000	
Date of B				of Birth Now			
Resident	address	Uia Los Street	A 1+05	Ti bundou City	C (A State	2497 Zip	70
Telephor	ne: Residence):		Business 0	· H ·		
Spouse's	employer	W.A.		Occupation H	ال مين ه	-dcoa	
Address	of employer	Street W A		City	State	Zip	*******
B. Previous M	arriages: If e	ver legally separa	ited, divorced, o	r annulled, indicate	below:		
Name of Spouse		f Order ecree	Date of Place of Marriage	Nature of Action		nty and State	
Launette	Broch	9183	4168	Diosec	- (Lo orois	(
3. FAMILY INF	Some	Street	City	of previous spouse State	Zip	Telephone	
3. FAMILY INF A. Childrer List	ORMATION: and Dependall children, in	ents: cluding step-chile	City dren and adopte	State	Zip	ng information:	
3. FAMILY INF A. Childrer List	ORMATION: and Depend	ents: cluding step-chile	dren and adopte	State ed children and give	Zip	ng information: ress	
3. FAMILY INF A. Childrer List \Coccep \Oo': \Angle Angle	CORMATION: and Dependent all children, in Name	ents: cluding step-chile Birth Date	dren and adopte	State ad children and give R SY (N - Y - Y - Y - Y - Y - Y - Y - Y - Y -	the following endence Address Francisco	ng information: TESS A POAG NOTE: SECONO WOOD OF SECONO W	- C
3. FAMILY INF A. Children List Coccep Oril List Micle B. Child St	FORMATION: and Dependent all children, in Name Coffee Section (Coffee) Les Coffee (Coffee)	ents: cluding step-chik Birth Date	dren and adopte Birth Place	State ad children and give R R R R R R R R R R R R R	the following endence Address Francisco	ng information: ress n + Pont (o , N y	- C
3. FAMILY INF A. Children List Coccep Op'1 Unico Miche B. Child St	FORMATION: and Dependent all children, in Name Coffee Security (Company of the Company of the	ents: cluding step-chik Birth Date	dren and adopte Birth Place (2) Sponse:	State ad children and give sy W.Y. sewelk, Ct. sewelk, Ct.	the following endence Address Francisco	ng information: TESS A POAG NOTE: SECONO WOOD OF SECONO W	- C
3. FAMILY INF A. Children List Coccep Con 1 Con	CORMATION: and Dependent of the control of the con	ents: cluding step-child Birth Date CC. ation: ne appropriate rest	sponse: order for the support attorney or other	State ad children and give by W'y case (k, Ct. case (k	the following esidence Add Rose France Franc	ng information: 1888 10 1 10 20 10 6 6 7 7 1 Tibur m in compliance	Ty Ou
3. FAMILY INF A. Children List Voice Doi: 1 Voice Miche B. Child St	CORMATION: and Dependent all children, in the third and the the order of the amount of the order of the	ents: cluding step-child Birth Date C • 4 ation: ne appropriate resident to a court order and owed pursuant to a court order a plan approved	sponse: order for the support attorney or other to the order; or for the support by the district at the support of the support	State ad children and give BY WY. Rue (K, C+. Rue (K, C)) (K, C)	the following esidence Address and and and forcing the dren and N	ma information: 1988 100, 100 Y 100 6 6 6 C 100 100 wr m in compliance order for the residence of the	CV TX TX TX TX TX TX TX TX TX TX TX TX TX
3. FAMILY INF A. Children List Voice Doi: 1 Voice Miche B. Child St	CORMATION: and Dependent all children, in the third and the the order of the amount of the order of the	ents: cluding step-child Birth Date conting ation: ne appropriate resident to a court order and owed pursuant at to a court order	sponse: order for the support attorney or other to the order; or for the support by the district at the support of the support	State ad children and give BY WY. Rue & K. Ct. Rue & K	the following esidence Address and and and forcing the dren and N	ma information: 100, 100 Y 1	CV Tx Tx Tx Tx Tx

FAMILY INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:	*
Name RO.A.	••
Address	2
Contact person	
C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	
parents- in-law or legal quardian. If retired or deceased, list last address and occupation.	_
Name (Maiden) Birth Date Address Occupation	_
Father	
Albert Coffee deceosed.	,
Morie Oillow decosol.	
Father-in-Law (A (Sort Triques decreased	¥
Mother-in-Lew	
Pollyoun Grubort : Wildwood, b. J.	U.A.
D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and their respective spouses. Name (Matden) Birth Date Address Occupation	of =
	- portion 2.
Kott 1-0 W Coffee Muskogon, MI W.A. Spous Person Portor Muskogon, MI W.A.	- Retired
	_
Spouse	
2	* 8
Spouse	2
Spouse	,
4. EDUCATION:	
Name of School Location Dates Attended Graduate	_
Grammar St. Mangaretts Secret U-ottydola, 10 .Y. (954-1968 Yes 10 10 High	
School Christian Shorterns Villendy, De Will, 10 111100 1111 1988 11 NO 11	<u>β</u> β [*]
College University Sirva College Loudo wou'lle, 12 %. Yes 18 No []	
Cither Yes □ No □	
Type of degree obtained, if any Bock-lon of Science, Biology	
College or university where obtained Sieca College	· · · · · · · · · · · · · · · · · · ·

Applicant's initial_

5 MIL	ITARY INFORMATION:				
A.	Have you ever served in any armed	forces?	Yes 🗆 No)	_	
	Branch	Date o	of entry-active s	ervice	
	Date of separation_	Туре	of discharge		
	Rating at separation		Serial numbe	r	
	While in the military service were you special or general court martial? regardless of where they occurred-for	u ever arrested for Yes □ No □	an offense whice	th resulted in sur	mary action, a trial or
В.	Have you registered for the draft?	Yes & No E] · · · · · · · · · · · · · · · · · · ·	- E	
	County Onondofa Sta	te NY	Date	registered 19	65
A.	RRESTS, DETENTIONS, LITIGATION not convicted.) Have you ever been arrested, detail violation for any reason whatsoever, Yes No X If yes, give details in	ned, charged, indic regardless of the space provided be	ted or summone disposition of the flow. List all cas	ed to answer for a e event? (Except ses without excep	any criminal offense of minor traffic citations tion.
Date of	Arrest Age Charge	Location-City and	State	Deposition/Date	Arresting Agency
В.	Has a criminal indictment, information	on or complaint eve	er been returne	d against you, but	t for which you were n
	arrested or in which you were name	ed as an unindicted	co-party? Yes	□ No 12 If yes	. turnish details on
C.	Have you ever been questioned or				
D.	Have you ever been subpoenaed to				
E.	Have you ever been subpoenaed to Yes \(\text{No \(\text{TS} \)	testify for any civi	i, criminal or ad	ministrative proce	eding or hearing?
F.	Have you over had a civil or crimins	al record expunged	or sealed by a	court order? Yes	□ No Tok
G.	If yes, when? Have you ever received a pardon o	r deferred prosecu city,	tion for any crim	ninal offense? Yes	
Н. ,	If yes when? Has any member of your family or of the above q	of vour spouse's fa	mily ever been (convicted of a fek	ony? Yes 🛛 No 📭
	<u></u>				
Name	Relation	ship	Charge	LEE	ation Date
	A STATE OF THE STA		10 in	•	
				+1	1
			3		1
				Applicant's initia	

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

l.	part to a law	suit as either (Other tha	l, member of a partnersi a plaintiff or defendant o n divorces) List all cases without ex	r an arbitration as eithe	r a claimant or	rporation. ever bee respondent?
	Defendant or /Respondent	Date Filed	Court and Case Number	City, County and Sta	and the same of constitution of the same o	Disposition/Date
-						
J.	associated v	with it as an ov	nip, business venture, so wher, officer, director or inplete the following:	ole proprietorship or clo partner) been a party to	sely held corpo a lawsuit, arb	oration (while you w itration or bankrupte
	Name of Entity		Type of Entity		Approximate Date Lawsuit/Arbitration	e(s) of n/Bankruptcy
						TI CONTRACTOR OF THE CONTRACTO
					8	
	SH F				3	
(From			treet and Number	City		r County
92	3/95			00 . (B. (00 d.		CH.
95-	9/2000	6	Corta Los 1			
200	- PR-	soct	1 b'in Le	s Altes,	Tiber	(A), CA
8						
8						
		lé				
		9				
						<u> </u>
				Ar	oplicant's initia	V
						P

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
10/68-3/8, Novertis Please, Hopeon	, UNI - button oppositionity
Title Description of Duties	Name of Supervisor
Sol-s, Rop. Rog. Wordon Divoton	of Soles Tow Une Genity
Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving
3/81-3/84 USU LOGS, TORUSTOWN, A	ox. Botton opportunity
Title Description of Duties	Name of Supervisor
UP Solos - Solos ORSocitation	Jours T. O'BRIDA
Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving
3/84-9186 Boxon Phoneuro, W. He	wou, Ct. botton 6 pporturi
Title Description of Duties	Name of Supervisor
U.P. Solos + Woodcoting.	Horst Wollpobe
Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving
1186-3191 OlBaina Pronvaratirals	Reason for Leaving Contractor.
Title Description of Duties	Marile of Supervisor
U.P. Salas & Woodkatiy.	Towns. T. 61 Builde
Month and Year Name/Mailing Address of Employer/Business S S	
than-6/2000 Elew Phoque From	cisco Botton oppositority
Two Description of Duties	Name of Supervisor
Resident West Auri	rea 7066 GOLIOCE
Month and Year Name/Mailing Address of Employer/Business Unit 1	Oolle T Reason for Leaving
(2000- 3/2004 Auan'IN Ghopus	CA Beton opportarity
Title Description of Duties	Name of Supervisor
Pr-sid-ct	Rick Stuart
Month and Year Name/Mailing Address of Employer/Business (A. L.	
1/2004-6/200 Avilyn Planua	Ex compay was sold.
Title Description of Duties CLIAF Business Office	Name of Supervisor Cho Gu
6 4-62 (C12) (3-6)4133 O(()112	
Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving
6/2512 - 4/2016 De opposed o lecolon Inc.	CIMBUL downsiany
Tate Description of Duties	Name of Supervisor
Sou. U.P. Solos & Woodcot's	y. Grof Wort
If additional space is needed, continue on page 10 or provide attach	ment.
If additional space is needed, continue on page to or provide addor-	
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	Applicant's initial

9. CHARACTER REFERENCES:

Name Petro Such Learner Tibuyo & (R 949 No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEPOSITOR STREET	Where Employed Street	City State Zip	Telephone	Years K	nown
Imployer Set		eysow Swith Home	Tibyou, (A 9)			25 4.
molover L r 2. Business Ref(in r 4. Same Kew Column Home Peak (ity. UT 3 (1) the molover by Cetar Cive Business Column to the following: 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 S No □ If yes, complete the following: 11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: 12. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: 12. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: 13. Liquor Lawyer Race horse/race dog owner Securities dealer Insurance Doctor Contractor Real estate broker or salesman Accountant Pilot Sports promoter Barber/Cosmetologist Trainer or manager Educator Yes □ No. □ If yes, state type, where and years held 14. 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 docrations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business.	mploye			1,		(
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Innotour DLY & CLI = W Business De unol 6 (1st.) Isame Autha West tone H. Leadendele, FC. Imployer Self-engles Business TLU stipe Relations, access to any depository or do you use any other person's depository? Yes SINo □ If yes, complete the following: OX Number or Type of Depository In 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 Doctor Contractor Real estate broker or salesman Accountant Pilot Sports promoter Yes □ No. ■ In 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. ■ In 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. ■ In 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. ■ In 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. ■ In Have you ever applied for a city, county of state business or industry outside the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business.	ame	Cow Chalive Home	Ponk City. UT		3	(1 ch
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If yes, complete the following: Location City and State Authorized Users	mploye	Self-ouplor Business	Lucistia Rola.	tions		
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the following: Liquor Lawyer Race horse/race dog owner Securities dealer Insurance Doctor Contractor Real estate broker or salesman Accountant Pilot Sports promoter Trainer or manager Educator Yes \(\subseteq \text{No.42} \) 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 \(\subseteq \text{No.52} \) 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.		2				
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10,	any reason whatsoever? Yes No S	perior of shrinda additionly in or outside the State of Nevada 10
14.	or professional activity? Yes No 7	permit, certificate or registration for a privileged, occupationa
	o the above, state where, when and for what reason	
15.	Have you ever been refused a business or indus participant in any group which has been denied a suitability?	stry license or related finding of suitability or been a a business or Industry license or related finding of Yes No X
16.	Have you or any person with whom you have be administrative action or proceeding relating to the	
17.	Have you or any person with whom you have be guilty or entered a plea of noto contendere to any controlled substances?	en a participant in any group ever been found guilty, plead y offense, federal or state, related to prescription drugs and/o Yes ☐ No 25.
18.	Have you or any person with whom you have be	en a participant in any group ever surrendered a license, pharmaceutical industry voluntarity or otherwise (other than Yes No No No No No No No N
19.	Do you have any relatives within the fourth degree pharmaceutical or drug related industry?	ee of consanguinity associated with or employed in the
••••	***************************************	

		2/20/19
*******		Date of photograph 7/25((8 Applicant's initial Page

STATE OF
SS.
COUNTY OF
Michael D. C. Fee, being duly swom, depose and say I have read the
The state of the s
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
1-00
Subscribed and Sword to before me this day of
011011
profile from the first from the
TOCANO.
Notary Public

(seal)

Applicant's initial

CALIFORNIA JURAT WITH AFFIANT STAT	EMENT GOVERNMENT CODE § 8202
☐ See Attached Document (Notary to cross out ☐ See Statement Below (Lines 1–6 to be complete)	
1	
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Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
	ficate verifies only the identity of the individual who signed the ot 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, 20 18 by Date Month Year (1) Wichael Coffee
MICHELLE L. BRYAN Notary Public – California San Francisco County Commission # 2215926	(and (2) N/A Name(s) of Signer(s)
My Comm. Expires Oct 25, 2021	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me
	Signature Might Signature of Notary Public
Seal Place Notary Seal Above	
Though this section is optional, completing the	DPTIONAL his information can deter alteration of the document or this form to an unintended document.
Description of Attached Document	Garage Neuroda
Title or Type of Document: William Comment	Document Date:
Number of Pages: U Signer(s) Other Than	Named Above:

ADDITIONAL INFORMATION

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PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

VDate 7-6-2018

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

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

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

Application for		"Virtual"	Manufacturer		
	LLC - 2835 S. Jone	Natura	of License NV 89146		
	Name ar	nd Address of Establish	ment for Which License Is	Requested	
N/A					
		If applicable, Name Un	der Which it Is Now Opera	ated	36
1. PERSONAL I	NFORMATION:				
Last Name W/F	fenbrock	First Nam	odd	Middle Name	-ich
,	laiden Name, Other Nam		,,,,,		
1427 RAN	icho Hills	Dr. Chi	no Itillo	CA.	91709
Present Residence Add	iress-Street or RFD		City	State	
S	Jones Bl	Dates (as Jegas	NU	, 89146
Present Business Addr	ess		City	State	e/Zip -
Mationa	1 Sales Di	7. Dates 6/25	12018		
Occupation				Phone: Residence	
		10	1101	Business	The transfer of the
	-, West	Course C	County, State)	, CA;	
Date of Birth	To the Burger	Place of Birth (City,	County, State)		, ,
53			1	/-	TALE
Age	Social	Security Number			Sex
Blue	Blade	white	245		611"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or d	listinguishing marks	and/or characterist	ics None		
			,		
Are you a citizen o	of the United States?	Yes Mo □	If alien, registration I	No	
If naturalized, certi	ificate No		Date		
Place			(If naturaliz	ed, document m	ust be verified.)
2. MARITAL IN	and the same				
Single □ Man	ried Z Separate	ed Divorced	□ Widowed □	Engaged	
				Applicant's initi	ial Ψ

MARITAL INFORMATION-Continued

Current Ma	rriage	16-1797		Downto and Dieto	
Spouse's fu	pate (Maiden) Deno	e 1. Cel; Hen b	ock Jacings	. No	,
Date of Birt	h	Place of B	irth		
	ddress Ran	cho Hills Dr	, Chino H	71/s CA- tate Zip	91709
Telephone:	Residence	B	usiness/		
Spouse's e	mployer Homer	aken o	ccupation	neanked	
Address of	employerStreet	NA	City S	tate Zip	
	riages: If ever legally sep				
ame of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and St	ate
W/A					***
	N				
360				W.	
NA					
List all	RMATION: nd Dependents: I children, including step-one Birth Date) Hen brock) Hen brock	Birth Place	readia, CA	1 Chicno	longles It
dison W	Hanbrock	- /	Ircadia, C	A8	Ane -
	port Information: case mark the appropriate	response:	. •		*
K	I am not subject to a cou	rt order for the support	of child.		
	I am subject to a court or plan approved by the dist of the amount owed purs	trict attorney or other p	one or more childre ublic agency enfor	n and am in comp cing the order for t	liance with a the repaymen
	I am subject to a court or the order or a plan appro the repayment of the am	ved by the district atto	mey or other public the order.	n and NOT in com agency enforcing nt's initial	pliance with the order fo
			- 4-1-1-20		Page

AMIL	/ INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:
	Name
	Address
	Contact person
C.	Porents:
	List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,
rents	in law or legal quardian. If retired or deceased, list last address and occupation.
	Name (Maiden) Birth Date Address Occupation
ther	Mesa View It, Oplo
	les Wittenbrock (deceased) CA: 91
other	
Ud,	th Wiffenbrock - Hesa View St. Upland, CA
ather-in	ge Yacia (deceased) Blacklay Dr. Temple City, (
other-in	Haw
271	aine facio 1 Paseo Grande Chino Hills
D	Death are and Sistors'
D.	List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of
	their respective spouses.
	Name (Malderi)
404	Wiffenbrock : Vineyard Ave. Rencho Circumon CA. 2/70/
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	- nomenaker Field Services 1
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4. El	DUCATION:
	Name of School Location Dates Attended Graduate
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<u>chool</u> ligh	1 4 11 - 0 1 1 1 1 00 1970 1000
chool	Curion him and a second
ollege nivers	ty Ht-SAN ANDAIO SE College WALNUT, CH. 1982-1784 Yes I No &
Other (Chapman College Orange, CA, 1884-1987 Yest No I
Гуре (of degree obtained, if any Backe long of Science Busines Adminis
Collen	e or university where obtained Chafman College
,unog	M. (
	Applicant's initial

5 MILITARY INFORMATION: Yes 🗆 No 🗾 Have you ever served in any armed forces? Branch ______Date of entry-active service _____ Date of separation Type of discharge Rating at separation_____Serial number_____ While in the military service were you ever arrested for an offense which resulted in summary action, a trial or Yes No If yes, furnish details on page 10. (List all incidents special or general court martial? regardless of where they occurred-foreign or domestic.) Have you registered for the draft? Yes 🗆 No 🕰 B. County State Date registered 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☐ If yes, give details in space provided below. List all cases without exception. Location-City and State Deposition/Date Arresting Agency Charge Age Date of Arrest Has a criminal indictment, information or complaint ever been returned against you, but for which you were not B. arrested or in which you were named as an unindicted co-party? Yes V No 🗆 If yes. furnish details on Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes No K1 Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or D. commission? Yes No X Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No Ki If yes, when? city, county and state Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No A If yes when? _____ city, county and state _____ Has any member of your family or of your spouse's family ever been convicted of a felony? Yes _ No \(\mathbb{X} \) H. If you answer to any of the above questions (B through H) is yes, furnish details on page 10. Location Date Charge Relationship Name

Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

aimant	efendant or	Court and Case	City, County and State	Disposition/Date
	Respondent Dat	e Filed Number	City, County and State	DispositionsDate
B				
J.	associated with it a	artnership, business venture, solus an owner, officer, director or pes, complete the following:	e proprietorship or closely held artner) been a party to a lawsu	corporation (while you vit, arbitration or bankrup
				ate Date(s) of
8	Name of Entity	Type of Entity	Lawsuit/A	bitration/Bankruptcy
nth ar	nd Year -To)	e had for the last 25 years: Street and Number	City	State or County
I TOIL	10)		21 \ 1/1/1	00. 1
97	~ resout	Rencho Hills Du	Chino Hills.	Cff, ?
97 3~	-present 8-97 85	Rencho HILLS D.	St. Uploud, e	Ai
3-	-pesout 8-97 83	Rencho Hills D. 8 Hesa View	8b. Upland, e	A,
3-	-pesout 8-97 85	Rencholhills D.	8b. Uplond, e	A,
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3~	-present 8-97 85	Rencholh(/s b)	St. Upland, C	CH, ?
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3~	-present 8-97 83	Rencholh(/s b)	St. Upland, C	A,

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.

Title Description of Duties National Sales Director - Sales Month and Year Name/Mailing Address of Employer/Business 16 ~02/18 Sunovior Pharmae exticals 84 Wah Title Description of Duties Name/Mailing Address of Employer/Business Month and Year Name/Mailing Address of Employer/Business 9/20/3-07/16 Description of Duties Paper Sales Month and Year Name/Mailing Address of Employer/Business Paper Sales Month and Year Name/Mailing Address of Employer/Business Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving Blad., CAS Vegas, No Name of Supervisor Time Fares Reason for Leaving opportunity Name of Supervisor Reason for Leaving opportunity Name of Supervisor Reason for Leaving Appril Name of Supervisor Many Myers
Title Description of Duties National Sales Director - Sales Month and Year Name/Mailing Address of Employer/Business (6 -01/18 Sunovious Pharmases of Employer/Business (6 -01/18 Sunovious Pharmases of Employer/Business Period Sales Maraser Sales Month and Year Name/Mailing Address of Employer/Business	Name of Supervisor Time Fare S Reason for Leaving opportunity Name of Supervisor Reason for Leaving opportunity Name of Supervisor Reason for Leaving Plant Leaving Reason for Leaving Reason for Leaving
Title Description of Duties Nation of Sales Director — Sales Month and Year Name/Mailing Address of Employer/Business Title Description of Duties Name/Mailing Address of Employer/Business Month and Year Name/Mailing Address of Employer/Business	Name of Supervisor Time Fare S Reason for Leaving opportunity Name of Supervisor Reason for Leaving opportunity Name of Supervisor Reason for Leaving Plant Leaving Reason for Leaving Reason for Leaving
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Month and Year Name/Mailing Address of Employer/Business Where Sales Description of Duties Name/Mailing Address of Employer/Business	Name of Supervisor Reason for Leaving of Portant Reason for Leaving of Fortant Reason for Leaving of Fortant Reason for Leaving of Fortant Name of Supervisor Reason for Leaving Name of Supervisor
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Month and Year Month and Year Name/Mailing Address of Employer/Business PLO 3 - 07/16 Description of Duties PLO 1 - 8/2013 Month and Year Name/Mailing Address of Employer/Business Name/Mailing Address of Employer/Business PLO 1 - 8/2013 Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving of Porting Reason for Leaving of Porting Reason for Leaving of Forton Reason for Leaving Reason for Leaving Name of Supervisor
Month and Year Name/Mailing Address of Employer/Business Paragraph of Duties Paragraph of Duties Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving of Portante Soo Newark, Ca. Name of Supervisor Reason for Leaving of Fortante Name of Supervisor Reason for Leaving Name of Supervisor
Fitte Description of Duties Parager States Month and Year Name/Mailing Address of Employer/Business Parager States Month and Year Name/Mailing Address of Employer/Business Parager States Month and Year Name/Mailing Address of Employer/Business	Name of Supervisor Name of Supervisor Name of Supervisor Reason for Leaving Name of Supervisor Name of Supervisor
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Month and Year Name/Mailing Address of Employer/Business Note 1015 - 8/2013 Architectes Pharmaceuticals Pittle Description of Duties Part Ward Description of Duties Month and Year Name/Mailing Address of Employer/Business Had a Safe	Reason for Leaving opportunity Name of Supervisor Reason for Leaving Name of Supervisor
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Month and Year Name/Mailing Address of Employer/Business H/100 4-04/2011 Title Description of Duties Month and Year Name/Mailing Address of Employer/Business	Name of Supervisor
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Month and Year Name/Mailing Address of Employer/Business 1997 - 04/2004 Elan Athena Klessosciences Title Description of Dutles Refer Rep > Dist Manager	1 1010 1 705
19/97-04/2004 Elan Afrena Kleisosciness Title Description of Duties Replet Rep - Dist Manager	·
Title Description of Duties Raler Rep - Dist Manager	Reason for Leaving
Refer Rep -> Dist. Manager	j - 2.
	Name of Supervisor
Month and Year Name/Mailing Address of Employer/Business	Jun Fores
1.	Reason for Leaving
92/93-67/97 Athena Went Chences	opportunite
Title Description of Duties	Name of Supervisor
ist Solles Manager - SAles -	Jun Janes
Month and Year Name/Mailing Address of Employer/Business	Reason for Leaving
Title Description of Duties	Name of Supervisor
Title Description of Duties	From the control of t

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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 Years Known Telephone Bledsoe Home Name /om Business 9 **Employer** Name 😙 Physics an E wood lyn Name Home Employer Business Name Davio Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes □ No 🏋 If yes, complete the following: Box Number or Type of Depository Location City and State **Authorized Users** Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Race horse/race dog owner Securities dealer Lawyer Insurance **Doctor** Real estate broker or salesman Contractor Barber/Cosmetologist Gaming **Pilot** Sports promoter Accountant 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

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

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No 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 t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No □
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of noto 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 W
19.	
P 00 (P 00 00 00 00 00 00 00 00 00 00 00 00 00	
m () (m () () () () () () () () () () () () ()	Date of photograph 7-6-2018
	Applicant's initial Old

Cui, and with	
STATE OF CALIFORNIA	A LIPENTONA S.
COUNTY OF SAN BELLE VLUO	
1. Took Withenbook	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the	
contain a full and true account of the information requested;	
misrepresentation or failure to reveal information requested	
a manufacturer license; that I am voluntarily submitting this a	
Statutes 639.210 (10) provides denial or revocation of the ap	
registration or permit if the holder or applicant "Has obtained	
of an application, or any record, affidavit or other information	
further, that I have familiarized myself with the contents of N	
Controlled Substances Act, as amended, and the Regulation	
promulgated thereunder and agree, if licensed, to abide ther	eby,
	arge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action	on whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licer	nsing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	
***	(mas & Illerea by -)
	Original Signature of Applicant
	E. I
Subscribed and Sworn to before me this da	
July 2018	
July 2018 -See correct (A inorlaing below Notary Public	
A notary public or other officer completing this	(seal)
certificate verifies only the identity of the individual who signed the document to which this	(coul)
certificate is attached, and not the truthfulness, accuracy, or validity of that document.	
	MOUSI S INVENEZ
State of California, County of San Definized A O Subscribed and smoth to for affirmed) before me.	MICHELE JIMENEZ N COMM. #2152833 COMM. #2152833 COMM. #2152833 COMM.
on this 6 th day of July 2018	SAN BERNARDINO COUNTY
w Told Emperich withen brock	My Comm. Exp. Jun. 9, 2020
proved to me on tife basis of satisfactory evidence to be the person of who appeared before my.	
Signature: MANA	· · · · · · · · · · · · · · · · · · ·
	a clair
////	Applicant's initial
	Page 9

ADDITIONAL INFORMATION

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

	7-25-2018
e	

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" Ma			
Forte-BioPharma, LL		Mature of Phare	nacy or Wholesaler	E 71 - 16	41
NT/A	Name and Addres	s of Business for Whi	ch Designated Represe	ntative Is Request	ed
	lf	applicable, Name Und	er Which It Is Now Oper	rated	
1. PERSONAL INFO	DRIVIATION:	James		Lawrence	
Last Name		First Name)	Middle Nam	
N/A Alias(es, Nicknames, Maide	n Name Other Name	Changes Legal or Oth	opuico)		9-0-1
			N		
Woodwell Street	-		Vegas,		89147
Present Residence Address	-Street or RFD		City		tate/Zip
2835 S. Jones Blvd, Present Business Address			Vegas,		89146
			City	S	tate/Zip
CEO Present Position with the Ph	armacy or Wholes also	Dates March 201	8 - present	Dhanai	
i resent Position with the Pi	iaimacy or vyholesalei			Phone: Residence	
		Fullerton, Orange	County, CA	Business	(702) 951-2243
Date of Birth		Place of Birth (City, C			AND WAR AND
55					Male
Age	Social Se	curity Number			Sex
Hazel	Black	White	200	Medium	6'1
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Soora tottoga ar distin	guishing modes ex		Ν/Λ	HE.	
Scars, tattoos or distin					
If naturalized, certification	te No		Date		
Place	•••••		(If naturaliz	zed, document	must be verified.)
2. MARITAL INFOR	MATION:				
Single Married	□ Separated	☐ Divorced	☑ Widowed [☐ Engaged	10 //2
				Applicant® i	nitial JLF Pag

MARITAL INFORMATION-Continued

A.	Current Marri	age				*******
		Date name (Maiden)		Ci	ty, County and State	
	Date of Birth		Place of	Birth		***************************************
	Resident addr	ess				
		ess Street	••••••	City	State Zip	***************************************
	Telephone: F	Residence		Business		•••••
	Spouse s emp	loyer		Occupation	******************	
		ployerStreet				
B. Pi		ges: If ever legally separ				
Name	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and	l State
E	nid Alicea	5/22/14	6/9/2011	Divorce	Las Vegas, Cla	ark County, Nevada
	Kerstin Robbins	12/18/09	8/29/1987	Divorce	Orange, Orang	e County, California
_	Kerstin Robb	ATION:	Napa	CA	94559	
Α.	Children and List all ch	Dependents: ildren, including step-chi	ldren and adopted	children and give	the following infor	mation:
	Name	Birth Date	Birth Place	Re	esidence Address	madon.
Nicholas	s Fares		Lansdale, PA	No	odwell St. #D, Las Ve	egas, NV 89147
B.	Child Support Please	t Information: e mark the appropriate re	esponse:			
	☑lan	n not subject to a court o	order for the suppo	rt of child.		
	pla	n subject to a court orde n approved by the distric he amount owed pursua	t attorney or other	one or more child public agency enf	lren and am in cor orcing the order fo	mpliance with a or the repayment
	the	n subject to a court orde order or a plan approve repayment of the amour	d by the district atte	orney or other pub	lren and NOT in c lic agency enforci cantß initial JLF	ng the order for

	District attorney or pu		•		
	Name		0.81		7 - 7 - 7
	Contact person	•••••			
C.	Parents:			I most recent occupations of parents	
parents-					
	Name (Maiden)	n. If retired C	ate Ado	last address and occupation. dress	Occupation
Father					
	Thomas Fares	1/5/36	1855 Rogers	s Place, Burbank, CA	Sales
Mother				W2	
	Martha Cartmell	11/13/36	15626 Elmbroo	k Dr., La Mirada, CA 90638 Editor	
Father-in-L	Law				
				-61 - 12 1111	
Mother-in-	Law				_
	Brothers and Sisters List names, residence	addresses, d	lates of birth and	I most recent occupations of brother	s and sisters and of
		addresses, o		I most recent occupations of brother	s and sisters and of
	List names, residence their respective spous Name (Maiden)	addresses, o			
Laura F	List names, residence their respective spous Name (Maiden) Fares	addresses, o		dress	Occupation
Laura F	List names, residence their respective spous Name (Maiden) Fares	addresses, o		dress Kudu PI, Ventura, CA 93003	Occupation Disabled
Laura F Spouse James Julie Fa	List names, residence their respective spous Name (Maiden) Fares	addresses, o		Kudu PI, Ventura, CA 93003	Occupation Disabled Retired
Laura F Spouse James Julie Fa	List names, residence their respective spous Name (Maiden) Fares Horan ares	addresses, o	h Date Add	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA	Occupation Disabled Retired Teacher
Laura F Spouse James Julie Fa Spouse Michae Sean Fa Spouse	List names, residence their respective spous Name (Maiden) Fares Horan ares	addresses, o	h Date Add	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA	Occupation Disabled Retired Teacher Civil Government
Laura F Spouse James Julie Fa Spouse Michae Sean Fa Spouse Denise	List names, residence their respective spous Name (Maiden) Fares Horan ares Il Phillips ares Graubart	addresses, o	h Date Add	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA ndalwood Ave, Fullerton 92835	Occupation Disabled Retired Teacher Civil Government
Laura F Spouse James Julie Fa Spouse Michae Sean Fa Spouse Denise Thomas	List names, residence their respective spous Name (Maiden) Fares Horan ares Il Phillips ares Graubart	addresses, o	h Date Add	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA ndalwood Ave, Fullerton 92835	Occupation Disabled Retired Teacher Civil Government Police Officer Secretarial
Laura F Spouse James Julie Fa Spouse Michael Sean Fa Spouse Denise Thomas	List names, residence their respective spous Name (Maiden) Fares Horan ares I Phillips Ares Graubart Fares	addresses, o	h Date Add	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA ndalwood Ave, Fullerton 92835	Occupation Disabled Retired Teacher Civil Government Police Officer Secretarial
Laura F Spouse James Julie Fa Spouse Michae Sean Fa Spouse Denise Thomas Spouse Sarah F	List names, residence their respective spous Name (Maiden) Fares Horan ares I Phillips Ares Graubart Fares	addresses, o	h Date Add	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Indalwood Ave, Fullerton 92835 Indalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA	Occupation Disabled Retired Teacher Civil Government Police Officer Secretarial Disabled
Laura F Spouse James Julie Fa Spouse Michae Sean Fa Spouse Denise Thomas Spouse Sarah F	List names, residence their respective spous Name (Maiden) Fares Horan ares Il Phillips Ares Graubart Fares Fares	addresses, o	h Date Add	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Indalwood Ave, Fullerton 92835 Indalwood Ave, Fullerton, Ca 92835 Shadow Oaks, Irvine, CA	Occupation Disabled Retired Teacher Civil Government Police Officer Secretarial Disabled
Laura F Spouse James Julie Fa Spouse Michae Sean Fa Spouse Denise Thomas Spouse Sarah F	List names, residence their respective spous Name (Maiden) Fares Horan ares Il Phillips Ares Graubart Fares Fares	addresses, o	Sa Sal	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Indalwood Ave, Fullerton 92835 Shadow Oaks, Irvine, CA LaHabra, CA	Occupation Disabled Retired Teacher Civil Government Police Officer Secretarial Disabled Sales Graduate
Laura F Spouse Julie Fa Spouse Michae Sean Fa Spouse Denise Thomas Spouse Sarah F 4. EDU Grammar School High	List names, residence their respective spous Name (Maiden) Fares Horan ares Il Phillips Ares Graubart Fares Fares UCATION:	addresses, o	Sa Sai	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Indalwood Ave, Fullerton 92835 Shadow Oaks, Irvine, CA LaHabra, CA	Occupation Disabled Retired Teacher Civil Government Police Officer Secretarial Disabled Sales Graduate Yes 🗹 No 🗆
Laura F Spouse James Julie Fa Spouse Michae Sean Fa Spouse Denise Thomas Spouse Sarah F 4. EDU Grammar School High School College	List names, residence their respective spous Name (Maiden) Fares Horan ares I Phillips Ares Graubart Fares Fares UCATION: Name of School St. Phillip	addresses, o	Sa Sai	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Indalwood Ave, Fullerton 92835 Shadow Oaks, Irvine, CA LaHabra, CA	Occupation Disabled Retired Teacher Civil Government Police Officer Secretarial Disabled Sales Graduate Yes ☑ No □ Yes ☑ No □
Laura F Spouse Julie Fa Spouse Michae Sean Fa Spouse Denise Thomas Spouse Sarah F 4. EDU Grammar School High School	List names, residence their respective spous Name (Maiden) Fares Horan ares I Phillips Ares Graubart Fares Fares UCATION: Name of School St. Phillip	addresses, ces. Birt	Sa Sai	Kudu PI, Ventura, CA 93003 Kudu PI, Ventura, CA 93003 Shadow Oaks, Irvine, CA Shadow Oaks, Irvine, CA Indalwood Ave, Fullerton 92835 Shadow Oaks, Irvine, CA LaHabra, CA	Occupation Disabled Retired Teacher Civil Government Police Officer Secretarial Disabled Sales Graduate Yes 🗹 No 🗆

Applicants initial JLF Page 3

5 MILITARY INFORMATION:

	Branch	D	ate of entry-activ	e service		
	Date of separation	Т	ype of discharge			
	Rating at separation		Serial num	ıber		
	While in the military service were special or general court martial? regardless of where they occurred	Yes □ N	lo 🗆 If yes, furn	hich resulted in so ish details on pag	ummary a e 10. (Lis	ection, a trial o st all incidents
B.	Have you registered for the draft?	Yes 🛭 N	lo 🗆			
	County Orange	State CA	Da	ate registered	1980	•••••
6. AI	RRESTS, DETENTIONS, LITIGATI not convicted.)	ONS AND ARBI	TRATIONS: (Inc	clude those arres	ts in whi	ch you were
A.	Have you ever been arrested, det violation for any reason whatsoev Yes □ No ☑ If yes, give details	er, regardless of	the disposition of	the event? (Exce	pt minor t	
Date of	Arrest Age Charge	Location-Cit	y and State	Deposition/Date	Arrest	ing Agency
		· · · · · · · · · · · · · · · · · · ·				
B. C. D.	Has a criminal indictment, informa arrested or in which you were nar page 10. Have you ever been questioned or committee? Yes □ No ☑ Have you ever been subpoenaed commission? Yes □ No ☑	med as an unindic or deposed by a c to appear or test	oted co-party? You	es D No D If ye or law enforceme al, state or county	es. furnish ent agency grand jud	details on
C. D. E.	arrested or in which you were nar page 10. Have you ever been questioned or committee? Yes □ No ☑ Have you ever been subpoenaed commission? Yes □ No ☑ Have you ever been subpoenaed Yes □ No ☑	ned as an unindic or deposed by a c to appear or test to testify for any	cted co-party? You ity, state, federal ify before a feder civil, criminal or a	es	es. furnishent agency grand jui ceeding o	details on y, commission y, board or r hearing?
C. D.	arrested or in which you were nar page 10. Have you ever been questioned or committee? Yes □ No ☑ Have you ever been subpoenaed commission? Yes □ No ☑ Have you ever been subpoenaed Yes □ No ☑ Have you ever had a civil or crimi If yes, when?	to appear or test to testify for any nal record expun or deferred pros	cted co-party? You ity, state, federal ify before a feder civil, criminal or a ged or sealed by ty, county and sta- ecution for any cr	or law enforceme ral, state or county administrative product a court order? Yeate	es. furnish ent agency grand jui ceeding o	details on r, commission ry, board or r hearing?
C. D. E. F.	arrested or in which you were nar page 10. Have you ever been questioned or committee? Yes □ No ☑ Have you ever been subpoenaed commission? Yes □ No ☑ Have you ever been subpoenaed Yes □ No ☑ Have you ever had a civil or crimi If yes, when?	to appear or test to testify for any nal record expun cr or deferred pros	cted co-party? You ity, state, federal ify before a feder civil, criminal or a ged or sealed by ty, county and state ecution for any cr ty, county and state family ever bee	or law enforceme ral, state or county administrative produce a court order? Ye ate iminal offense? Yo ate n convicted of a fe	es. furnish ent agency grand jui ceeding o es No No No	details on r, commission ry, board or r hearing?

Applicant® initial JLF Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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	Court and Case Date Filed 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 C	ase 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 \square No \bowtie If yes, complete the following:

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

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	LasVegas	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

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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 Month and Year	FORTE BIO-PHARMA. 2835 S. Jones Blvd, Las Vegas, Nevada 89146	
	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	• •
Title	Description of Duties	John Cook
	·	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
al Manager and Vice P	resident, 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
	Description of Duties	

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

Applicants initial JLF Page 6

9. CHARACTER REFERENCES:

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

	<u>employer or em</u>	ployees.								
Name of	Where Employed	Street	City	State	Zip	Tele	phone)	Years h	(nown
Name	Michael Inouye	Home	Hawksh	ead Cir, San	Ramon, CA 94	1583		.8		29 years
Employe	r Consultant	Business	1 Haw	kshead Cir, S	San Ramon 94	583				
Name	Lee Gould	Home	Nest Erie	, Apt 2303, C	hicago II 6065	4	7	_		18 years
Employe	Gould & Pakter As	sociatesusiness	Legal &	205 W Wa	cker, Chicago	II, 60606				
Name J	oseph Hendel	Home	West TI	nomas Rd,	Lansdale, PA	19446	ľ,			32 years
Employe	r Self Emplyed Re	altor Business	Bethl	ehem Pike,	Montgomer	ville, PA 18	3936			4 1 4
Name E	dward Kessig	Home 'S	Scenic Wa	y, Middletov	wn, New Jers	sey, 07748				27 years
Employe	r Antares Pharma	Business	100 Princ	enton Soutl	h, Ewing, NJ	, 08628	ļ.	ŧ		
Name	George Lewis	Home	3 Arlingto	n Ave, Upp	er Arlington,	Ohio, 4322	21_			28 years
Employe	r Disabled	Business	N/A	lune and the				N/A		
10.	Have you ever the following:	held a privile								
	Doctor	Lawyer Contractor			ce dog own oker or sale			Securities Barber/Co	dealer smetologist	Insurance Gaming
	Accountant	Pilot		ts promote		Siliali		Trainer or		Educator
	Yes □ No ☑ If yes, state type			lal						
11.	Have you ever a interest in a lice If yes, state type involved, the na venture or indus	ensed busine e, when and ames and add	ss or indu where an	istry OUTS d give nan	SIDE the Si mes and loo	tate of Ne cations of	vadaʻ the b	? Yes □ usinesses	No ☑ in which yo	u were
12.	Have you ever	appeared be	fore any l	icensing a	gency or si	milar auth	ority	in or outsi	de the State	of Nevada
13.	Have you ever lor professional	been denied	a persona	al license,	permit, cer	tificate or	regis	tration for	a privileged	, occupation
If yes t	o the above, state									
				-						

Applicant® initial JLF Page 7

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding Yes	of] No	
15.	Have you or any person with whom you have been a participant in any group been the standard action or proceeding relating to the pharmaceutical industry?	Yes [] No	 [2]
16.	Have you or any person with whom you have been a participant in any group ever been to guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescontrolled substances?	found g scription Yes	uilty, p n drugs] No	and/or ☑
17:	Have you or any person with whom you have been a participant in any group ever surrent permit or certificate of registration relating to the pharmaceutical industry voluntarily or ot upon voluntary close of a wholesaler	idered a herwise Yes D	a licens (other	se, than
18.	Do you have any relatives within the fourth degree of consanguinity associated with or er pharmaceutical or drug related industry?	Yes 🛭	No l	
My so	on Nicholas Fares is a Sales and Marketing Manager within Forte Bio-Pharma.			••••
	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 🛭	3 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 I	
		3(1		
	Date of photograph Applicants initial	LF	Ars	 2 Page 8

COUNTY OF CLARK

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

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

STATE OF NEVADA COUNTY OF CLARK

Subscribed and Sworn to before me this 26 day of

Notary Public

SHAROL L. WILLIAMS lotary Public - State of Nevada County of Clark APPT. NO. 12**-**9145-1 My App. Expires Oct. 10, 2020

Original Signature of Applicant

(seal)

Applicant® initial JLF

ADDITIONAL INFORMATION

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Applicant® initial JLF Page 10

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