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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

New Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH_____)

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

GENERAL INFORMATION

Facility Name: CRANE PHARMACEUTICALS, INC.

Physical Address: 1516 E. TROPICANA AVE, UNIT# 285, LAS VEGAS, NV 89119

Mailing Address: 1516 E. TROPICANA AVE, UNIT# 285, LAS VEGAS, NV 89119

City: LAS VEGAS State: NV Zip Code: 89119

Telephone: 949-285-2239 Fax: _____

Toll Free Number: _____

E-mail: INFO@CRANEPHARMA.COM Website: WWW.CRANEPHARMA.COM

Facility Manager: SIAMAK ADAMPOUR

Professional qualifications and experience of facility manager: B.S. , MBA 30+ YEARS
PROFESSIONAL EXPERIENCE IN PHARMA & MED. DEV. MANUFACTURING & DISTRIBUTION

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: ANY ENTITY PERMITTED BY LAW

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: ANY PRODUCT PERMITTED BY THE LAW

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? Yes No
 (If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes No
 (If yes, provide a copy of the FDA registration)

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

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

- 1) LNK INTERNATIONAL, INC./145 RICEFIELD LN, HAUPPAUGE, NY 11788

Name	Address
OVER-THE-COUNTER PHARMACEUTICAL MANUFACTURER	
Business	
- 2) TRACE MINERALS RESEARCH / 1996 W. 3300 S., OGDEN, UT 84401

Name	Address
NEUTRACEUTICAL MANUFACTURER	
Business	
- 3) METABOLIC RESPONSE MODIFIERS / 2665 VISTA PACIFIC DR, OCEANSIDE, CA 92056

Name	Address
NEUTRACEUTICAL MANUFACTURER	
Business	
- 4) APS BIOGROUP / 2235 S. CENTRAL AVE., PHOENIX, AZ 85004

Name	Address
FOOD & SUPPLEMENT MANUFACTURER	
Business	

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

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

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

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


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

SIAMAK ADAMPOUR
Print Name of Authorized Person

FEB-15-2020
Date

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

Initial List and State Business License Application - Continued

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

CORPORATION, INDICATE THE <u>PRESIDENT</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>SECRETARY</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>TREASURER</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>CEO</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>CHAIRMAN OF BOARD</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code

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

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

X **SIAMAK ADAMPOUR**

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

President

Title

10/30/2019

Date

FORM WILL BE RETURNED IF
 UNSIGNED

Employee Handling Drugs on Daily Basis

① siamak Adampour



3. Employment mailing Addresses

- ① Crane Pharmaceuticals Inc
2810 W. Charleston Blvd
Las Vegas NV 89102
- ② Irvine Health Industries Inc
24581 Alcobra Dr.
Mission Viejo CA
- ③ Activa Pharmaceuticals Inc
4790 Culver Blvd
Irvine CA
- ④ Taft & Associates Inc
12665 E. Fourth Street
Santa Ana CA
- ⑤ Core Laboratories
Anaheim CA

Employee Handling Drugs on Daily Basis

- ① Siamak Adampour

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BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
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Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Crane Pharmaceuticals, Inc.

NAME OF ENTITY

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

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
 - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- Business Trust

Filed in the Office of Secretary of State State Of Nevada	Business Number E2550922019-5 Filing Number 20190255093 Filed On 10/30/2019 15:43:08 PM Number of Pages 2
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Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

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

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

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

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

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

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

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

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

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

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify, that the following is a list of all organizational documents on file in this office for

Crane Pharmaceuticals, Inc.

Organizational Documents on File	Filing Date
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I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Crane Pharmaceuticals, Inc., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/30/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State; at my office on 10/30/2019

BARBARA K. CEGAVSKE
Secretary of State



Certificate Number: B20191030328897
You may verify this certificate
online at <http://www.nvsos.gov>



Philadelphia Indemnity Insurance Company
 One Bala Plaza, Ste. 100
 Bala Cynwyd, PA 19004

BOND RIDER

Bond No: PB02671701736

Principal: Crane Pharmaceuticals, Inc

Obligee: NEVADA STATE BOARD OF PHARMACY

Surety: PHILADELPHIA INDEMNITY INSURANCE COMPANY

Effective: 02/25/2020

It is agreed that:

THE BUSINESS ADDRESS BE CHANGED TO READ:

1516 E. Tropicana Ave., Ste. 285, Las Vegas, NV 89119

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than stated as above. Provided, however, that the liability of the company under the attached bond as changed by this order shall not be cumulative.

Signed this 25th day of February . 20 20 .

Philadelphia Indemnity Insurance Company

By: Valerie Ann Aber
 VALERIE ANN ABER Attorney in Fact

NEVADA STATE BOARD OF PHARMACY

**431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444**

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB02671701736

Application/License No. _____

Crane Pharmaceuticals, Inc, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2810 Charleston Blvd. H83, Las Vegas, NV 89102, as

Address of Applicant/Principal
PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of PENNSYLVANIA
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
ONE BALA PLAZA SUITE 100, BALA CYNWYD, PENNSYLVANIA 19004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of October, 2019.

APPLICANT/PRINCIPAL

Crane Pharmaceuticals, Inc

[Signature]
Authorized Representative

SURETY COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

[Signature]
Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

Countersigned by:

N/A
Nevada Resident Agent

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

Date 10/31/19

GENERAL INSTRUCTIONS

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

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

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

Application for Wholesale pharmaceutical medical surgical
Nature of Pharmacy or Wholesaler supplies to qualified
Crane Pharmaceuticals, Inc. entities.
Name and Address of Business for Which Designated Representative Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Adampour First Name SIAMAK Middle Name N/A

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

Present Residence Address-Street or RFD W. TROPICANA AVE City LAS VEGAS State/Zip NV 89147
Dates JAN / 2019

Present Business Address 2810 W. CHARLESTON City LAS VEGAS State/Zip NV 89102
Dates NOV 1 / 2019

Present Position with the Pharmacy or Wholesaler OWNER Phone:
 Residence 702-735-1111
 Business _____

Date of Birth _____ Place of Birth (City, County, State) TEHRAN/IRAN Sex MALE

Age 57 Social Security Number 1-102 Sex _____

Color of Eyes BROWN Color of Hair BLACK Complexion FAIR Weight 240 Build ATHLETIC Height 6' 2"

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No. _____ Date _____

Place LOS ANGELES, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial SA Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

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

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NATAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA, CA
HEDIYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

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

Name	Street	City	State	Zip	Telephone
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
NONE			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial _____

FAMILY INFORMATION-Continued

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

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
<u>HOSEINI ADAMPOUR</u>	<u>1933</u>	<u>DECEASED</u>	
Mother			
<u>SHAMSI H. MOGADDAM</u>	<u>1940</u>	<u>N/A</u>	<u>OUT OF U.S.</u>
Father-in-Law			
<u>N/A</u>			
Mother-in-Law			
<u>N/A</u>			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
(SISTER) Spouse			
<u>SIMA</u>	<u>1963</u>	<u>OUT OF U.S.</u>	<u>N/A</u>
(SISTER) Spouse			
<u>SEPIDEH</u>	<u>1977</u>	<u>OUT OF U.S.</u>	<u>N/A</u>
Spouse			
<u>N/A</u>			
Spouse			
<u>N/A</u>			
Spouse			
<u>N/A</u>			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			
<u>HADAP PRIVATE ELEMENTARY SCHOOL</u>	<u>TEHRAN/IRAN</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>1967-1973</u>
High School			
<u>ALBORZ HIGH SCHOOL</u>	<u>TEHRAN/IRAN</u>	<u>1973-1980</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University			
<u>UNIV OF CA, IRVINE</u>	<u>IRVINE, CA</u>	<u>1989-1992</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			
<u>INDUSTRIAL Mgmt INSTITUTE (IMI)</u>	<u>TEHRAN/IRAN</u>	<u>2003-2007</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type of degree obtained, if any			
<u>TAPT LAW SCHOOL</u>	<u>SANTA ANA, CA</u>	<u>2011-2012</u>	<u>NO</u>
	<u>BS (BIOLOGICAL SCIENCES), MBA</u>		
College or university where obtained			
	<u>BS FROM UNIV OF CA, IRVINE</u>		
	<u>MBA FROM IMI</u>		

Applicant's initial St

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2019-PRESENT	W TROPICANA STE 2045	LAS VEGAS	NV
2018-2019	24581 ALCOHA DR	Mission Viejo	CA
2014-2018	23592 WINDSONG, #F	ALISO VIEJO	CA
2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
2000-2011	11238 QUINN ST	DOWNEY	CA
1994-2000	326 W KELLY	ORANGE	CA

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: 10/2019 Name/Mailing Address of Employer/Business: Crane Pharmaceuticals, Inc Reason for Leaving: Present

Title: Owner Description of Duties: ~~24581 Ato Ato back~~ Daily Operations Managemet Name of Supervisor: self

Month and Year: 8/2018 Name/Mailing Address of Employer/Business: Irvine Health Industries Inc Reason for Leaving: Present

Title: Owner Description of Duties: Medical Device + Pharmaceutical Trader Name of Supervisor: self

Month and Year: 1/2014 Name/Mailing Address of Employer/Business: Activia Pharmaceuticals Inc Reason for Leaving: owner moved

Title: Marketing Director Description of Duties: Business Development Name of Supervisor: Kaveh Mihan

Month and Year: 2/2000 Name/Mailing Address of Employer/Business: TAFT & Associates Reason for Leaving: New Opportunity

Title: Distribution/New Business Description of Duties: Name of Supervisor: Jeoff Brown

Month and Year: 10/1996 Name/Mailing Address of Employer/Business: CORE Laboratories Reason for Leaving: New Opportunity

Title: Lab Tech Description of Duties: using various instruments in analysing compounds Name of Supervisor: CHARLES MUNOS

Month and Year: 1980-June 1992 Name/Mailing Address of Employer/Business: Various short Term Assignments in Pharmaceutical Industry Reason for Leaving: Industry

Title: Private Tutor / On Campus Work / Research Assistant Name of Supervisor: start

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.

* Attachment provided with mailing addresses.

Applicant's initial: [Signature]

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name SOROLISH SOHEIR	Home	5 CAPTAINS PL	AGURAHILLS	818-	2	30 YRS
Employer BOSTON SCIENTIFIC	Business	MEDICA DEVICE MANUFACTURER				
Name EDWARD KAMIR	Home	CANYON DR,	YORBALINDA, CA	714-860-	30	YRS
Employer SOUTHERN CALIF EDISON	Business	POWER GENERATION				
Name MEHRNAZ MONZAVI	Home	CHESSI CT,	Las Vegas NV	89147	3	YRS.
Employer CENTERPLATE	Business	3150 PARADISE AVE	LAS VEGAS NV	89116		
Name AMINEH BEGAN	Home	HARTLAND ST.,	RESEDA, CA	818-271-1798	2	YRS
Employer SELFEMPLOYED	Business	PSYCHOLOGIST / SAME AS ABOVE				
Name AFSANEH YOUNG	Home	S. DURANGO UNIT #	2129, LV,	NV89113		
Employer RETIRED	Business	775-622-6093			2	YRS

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

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

If yes, state type, where and years held

PHLEBOTOMY CERTIFICATE

VENIPUNCTURE CERTIFICATE

NOTARY PUBLIC CERTIFICATE

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

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

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

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

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

Applicant's initial *At*

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

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

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

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

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

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

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

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



Date of photograph 10/30/2019

Applicant's initial SA

COUNTY OF CLARK

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

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

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 21ST day of

OCTOBER, 2019

[Handwritten Signature]
Notary Public

(seal)



Applicant's initial SA Page 9

Lined area for additional information, consisting of multiple horizontal dotted lines.

Applicant's initial  Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date JANUARY 24, 2020

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 : PHARMACEUTICAL WHOLESALER

CRANE PHARMACEUTICALS, INC.,

1516 E. TROPICANA AEV, SUITE # 285, LAS VEGAS, NV 89119

1. PERSONAL INFORMATION:

Last Name : ADAMPOUR First Name : SIAMAK Middle Name : NONE

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

Present Residence Address-Street or RFD : 2 W. TROPICANA AVE City : LAS VEGAS State/Zip: NV 89147

Dates : JAN 2019

Present Business Address : 1516 E. TROPICANA AVE, SUITE # 285 City: LAS VEGAS State/Zip: NV/89119

Dates: MARCH 2020

Occupation : PHARMACEUTICAL WHOLESALER Phone: Residence : § Business : TBA

Date of Birth : Place of Birth (City, County, State) : TEHRAN / IRAN

Age : 57 Social Security Number : Sex : MALE

Color of Eyes : BROWN Color of Hair: BLACK Complexion: FAIR Weight : 240 LBS Build: ATHLETIC Height : 6' 2"

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

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

If naturalized, certificate No Date NOVEMBER 13, 1997

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial *St*

MARITAL INFORMATION-Continued

A. **Current Marriage** NONE

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

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

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

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NATTAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA
HEDYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

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

Name	Street	City	State	Zip	Telephone
NOT AVAILABLE					
NOT AVAILABLE					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
NONE			

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial AA Page 2

FAMILY INFORMATION-Continued

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

Name: NONE

Address: NONE

Contact person: NONE

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
HOSEIN ADAMPOUR	1933	DECEASED	
Mother			
SHAMSI H. MOGADDAM	1940	RETIRED	OUT OF U.S.
Father-in-Law			
NONE			
Mother-in-Law			
NONE			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse (SISTER) SIMA			
	1963	OUT OF U.S.	N/A
Spouse (SISTER) SEPIDEH			
	1977	OUT OF U.S.	N/A
Spouse NONE			
Spouse NONE			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School HADAF PRIVATE ELEMENTARY SCHOOL,	TEHRAN/IRAN	1967-1973	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School: ALBORZ HIGH SCHOOL	TEHRAN/IRAN	1973-1980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University UNIV OF CALIFORNIA, IRVINE	IRVINE, CA	1989-1992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other INDUSTRIAL MANAGEMENT INSTITUTE	TEHRAN/IRAN	2003-2007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
TAFT LAW SCHOOL	SANTA ANA, CA	2011-2012	NO X

Type of degree obtained, if any. B.S.; MBA

College or university where obtained UNIV OF CA, IRVINE/ B.S. BIOLOGICAL SCIENCES
INDUSTRIAL MANAGEMENT INSTITUTE / MBA
TAFT LAW SCHOOL / INCOMPLETE LAW DEGREE

Applicant's initial lt Page 3

5 MILITARY INFORMATION:

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

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

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

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

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

B. Have you registered for the draft? Yes No

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial AA Page 4

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

Yes No (Other than divorces)

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

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

N/A

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
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2019-PRESENT	W. TROPICANA AVE.	LAS VEGAS	NEVADA
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2018-2019	24581 ALCOBA DR	MISSION VIEJO	CA
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2014-2018	23951 WINDSONG, #F	ALISO VIEJO	CA
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2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
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2000-2011	11238 QUINN ST	DOWNEY	CA
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1994-2000	328 W. KELLY	ORANGE	CA
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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 10/2019	Name/Mailing Address of Employer/Business CRANE PHARMACEUTICALS, INC.	Reason for Leaving PRESENT
Title OWNER	Description of Duties DAILY OPERATIONS MANAGEMENT	Name of Supervisor SELF
Month and Year 2018-2019	Name/Mailing Address of Employer/Business IRVINE HEALTH INDUSTRIES, INC.	Reason for Leaving PRESENT
Title OWNER	Description of Duties DAILY OPERATIONS MANAGEMENT	Name of Supervisor SELF
Month and Year 01-2014	Name/Mailing Address of Employer/Business ACTIVA PHARMACEUTICALS, INC.	Reason for Leaving OWNER MOVED
Title MARKETING DIRECTOR	Description of Duties BUSINESS DEVELOPMENT	Name of Supervisor KAVEH MIHAN
Month and Year 02-2000	Name/Mailing Address of Employer/Business TAFT AND ASSOCIATES, INC.	Reason for Leaving NEW OPPORTUNITIES
Title MANAGER	Description of Duties DISTRIBUTION / NEW BUSINESS	Name of Supervisor JEOFF BROWN
Month and Year 10-1996	Name/Mailing Address of Employer/Business CORE LABORATORIES	Reason for Leaving NEW OPPORTUNITY
Title LAB TECHNICIAN	Description of Duties USING VARIOUS INSTRUMENTS TO ANALYZE COMPOUNDS	Name of Supervisor CHARLES MUNOS
Month and Year JUNE 1980-JUNE 1992	Name/Mailing Address of Employer/Business VARIOUS SHORT-TERM ASSIGNMENT IN PHARMACEUTICAL INDUSTRY	Reason for Leaving GRADUATING FROM UCI
Title VARY	Description of Duties PRIVATE SCIENCE TUTOR / ON-CAMPUS WORK / RESEARCH ASSISTANT	Name of Supervisor VARY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
SOROUGH SOHELI Name	CAPTAIN PL, AGURAL HILLS, CA					30+ YEARS
BOSTON SCIENTIFIC Employer	MEDICAL DEVICE MANUFACTURER					
EDWARD KAMIAB Name	19762 CANYON DR, YORBA LINDA, CA					30+ YEARS
SOUTHER CALIFORNIA EDISON Employer	POWER GENERATION					
MEHRNAZ MONZAVI Name	4430 CHESS CT, LAS VEGAS, NV					3 YEARS
CETERPLATE Employer	CONVENTION CENTER / FOOD INDUSTRY					
AMINEH BEGAN Name	HEARTLAND STREET, RESEDA, CA					2 YEARS
SELF-EMPLOYED Employer	PSYCHOLOGIST					
AFSANEH YOUNG Name	8195 S DURANGO , UNIT # 2129, LAS VEGAS, NV					
RETIRED Employer	Business					2 YEARS

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

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

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

 CERTIFIED PHARMACY TECHNICIAN / NATIONAL III CERTIFIED PHLEBOTOMY / CA III NOTARY PUBLIC / CA

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.
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Applicant's initial AA Page 7

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

.....

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

.....

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

.....

.....

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

.....

.....

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

.....

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

.....

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

.....

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

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ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph.....

Applicant's initial *st*

STATE OF NEVADA

SS.

COUNTY OF CLARK

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

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

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

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 12th day of February, 2020 by Siamak Adampur proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

[Signature]

Applicant's initial SA



