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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: All City Pharmacy #2

Physical Address: 8352 W Warm Springs Rd

City: Las Vegas State: NV Zip Code: 89113 Telephone: (702) 834-7704

Fax: (702) 834-7705 Toll Free Number: —

E-mail: info@allcitypharmacy.com

Website: allcitypharmacy.com

Managing Pharmacist: Jared S Kohn License Number: 19641

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Garen Garakhanian
Print Name of Authorized Person

11/20/19
Date

Board Use Only

Date Processed: _____

Amount: 600.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
 Parent Company if any: All City Pharmacy
 Mailing Address: 821 N Lamb Blvd #4
 City: Las Vegas State: NV Zip: 89110
 Telephone: (702) 834-7704 Fax: (702) 834-7705
 Contact Person: Garen Garakhanian

For any corporation non publicly traded, disclose the following:

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

a) N/A
 Name Business Address
 b) N/A
 Name Business Address
 c) N/A
 Name Business Address
 d) N/A
 Name Business Address

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

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

List any physician shareholders and percentage of ownership.

Name: N/A / none %: N/A
 Name: N/A / none %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5 pm Saturday — am — pm
 Sunday — am — pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 2016 116 1525

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Garen Garakhanyan

Business Name: All City Pharmacy

Current Business Address: 821 N Lamb Blvd #4

City: Las Vegas State: NV Zip Code: 89110

Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: Garen Garakhanyan %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5:00 pm

Saturday 7 am - pm

Sunday - am - pm

24 Hours -

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20161161525

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

I, Garen Garakhamyan

Responsible Person of All City Pharmacy INC.

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

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

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



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

Garen Garakhamyan

Print Name of Authorized Person

11/20/19

Date

Managing Pharmacist

 Pharmacist Name: Jared Scott Kohn

 License #: 19641

 Pharmacy Name: All City Pharmacy

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

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

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

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

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

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

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

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

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



Signature

11/20/19

Date

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2016, and is in good standing in this state.



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

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191119378542

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

SECRETARY OF STATE

**NEVADA STATE BUSINESS LICENSE****ALL CITY PHARMACY L.L.C.**

Nevada Business Identification # NV20161161525

Expiration Date: March 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2019

Barbara K. Cegavske
Secretary of State

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

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.



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

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ALL CITY PHARMACY L.L.C.

NAME OF ENTITY

NV20161161525

Entity or Nevada Business
Identification Number (NVID)

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
- ☐ Business Trust
- ☐ Corporation Sole

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E0124232016-8
Secretary of State	Filing Number
State Of Nevada	20190297473
	Filed On
	11/20/2019 12:07:30 PM
	Number of Pages
	2

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 an 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.

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.****



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

Annual or Amended List and State Business License Application - Continued

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

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

State

89110

Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

State

89110

Zip/Postal Code

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

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

X **Garen Garakhanyan**

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

UNSIGNED

Manager

Title

11/20/2019

Date



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

Annual or Amended List and State Business License Application - Continued

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

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

State

89110

Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

State

89110

Zip/Postal Code

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

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

X **Garen Garakhanyan**

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

UNSIGNED

Manager

Title

11/20/2019

Date



ALL CITY PHARMACY, LLC.

March 29, 2019

Re: Case # 17-070-PH-S

I am writing this response in to the notification received regarding the above case. The board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge to work with and dispense intravenous medications.

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

Respectfully



Garen Garakhanyan

Owner

All City Pharmacy LLC

821 N. LAMB BLVD #4, LAS VEGAS, NV 89110

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

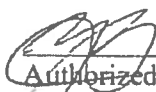
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

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

DATED this 29 day of March, 2018.

Garen Garakhanyan
Type or print name


Authorized Representative for:
ALL CITY PHARMACY, LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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

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

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action.

a. In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, the Board found Cordoba-Hernandez guilty of creating a fraudulent prescription and dispensing a dangerous drug to a friend. The Board revoked Cordoba-Hernandez's pharmacist registration in that action. In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board

reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in the box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.


13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

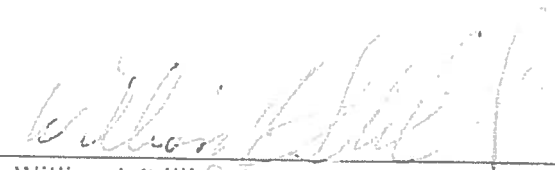
14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

AGREED:Signed this 10 day of April 2019Signed this 10th day of April 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

William J. Stilling, Esq.
Counsel for
Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jaime Cordoba Hernandez, RPh
4333 Reno HWY, #19
Fallon, NV 89406

William Stilling, Esq.
215 S. State St., Suite 500
Salt Lake City, Utah 84111

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


SHIRLEY HUNTING,

FILED

APR 26 2019

CLERK, NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JAIME CORDOBA-HERNANDEZ, RPH,
Certificate of Registration No. 17533, andALL CITY PHARMACY, LLC
Certificate of Registration No. PH03609,

Respondents.

) CASE NO. 17-070-RPH-S

) 17-070-PH-S

) FINDINGS OF FACT,
) CONCLUSIONS OF LAW,
) AND ORDER

/

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of the State of Nevada, Board of Pharmacy. William J. Stilling, Esq., appeared on behalf of Respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533 (Cordoba-Hernandez). Cordoba-Hernandez was also present.

Respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), filed a written response to the Accusation on file in the case. It did not appear at the hearing, nor did it have counsel appear on its behalf.

Based on the evidence presented, the Board enters the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Respondent Cordoba-Hernandez, through his counsel, stipulated to certain facts in writing on April 10, 2019 (Stipulated Facts).¹ The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

¹ All City Pharmacy did not dispute any of the facts alleged in the Board's December 13, 2018 Accusation when it filed its written Response on March 29, 2019.

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly."

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Cordoba-Hernandez claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin that would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars (\$2,500.00) to investigate and prosecute this matter.

CONCLUSIONS OF LAW

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

ORDER

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

- i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.
- ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.
- iii. Pay a fine of five thousand dollars (\$5,000.00).
- iv. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

- i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.
- ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.
- iii. Attend the entire day of at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

- a. Pay a fine of five thousand dollars (\$5,000.00).
- b. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.
- c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars (\$500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 2 day of April 2019.



Jason Petrod, President
Nevada State Board of Pharmacy

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/20/19

GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy
All City Pharmacy (#2) 8352 W. Warm Springs Rd. Las Vegas, NV 89113
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Garakhanyan Garen
 Last Name First Name Middle Name

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

Bow Canyon Ct Las Vegas NV 89147
 Present Residence Address-Street or RFD City State/Zip

821 N Lamb Blvd 9-12-2016 - current (For All City Pharmacy #1)
 Present Business Address Dates City State/Zip

owner 11/3/2017 -current
 Occupation Dates

Veravan Armenia (702)834-7704
 Date of Birth Place of Birth (City, County, State) Phone: Residence Business

41 male
 Age Sex

Brown Black olive 120 Small 5'8
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No. Date September 17, 2007

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

2. MARITAL INFORMATION:

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

Applicant's initial GG

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

Date of Birth N/A Place of Birth N/A

Resident address N/A
 Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kristina Gurgian	2-8-2016	6-4-2000	Las Vegas Divorce	Las Vegas Clark NV

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

Name	Street	City	State	Zip	Telephone
Kristina Gurgian	Garden Mist	Las Vegas	NV	89135	

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
Alex Garakhanian		Las Vegas	Las Vegas NV 89147 Bow Canyon Ct
David Garakhanian		Las Vegas	Las Vegas NV 89147 Bow Canyon Ct

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 GG

FAMILY INFORMATION-Continued

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

Name NIA

Address _____

Contact person _____

C. Parents:

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

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

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

Father

HRAIR Garakchanyan		GRANDCANYON Dr.	Las Vegas NV 89147
--------------------	--	-----------------	--------------------

Mother

Tsovik Garakchanyan		SGrand Canyon Dr.	Las Vegas, NV 89147
---------------------	--	-------------------	---------------------

Father-in-Law

NIA

Mother-in-Law

NIA

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

NIA

Spouse

NIA

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Abovian #5	Abovian Armenia	1984-94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Abovian #5	Abovian Armenia	1984-94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any NIACollege or university where obtained NIAApplicant's initial GG

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? 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 N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ 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
<u>N/A</u>				

Applicant's initial GG Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

3/2014-current	Bow Canyon Ct	Las Vegas NV	89147
1/2010 - 2/2014	8984 English Falls way	Las Vegas NV	89139
6/2005 - 12/2009	6682 Zephyr Wind	Las Vegas NV	89139
5/2008 - 5/2005	6022 Golden Harmony	Las Vegas NV	89031
3/1999 - 4/2002	2500 Karen Ave #12	Las Vegas NV	89121
4/1997 - 2/1999	620 W milford	Glendale, CA	91203
1/1990 - 3/1997	2 Micoro #9	Abovian Armenia	

Applicant's initial GG

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2017-current	All City Pharmacy 821 N Lamb Blvd Las Vegas NV	N/A
owner	Oversee Operations	self
7/2015-current	Vegas Car Center 4350 Arville #16 Las Vegas NV	N/A
owner	Oversee Operations	self
3/2015-1/2017	Elevate Capital 8337 W Sunset Las Vegas NV	Sold
owner	Oversee Operations	self
3/2012-3/2016	GG Wholesale 6069 Ft Apache Las Vegas	Sold Business
owner	Oversee Daily Operations	self
1/2012-3/2012	unemployed	
1/2010-1/2012	Step Vegas 3970 Mojave Las Vegas NV	Bus Closed
Consult.	Real Estate Consult.	Steve Arakelian
9/2008-1/2010	NMBIL Capital 640 Bridger Ave Las Vegas	Other job
Asset Mgr.	Administration	Johnathan Mynes
4/2003-8/2008	MLS Mortgage 4850 W Flamingo Las Vegas NV	Closed
Loan officer	originate loans	EDDIE KAWA

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

Applicant's initial GG Page 6

ADDITIONAL INFORMATION

Employment Continued:

2/2000 - 4/2003 In & Out Tire & Auto other job
 5410 S Deatur
 Pos: Technician Las Vegas NV 89113 Varied.

Duties: General Mechanic Task

2/1999 - 2/2000 Cessars Palace other job
 3570 S Las Vegas Blvd
 Las Vegas NV 89109 Corporate
 Pos: Valet Duties: Valet Park Cars

6/1997 - 2/1999 Ask Gold Comp moved.
 620 Olive
 Los Angeles, CA 90302
 Pos: Sales Varied.
 Duties: Sales Managers

1st Job is one above ASK Gold

Applicant's initial

GG

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Natasha Bell</u>	Home	<u>3 Agnew Valley Ct</u>	<u>Las Vegas</u>	<u>NV 89178</u>		<u>1 - 15 yrs</u>
Employer <u>Touro MED School</u>	Business	<u>874 American Pac</u>	<u>Fic Henderson</u>	<u>NV 89014</u>		
Name <u>Caroline Caruthers</u>	Home	<u>5 First Lady Ave</u>	<u>Las Vegas</u>	<u>NV 89148</u>		<u>20 yrs</u>
Employer <u>Home Funding</u>	Business	<u>1820 E Warm Springs</u>	<u>#130 Las Vegas</u>	<u>NV 89119</u>		
Name <u>Geir Karapetian</u>	Home	<u>Wicked Edge</u>	<u>Las Vegas</u>	<u>NV 89113</u>		<u>14 yrs</u>
Employer <u>Arizona trucking + catering</u>	Business	<u>224 W. Wicked Edge</u>	<u>Las Vegas</u>	<u>NV 89115</u>		
Name <u>Leo Flangas</u>	Home	<u>Montessori St</u>	<u>Las Vegas</u>			<u>12 yrs</u>
Employer <u>Flangas Law</u>	Business	<u>6005 3rd St</u>	<u>Las Vegas</u>	<u>NV 89101</u>		
Name <u>Kis Kardi</u>	Home	<u>N Jackson St</u>	<u>Glendale</u>	<u>CA 91206</u>		
Employer <u>Union Bank</u>	Business	<u>330 N Brand</u>	<u>#160 Glendale</u>	<u>CA 91203</u>		<u>30 yrs</u>

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

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

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

N/A

Applicant's initial

GG

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: N/A

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

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 ☒

N/A



Date of photograph 11/20/19

Applicant's initial G-G

STATE OF Nevada

SS.

COUNTY OF Clark

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

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



Original Signature of Applicant

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



Expires 6/8/2020
Notary Public

(seal)



Applicant's initial GG
Page 9

ADDITIONAL INFORMATION

Applicant's initial GG

NEVADA STATE BOARD OF PHARMACY

431 W PLUMB LANE – RENO, NV 89509 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: _____

**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: All City Pharmacy Store #: 2

Address: 8352 W. Warm Springs Rd. 3rd Floor

City: Las Vegas State: * NV Zip: 89113

Telephone: _____ Fax: _____

New Managing Pharmacist Name: Kristy Tran

License #: 16201 Date Started: _____

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

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

						Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?....						<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....						<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....						<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:							
Board Administrative Action:		State	Date:	Case #:			
			/ /				
Criminal Action:	State	Date:	Case #:	County	Court		

PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

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

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

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

Signature of New Managing Pharmacist (no stamps or copies)

5-27-2020
Date

Board Use Only

Date Received: _____ Amount: 50.00

Page 2 of 2

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

1331

Date 5-27-2020

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 Retail Pharmacy
All City Pharmacy #2 Nature of Pharmacy or Wholesaler
8352 W. Warm Springs Rd 3rd floor
Las Vegas, NV
89113
Name and Address of Business for Which Designated Representative Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

TRAN Last Name KRISTY First Name Middle Name

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

Cactus Desert Ct. Present Residence Address-Street or RFD N. Las Vegas City NV State/Zip 89084

821 N. Lamb Blvd. Present Business Address Las Vegas City NV State/Zip 89110

Staff Pharmacist Present Position with the Pharmacy or Wholesaler 5-27-2020 Dates

Phone: Residence 702-834-7704 Business

1-1-11 Date of Birth Loc An, Bao Loc, Vietnam Place of Birth (City, County, State)

41 Age 1-1-11-1111 Social Security Number or ITIN Female Sex

Brown Color of Eyes Black Color of Hair Fair Complexion 118 Weight Small Build 5'2 Height

Scars, tattoos or distinguishing marks and/or characteristics Small scar on right thigh

Are you a citizen of the United States? ☒ Yes ☐ No ☐ If alien, registration No. 7

If naturalized, certificate No. 6-7-2001 Date

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

2. MARITAL INFORMATION:

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

Applicant's initial KT

A. **Current Marriage** 11-6-2006 Las Vegas, Clark, NV
Date City, County and State
 Spouse's full name (Maiden) Thanh N. Ngo
SS# or ITIN
 Date of Birth Place of Birth Viet Nam
 Resident address Cactus Desert Ct. N. Las Vegas NV. 89084
Street City State Zip
 Telephone: Residence Business 702-641-8868
 Spouse's employer Neighborhood dental Occupation Dentist
 Address of employer 5061 E. Sahara Las Vegas NV 89142
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Lauren J. Ngo		Las Vegas	Cactus Desert Ct. NW, NV 89084
Katie Ngo		Las Vegas	2 Cactus Desert Ct. N. Las Vegas, NV. 89084

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 LT

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Tieng N. Tran		Cactus Desert Ct NW, NV. 89084	retired
Mother			
Anh N.T. Nguyen			deceased
Father-in-Law			
Trien NGO			deceased
Mother-in-Law			
Chau Le		Sycamore Ln. Garden Grove, CA 92843	retired

Father

Mother

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Mimi Tran		Beverly rd. Newark DE	Nurse
N/A	1971		
Spouse			
Kevin Tran		Tournament ct	X-Ray Tech.
N/A		Center Valley, PA 18034	
Spouse			
Spouse			

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Summit View	Waynesboro, PA	1990-1993	Yes <input checked="" type="radio"/> No <input type="radio"/>
High School	Louis E. Dieruff	Allentown, PA	1993-1997	Yes <input checked="" type="radio"/> No <input type="radio"/>
College	Temple University	Philadelphia, PA	1997-2003	Yes <input checked="" type="radio"/> No <input type="radio"/>
University				Yes <input type="radio"/> No <input type="radio"/>
Other				Yes <input type="radio"/> No <input type="radio"/>

Type of degree obtained, if any Pharm. D.College or university where obtained Temple University School of PharmacyApplicant's initial IG

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

N/A

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

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

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

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

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

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

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

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

N/A

Applicant's initial IG

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

6/1990 - 8/1995	120 N. Church St.	Waynesboro	PA.
8/1995 - 9/1997	1027 Hanover Ave.	Allentown	PA.
9/1997 - 6/2003	3315 Broad St.	Philadelphia	PA.
6/2003 - 11/2004	41067 Tournament Ct.	Center Valley	PA.
11/2004 - 8/2011	2321 Mistle Thrush Dr.	N. Las Vegas	NV.
8/2011 - Present	2 Cactus Desert Ct.	N. Las Vegas	NV.

Applicant's initial

IG

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

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/2005 - 8/2007	Walmart pharmacy 5545 Simmons St. LV, NV. 89031	3,840 hr.
<u>Pharmacist</u>	<u>Verifying and dispensing medications, patient counseling</u>	<u>Jack Dalton</u>
8/2007 - 4/2018	Walmart Rx 5940 Loxee Rd. NLV, NV. 89081	19,500 hr.
<u>Pharmacy manager</u>	<u>managed techs, verifying and dispensing meds., pt. counseling</u> <u>Responsible for all aspects of pharmacy</u>	<u>Jack Dalton</u>
10/2018 - 8/2019	West valley pharmacy 6125 W. Sahara LV, NV. 89146	1,280 hr.
<u>Pharmacist</u>	<u>Verifying and dispensing medications, patient counseling</u>	<u>Louis Nguyen</u>
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial LG

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Esther Lucibello</u>	Home <u>Russell Rd.</u>	<u>Las Vegas, NV.</u>	<u>89118</u>	<u>---</u>	<u>---</u>	<u>14 yrs.</u>
Employer <u>Self</u>	Business <u>Realtor</u>	<u>Las Vegas, NV.</u>	<u>89118</u>	<u>702-561-5643</u>		
Name <u>Pauline Yabut</u>	Home <u>Casa Antigua</u>	<u>Las Vegas, NV.</u>	<u>89081</u>			
Employer <u>Wal-mart</u>	Business <u>Tropical pkwy</u>	<u>Las Vegas, NV.</u>	<u>89114</u>	<u>702-515-7211</u>		<u>13 yrs.</u>
Name <u>Denise Farro</u>	Home <u>Fort Apache</u>	<u>Las Vegas, NV.</u>	<u>89149</u>	<u>---</u>	<u>---</u>	<u>12 yrs.</u>
Employer <u>Summerlin hospital</u>	Business <u>653 N. town center</u>	<u>Las Vegas, NV.</u>	<u>89144</u>	<u>702-209-3903</u>		
Name <u>Danielle Temple</u>	Home <u>Remington Grove</u>	<u>NV, NV.</u>	<u>89081</u>			<u>9 yrs.</u>
Employer <u>Wal-mart</u>	Business <u>Loose Rd.</u>	<u>Las Vegas, NV.</u>	<u>89081</u>	<u>702-639-9002</u>		
Name <u>Hai Mai</u>	Home <u>Allen St.</u>	<u>Las Vegas, NV.</u>	<u>89031</u>			<u>14 yrs.</u>
Employer <u>Wal-mart</u>	Business <u>Loose Rd.</u>	<u>Las Vegas, NV.</u>	<u>89081</u>	<u>702-639-9002</u>		

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

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

Yes ☒ No ☒

If yes, state type, where and years held

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

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 IG

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 5-27-2020

Applicant's initial IG

COUNTY OF Clark

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

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

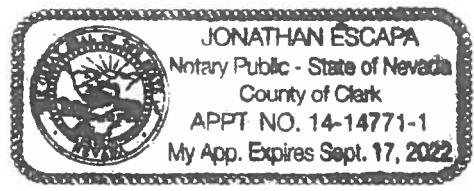
[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of

May 2020

[Signature]
Notary Public

(seal)



Applicant's initial Kt Page 9

Handwriting practice lines consisting of multiple sets of three horizontal dotted lines for letter height guidance.

22B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

- ☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Capsule Las Vegas LLC

Physical Address: 801 S Rancho Dr, Suite A-4

City: Las Vegas State: NV Zip Code: 89106 Telephone: 757-777-1311

Fax: 646-934-6409 Toll Free Number: 1-888-910-18

E-mail: licensing@capsule.com

Website: www.capsule.com

Managing Pharmacist: Angelica Gabriel License Number: 18103

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Capsule Corporation

Mailing Address: 255 Greenwich St, Floor 4

City: New York State: NY Zip: 10007

Telephone: 888-685-9515 Fax: 646-934-6409

Contact Person: Sonia Patel

For any corporation non publicly traded, disclose the following:

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

a) Eric Kinariwala 255 Greenwich Street, Floor 4 New York, NY 10007
Name Business Address

b) na

Name	Business Address
------	------------------

c) na

Name	Business Address
------	------------------

d) na

Name	Business Address
------	------------------

- 2) Provide the number of shares issued by the corporation. 100,000

- 3) What was the price paid per share? \$0.0001 per share

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm

Saturday 10 am 5 pm

Sunday 10 am 5 pm

24 Hours	N/A
----------	-----

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

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

I, Eric Kinariwala

Responsible Person of Capsule Las Vegas LLC

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

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

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



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

Eric Kinariwala

Print Name of Authorized Person

5/25/2020

Date

Managing Pharmacist

 Pharmacist Name: Angelica Gabriel

 License #: 18103

 Pharmacy Name: Capsule Las Vegas LLC

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

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

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

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


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

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

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

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

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



Signature

5/25/2020

Date

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

 Date 5/25/2020

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 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 Resident Retail Pharmacy
 Nature of Pharmacy or Wholesaler
Capsule Las Vegas LLC located at 801 S. Rancho Dr, Suite A-4, Las Vegas, NV 89106-3870
 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:

Gabriel Angelica Marie
 Last Name First Name Middle Name
NA
 Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Burning River St Las Vegas NV 89183
 Present Residence Address-Street or RFD City State/Zip

NA NA NA
 Present Business Address Dates City State/Zip

Pharmacist in Charge 5/20/20-Present
 Present Position with the Pharmacy or Wholesaler Dates
 Phone: Resider...
 Business 757-777-1311

Tamuning, GU
 Date of Birth Place of Birth (City, County, State)

32 F
 Age Social Security Number or ITIN Sex

BRN BRN Tan/Medium 130 lbs Petite 5'11"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NA

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

If naturalized, certificate No NA Date NA

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

2. MARITAL INFORMATION:

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

Applicant's initial AG

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/17/18 Las Vegas, NV
Date City, County and State
 Spouse's full name (Maiden) Mark Garrigus II ?
SS# or ITIN
 Date of Birth _____ Place of Birth Bethesda, MD
 Resident address: Burning St Dr Las Vegas NV 89183
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer H&M Occupation District Controller
 Address of employer 6605 S Las Vegas Blvd Las Vegas NV 89119
Street City State Zip

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

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

NA

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

NA

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Mark Garrigus II		Las Vegas, NV	Burning River St Las Vegas, NV 89183

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 AG

FAMILY INFORMATION-Continued

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

Name NA

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
<u>Edwin Gabriel</u>		<u>Governor Bradley St</u>	<u>Store Manager</u>
Mother		<u>Tamuning, GU 96931</u>	<u>Superintendent of Special Education</u>
<u>Yolanda Gabriel</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
Father-in-Law			
<u>Mark Garrigus</u>		<u>Churchill Dr</u>	<u>Navy Captain</u>
Mother-in-Law		<u>Chesapeake, VA 23322</u>	<u>" "</u>
<u>Dawn Garrigus</u>		<u>" "</u>	<u>Housewife</u>

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
<u>Michael Gabriel</u>		<u>Governor Bradley St</u>	<u>Front Desk Clerk</u>
		<u>Tamuning, GU 96931</u>	
<u>Angeline Gabriel</u>		<u>Passerine Way</u>	<u>Accountant</u>
Spouse		<u>San Diego, CA 92121</u>	
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>St. Johns Episcopal School</u>	<u>Tamuning, GU</u>	<u>8/92 - 5/01</u>	<u>Yes</u> <input type="radio"/> No <input type="radio"/>
High School	<u>Academy of Our Lady of Guam</u>	<u>Agana, GU</u>	<u>8/01 - 5/05</u>	<u>Yes</u> <input type="radio"/> No <input type="radio"/>
College	<u>University of Arizona</u>	<u>Tucson, AZ</u>	<u>8/05 - 5/08</u>	Yes <input type="radio"/> <u>No</u> <input type="radio"/>
University	<u>Roseman University</u>	<u>Henderson, NV</u>	<u>8/08 - 6/11</u>	<u>Yes</u> <input type="radio"/> No <input type="radio"/>

Type of degree obtained, if any DoctorateCollege or university where obtained Roseman UniversityApplicant's initial AG

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

NA

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

NA

Applicant's initial AC

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

NA

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

NA

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

5/20/20 - Present	Burning River St	Las Vegas	NV
12/15 - 5/20	9140 Mandalay Rd	Las Vegas	NV
7/14 - 12/15	1227 Anza St Apt 4	San Francisco	CA
4/13 - 7/14	3757 7th Ave	San Diego	CA
10/11 - 4/13	2583 Old Quarry Rd Apt 2134	San Diego	CA
5/08 - 10/11	2338 N Green Valley Pkwy Apt 218	Henderson	NV
8/07 - 5/08	1201 N Park Ave	Tucson	AZ
8/06 - 5/07	911 N Euclid Ave Apt 211	Tucson	AZ
8/05 - 5/06	1050 E 8th St	Tucson	AZ
12/94 - 8/05	194 Governor Bradley St	Tamuning	GU

Applicant's initial AG

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.

10/2008 - Present	Walgreens Pharmacy	15,000 +
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager	Manage all activities related to the preparation, dispensing, and sale of prescription & pharmacy related products	Ryan Gohorn
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial **AG**

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Helen Park</u>	Home	<u>Shadows Edge Ct 89052</u>				<u>12 years</u>
Employer <u>Roseman University</u>	Business	<u>Sunset Way Henderson, 89014</u>				<u>12 years</u>
Name <u>Andrea Matsuda</u>	Home	<u>Grand Helios Way 89052</u>				<u>12 years</u>
Employer <u>VA Pharmacy</u>	Business	<u>1020 S Boulder Hwy Henderson, 89015</u>				
Name <u>Michelle O'Connell</u>	Home	<u>State Vista Waterville Lake Rd Chula Vista, CA 91915</u>				<u>9 years</u>
Employer <u>San Diego State University</u>	Business	<u>5700 Hardy Ave San Diego, CA 92115</u>				<u>9 years</u>
Name <u>Thiem Nguyen</u>	Home	<u>Dalby Place San Diego, CA 92126</u>				<u>9 years</u>
Employer <u>Walgreens</u>	Business	<u>10787 Camino Ruiz San Diego, CA 92126</u>				
Name <u>Lynsee Lynsee Knowlton</u>	Home	<u>Spiced Wine Ave #11103 Henderson 89074</u>				<u>12 years</u>
Employer <u>Henderson Hospital</u>	Business	<u>1050 W Galleria Dr Henderson, NV 89011</u>				

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Pharmacist CA & NV 9 years

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

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 AG

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 ☐

Melissa Gabriel > pharmacists & owner of Guam Rexall Drugs
Mildred Gabriel

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 5/28/20

Applicant's initial AG

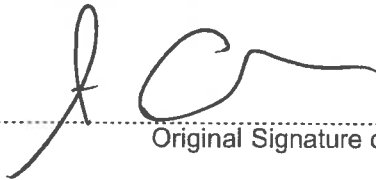
STATE OF Nevada

SS.

COUNTY OF Clark

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

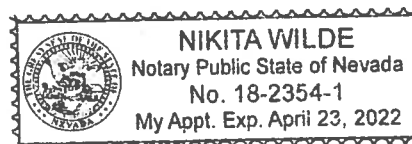
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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


Original Signature of Applicant

Subscribed and Sworn to before me this 28 day of

May 2020 by Angelica Gabriel.

Nikita Wilde
Notary Public



(seal)

Applicant's initial AG

ADDITIONAL INFORMATION

[illegible]

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/25/2020

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 Resident Retail Pharmacy

Nature of License

Capsule Las Vegas LLC located at 801 S Rancho Dr. Suite A-4, Las Vegas, NV 89106-3870

Name and Address of Establishment for Which License Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kinariwala	Eric	Vipul
Last Name	First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>West 26th Street, Apt</u>	<u>New York</u>	<u>New York, 10001</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>255 Greenwich Street, Floor 4</u>	<u>Dates 2/24/19-Present New York</u>	<u>New York, 10007</u>
Present Business Address	City	State/Zip
<u>President of Capsule Corporation</u>	<u>Dates 05/15/2015- present</u>	<u>888.685.9515</u>
Occupation		Phone: Residence
		Business <u>888-685-9515</u>
	<u>Hinsdale, DuPage/Cook, IL</u>	
Date of Birth	Place of Birth (City, County, State)	
<u>37</u>	<u>Male</u>	
Age	Social Security Number or ITIN	
<u>Brown</u>	<u>Black</u>	<u>Tan</u>
Color of Eyes	Color of Hair	Complexion
	<u>155</u>	<u>Average</u>
	Weight	Build
		<u>5 foot 10 inches</u>
		Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No N/A Date _____

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial EVK

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:**A. Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address

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 EVK

FAMILY INFORMATION-Continued

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

Name _____

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Vipul Kinariwala Father		Narbler Ct, Troy, MI 48084	Engineer
Beena Kinariwala Mother		Narbler Ct, Troy, MI 48084	Financial Planner

Father-in-Law _____

Mother-in-Law _____

D. Brothers and Sisters:

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

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

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Troy High School	Troy, MI	9/1997 - 6/2001
College	University of Pennsylvania	Philadelphia, PA	9/2001 - 6/2005
University	Stanford University	Stanford, CA	9/2009 - 6/2011

Type of degree obtained, if any Bachelor of Economics, Masters of Business AdministrationCollege or university where obtained University of Pennsylvania, Stanford University

Applicant's initial

EVK

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 EVK

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ **No** ☒ (Other than divorces)

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

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

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

Yes ☐ **No** ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
9/2015 - present	Vest 26th St.	New York	NY
10/2013 - 9/2015	137 Essex St. #5	New York	NY
11/2012 - 10/2013	1960 Warbler Ct	Troy	MI
2/2012 - 11/2012	11 Moorhouse Rd	London	United Kingdom
6/2010 - 2/2012	283 Leland Ave	Menlo Park	CA
6/2009 - 6/2010	680 Serra St	Stanford	CA
1/2016 - 6/2009	17 East 13th St, #4E	New York	NY
8/2015 - 12/2016	302 Columbus Ave, #2	Boston	MA

Applicant's initial ENK

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2015	Capsule, 255 Greenwich St, NY, NY 10007	n/a
Title	Description of Duties	Name of Supervisor
President & CEO	Manage Capsule	n/a
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2015		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2012 - 10/2012	Perry Capital UK, 4 Grosvenor PI, SW1X 7HJ	Pursue other opportunities
Title	Description of Duties	Name of Supervisor
Analyst	Analyze investment opportunities	David Russekoff
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2009 - 2/2012	Stanford University, 450 Serra, Stanford, CA 94305	Graduated
Title	Description of Duties	Name of Supervisor
Student	Full-time MBA student	n/a
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2007 - 6/2009	Perry Capital, 767 5th Ave, NY, NY 10153	Pursue graduate school
Title	Description of Duties	Name of Supervisor
Analyst	Analyze investment opportunities	David Russekoff
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2015 - 12/2006	Bain Capital, 200 Clarendon, Boston, MA 02116	Recruited for new job
Title	Description of Duties	Name of Supervisor
Analyst	Analyze investment opportunities	Nathan Gilliland
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2001 - 8/2015	Univ of Penn, 3000 Locust Walk, Philadelphia, PA 19104	Graduated
Title	Description of Duties	Name of Supervisor
Student	Full-time student	n/a
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 ENK

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 Sanjay Jain	Home	Jackson St,	Hoboken, NJ	07030		5
Employer Seva	Business	404 5th Ave,	NY, NY	10018		
Name Prashant Bobba	Home	Univ Ave,	Toronto, ON	M5H 0A2		8
Employer Asteya	Business	100 King St W,	Toronto, ON	M5X 1B1	(416) 301-1306	
Name Neal Parikh	Home	N Houston,	Dallas, TX	75219		19
Employer McKinsey & Co	Business	2021 McKinney,	Dallas, TX	75201	(214) 665-1200	
Name Archana Potters	Home	W Cortland,	Chicago, IL	60622		19
Employer ghSmart	Business	203 N La Salle,	Chicago IL	60601	(847) 438-8011	
Name Tyler Sosin	Home	Scott St,	San Francisco, CA	94117		8
Employer Menlo Ventures	Business	2884 Sand Hill,	Menlo Park, CA	94025	(650) 854-8540	

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

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

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

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

Yes ☒ No ☒

If yes, state type, where and years held

.....

.....

.....

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

.....

.....

.....

Applicant's initial ENK

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

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

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

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

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

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

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

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



Date of photograph 5/21/20

Applicant's initial ENK

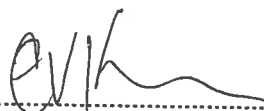
STATE OF New York

ss.

COUNTY OF New York

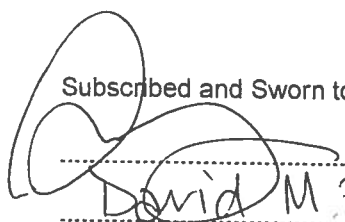
I, ERIC KINARIWALA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of May 2020



David M Zidek Jr.
Notary Public

DAVID M ZIDEK JR
NOTARY PUBLIC-STATE OF NEW YORK
No. 01Z16394330
Qualified in New York County
My Commission Expires 07-01-2023

(seal)

Applicant's initial



ADDITIONAL INFORMATION

Applicant's initial EVK

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "CAPSULE LAS VEGAS
LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF FEBRUARY,
A.D. 2020, AT 3:36 O'CLOCK P.M.



7861773 8100
SR# 20201323384

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202431186
Date: 02-20-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:36 PM 02/20/2020
FILED 03:36 PM 02/20/2020
SR 20201323384 - File Number 7861773

CERTIFICATE OF FORMATION
OF
CAPSULE LAS VEGAS LLC

This Certificate of Formation of Capsule Las Vegas LLC (the "LLC"), dated as of February 20, 2020, is being duly executed and filed by James Taylor, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 *Del.C.* § 18-101, *et seq.*).

FIRST. The name of the limited liability company formed hereby is Capsule Las Vegas LLC.

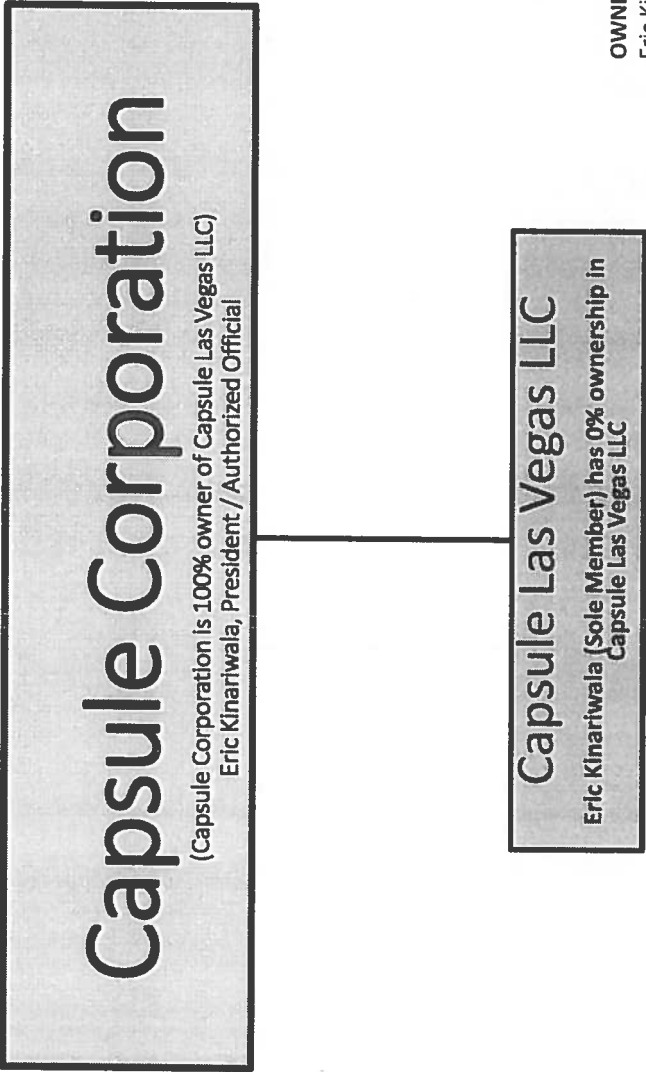
SECOND. The address of the registered office of the LLC in the State of Delaware is c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808-1674.

THIRD. The name and address of the registered agent for service of process on the LLC in the State of Delaware is Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808-1674.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 20th day of February, 2020.

/s/ James Taylor
James Taylor, Authorized Person

Please see below for a list of officers and directors. Eric Kinariwala is the Sole Member of Capsule Las Vegas LLC and he is President/Authorized Official for Capsule Corporation.



OWNER CONTACT INFO:
Eric Kinariwala
255 Greenwich St, Floor 4, NY, NY 10007
888-685-9515

Delaware

The First State

Page 1

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/s/ James Taylor
James Taylor, Authorized Person

Capsule Corporation

(Capsule Corporation is 100% owner of Capsule Las Vegas LLC)
Eric Kinariwala, President / Authorized Official

Capsule Las Vegas LLC

Eric Kinariwala (Sole Member) has 0% ownership in
Capsule Las Vegas LLC

OWNER CONTACT INFO:

Eric Kinariwala
255 Greenwich St, Floor 4, NY, NY 10007
888-685-9515