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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: PHCheck 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 □ Sole Owner – Pages 1,2,8,10,11a&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 Pharm	acy #2			
Physical Address: 8352 W Warm Springs Rd				
City: Las Vegas State: Zip C	Code:89113 Telephone:			
(MOZ) 834-7704 Fax: (70)	2)834-770 5 oll Free Number:			
E-mail:	nfo@allcitypharmacy.com			
Website: allcity pharmacy, com				
Managing Pharmacist: Jared S Koho License Number: 19641				
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
☐ Retail	□ □ Off-site Cognitive Services			
□ □ Hospital (# beds)	□ □ Parenteral			
□ □ Internet	□ □ Parenteral (outpatient)			
☐ ☐ Nuclear ☐ ☐ Outpatient/Discharge				
□ □ Ambulatory Surgery Center	□ □ Mail Service			
□ □ Community	□ □ Long Term Care			
☐ ☐ Other: ☐ ☐ Sterile Compounding				
	□ □ Non Sterile Compounding			
All boxes must be checked	☐ ☐ Mail Service Sterile Compounding			
For the application to be complete				
For the application to be complete	□ □ 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) wany interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea	
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) w any interest, ever been denied a license, permit or certificate of registration?	ith Yes □ No 🏿
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) winterest, ever been the subject of an administrative action, board site fine or proceeding relating to the pharmaceutical industry?	ith any citation, Yes 爲 No □
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) winterest, ever been found guilty, pled guilty or entered a plea of no contendere to any offense federal or state, related to controlled substances?	ith any olo Yes □ No ፬
	Has the corporation, any owner(s), shareholder(s) or partner(s) wi interest, ever surrendered a license, permit or certificate of registr voluntarily or otherwise (other than upon voluntary close of a facility	ation
Copies	answer to question 1 through 5 is "yes", a signed statement of expl s of any documents that identify the circumstance or contain an ord sition may be required.	anation must be attached. der, agreement, or other
correct	by certify that the answers given in this application and attached do t. I understand that any infraction of the laws of the State of Nevac ion of an authorized pharmacy may be grounds for the revocation	da regulating the
under correct employ	read all questions, answers and statements and know the content penalty of perjury, that the information furnished on this application t. I hereby authorize the Nevada State Board of Pharmacy, its age yees, to conduct any investigation(s) of the business, professional, round, qualification and reputation, as it may deem necessary, pro	n are true, accurate and nts, servants and social and moral
<u> </u>	1975	
Ga	al Signature of Person Authorized to Submit Application, no copies ren Coval han yan Il 2 Date	or stamps
Board	Use Only Date Processed: Amount: 6	50.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Neugag
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Lamb Blvd #4
City: 102 Vegas State: NV Zip: 89110
Telephone: (702) 834-7704 Fax: (702) 834-7705
Contact Person: Garen Garakhanyan
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Name Business Address
b) W/A
Name Business Address
c) A Business Address
d) Name Business Address
2) Provide the number of shares issued by the corporation.
3) What was the price paid per share?
List any physician shareholders and percentage of ownership.
Name: NIA NONE %: NIA
Name: N/A %: N/A
Hours of Operation for the pharmacy:
Monday thru Friday 7.30 am 5 pm Saturdayampi
Sundayampm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20161161525

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: <u>Garen Garakhanyan</u>		
Business Name: All Cyty Pharma	(4	
Current Business Address: 821 N Lamb	Blue #	4
city: Las Vegasstate: NU		
Telephone: $(702)834 - 7704$ Fax:	(702) 8	34-7705
List any physician shareholders and percentage of ownership	p.	
Name: Garen Garak hanyan		%: <u>/</u> 00
Name:		
Name:		% :
Name:		%:
Hours of Operation for the pharmacy:		
Monday thru Friday 7:30 am 500 pm	Saturday	<u>am</u> pm
Sundayampm	24 Hours	
A Nevada business license is not required, however if the ph license please provide the number: NV 2016116	armacy has a	Nevada business

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

1, Garen Garakhanyan
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.
4AD
Original Signature of Person Authorized to Submit Application, no copies or stamps
Frint Name of Authorized Person

Managing Pharmacist

Pharmacist Name: Jarel Scott Kolin License #: 19	64	1
Pharmacist Name: Jace 1 Scott Kohn License #: 19 Pharmacy Name: All City Pharmacy		-'
Pharmacy Name: HII CITY & NOVINGEY		-
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a controlled to be on file at the pharmacy.	of the)
I understand that as the managing pharmacist I am responsible for compliance by the pharmand its personnel with all state and federal laws and regulations relating to the operation of the pharmand 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.	rmacy	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	jointly	y ,
Y Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	es	No
physical condition that would impair your ability to perform the essential functions of your license?		
 been charged, arrested or convicted of a felony or misdemeanor in any state? 		12
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		
If you marked YES to any of the numbered questions above, please include the following information	on	
Board Administrative Action: State: Date: Case #:		
And/or Criminal Action: State: Date: Case #: CountyCourt:		

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)
- 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.

Certificate Number: B20191119378542

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

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

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

Borbara K. Cegarste

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 <u>cannot</u> be waived.



BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

(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 TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT	Er Ide	161161525 ntity or Nevada Business ntification Number (NVID)
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:	Filed in the Office of Balhara K. (equipment)	Business Number E0124232016-8 Filing Number
 Nonprofit Corporation (see nonprofit sections below) ✓ Limited-Liability Company 	Secretary of State	20190297473 Filed On 11/20/2019 12:07:30 PM Number of Pages 2
Limited Partnership Limited-Liability Partnership		
Limited-Liability Limited Partnership Business Trust		
Corporation Sole Additional Officers, Managers, Members, General Partners, Managing Partners, Trustee	s 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		and on a supportential page.
For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit design the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt fro Exemption Code 002	checking box below.	
For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' associat organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C \$ 501(c) are excilicense. Please indicate below if this entity falls under one of these categories by marking the at these categories please submit \$200.00 for the state business license. Unit-owners' Association Religious, charitable, fraternal or other org	suded from the requirement in the entity in	nt to obtain a state business y does not fall under either of
For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Info		
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 Fro		
required **Failure to include the required statement form will result in rejection o		



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**

CORPORATION, INDICATE THE MANAGING MEMBER:			
GAREN GARAKHANYAN	gage grap phonograph salmed the high file the delivery from a common term arranged to high salment and the sal	USA	
Name	30 - 100 - 1	Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE MANAGING MEMBER:			
GAREN GARAKHANYAN	-manusconstructiva (vol. grupp aparamagnettimusett) valdettijvid (n. grup fung) painank likelikkiskalidettim	USA	
Name	which as a remain market, describe the species of the second section to the second section section to the second section section sec	Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110
Address	City	State	Zip/Postal Code
None of the officers and directors identified in the list of officer	rs has been identified with	the fraudulent inte	nt of concealing
the identity of any person or persons exercising the power or a unlawful conduct. I declare, to the best of my knowledge under penalty of perjury acknowledge that pursuant to NRS 239.330, it is a category C fe	uthority of an officer or di	rector in furtheranc stained herein is cor	rect and
None of the officers and directors identified in the list of officer the identity of any person or persons exercising the power or a unlawful conduct. I declare, to the best of my knowledge under penalty of perjury acknowledge that pursuant to NRS 239.330, it is a category C for in the Office of the Secretary of State.	uthority of an officer or di	rector in furtheranc Itained herein is cor ny false or forged in	rect and



UNSIGNED

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

Partner or Authorized Signer FORM WILL BE RETURNED IF

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 ME	MBER:		
GAREN GARAKHANYAN		USA	
Name		Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE MANAGING MEI	MBER:		
GAREN GARAKHANYAN		USA	
Name		Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110
Address	City	State	Zip/Postal Code

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

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

X Garen Garakhanyan	Manager	11/20/2019
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee,	Title	Date
Subscriber, Member, Owner of Business,		



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

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.

Goven 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
Petitioner,) 17-070-PH-S)
v.)
JAIME CORDOBA-HERNANDEZ, RPH Certificate of Registration No. 17533, and) STIPULATED FACTS) (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

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

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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".
- 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 Igm 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 Vancomyein, 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 day of April 2019

Signed this 16 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 Ist 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,

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,) CASE NO. 17-070-RPH-S
Petitioner,) 17-070-PH-S
V.)
JAIME CORDOBA-HERNANDEZ, RPH, Certificate of Registration No. 17533, and) FINDINGS OF FACT,) CONCLUSIONS OF LAW) AND ORDER
ALL CITY PHARMACY, LLC Certificate of Registration No. PH03609,)))
Respondents.)
	/

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:

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.

The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez 1. 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

Cordoba-Hernandez has been disciplined by the Board on two other occasions 2. 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

- On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home 3. Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.
- The physician stated on the prescription that "Pharm to dose Abx" and "Vanco 4. trough weekly."
- 5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.
- Justin Reyes from Alta Carc Home Health (Alta Care) called Cordoba-Hernandez 6. 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 Vancomyein without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.
- Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting 8. 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.
- Without verifying that Reyes was acting on Dr. Shah's behalf, and without 9. consulting Dr. Shah. Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to Cordoba-Hernandez, All City Pharmacy Order

change the Vancomyein 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.
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- 12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.
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- 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 hecause 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.
 - 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.
- Not engage in any form of compounding or specialty pharmacy.
 He shall limit his practice to retail pharmacy practice only.
- 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 cheek* or *certified cheek* or *money order* made payable to the "*Nevadu 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 _____ day of April 2019.

Jason Perrod, President

Neyada 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 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 Phase All City Pharmacy		j W. U	Jaka Soring	is Rd. Las Vegas
Name and Addr	ess of Establishment for able, Name Under Which		period Cor	ર્શા કે
1. PERSONAL INFORMATION:	Garen			
Last Name	First Name		Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name Chang	ges, Legal or Otherwise)			
Bow Canyon	Ct Los V	egas 1	118914	/
Present Residence Address-Street or RFD 8.21 N Lamb Blvd Date		2016 -	State/Zip Current (FOR All City Pharmacy #1)
Present Business Address	11 / 2 / 0 c		State/Zip	,
Own & Date Occupation	s 15 ac) (-Current	
·			Residence	
Date of Birth Place	e of Birth (City, County, S	Rmenia	Business (702)	834-7704
4			Ma	le
Age Social Security	Number		Sex	~~
Color of Eyes Color of Hair Co	<u>Olive</u> mplexion	Weight	Small 5' Build Hei	ght
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 Ce	ptember 1	7,7007
	· /			'
Place LAS VEGAS, N	······································	(If naturalized	, document must be v	verified.)
2. MARITAL INFORMATION:				
Single □ Married □ Separated □	Divorced 💢	Widowed □	Engaged	
	,	A	pplicant's initial	GG Page 1

MARITA	_ INFC	RMA'	TION	-Continued
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A.	Current marriage 10 ()	***************************************		
	Spouse's full name (Maiden)	7	City, County and State S.S. No A A	•••••
	Date of Birth N (A			
	Resident address U A	City	Stata Zin	•••••
	Telephone: Residence N A	Business	NIA	***********
	Spouse's employer NA	Occupation_	NIA	
	Address of employer (VI A	City	State Zin	
B. Pı	revious Marriages: If ever legally separat			
Name Kri		of Marriage Ac	tion County and St Divorce Las V	ate Equiv
_Kr	List of names, current address and teleph Name Street	City State	Zip Telepho	legas NV8913
3. FA A. Al	MILY INFORMATION: Children and Dependents: List all children, including step-child Name Birth Date ex Garakhan yan Jid Garakhan yan	Didle Diago	Residence Andress Bowl	Canyon Ct NV 89147 Canyon Ct
В.	Child Support Information: Please mark the appropriate response to a court order to a court order to a plan approved by the district a of the amount owed pursuant. I am subject to a court order to the order or a plan approved the repayment of the amount.	der for the support of child. for the support of one or more attorney or other public agence to the order; or for the support of one or more by the district attorney or othe	cy enforcing the order for t e children and NOT in comer public agency enforcing	he repayment

Name	FAMIL	District attorney or public agency	responsible for enfor	cing the child suppor	t order:	
Address Contact person C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, step-parents, in-law or legal quardian. If retired or deceased, list last address and occupation Abdress Address A						
Contact person. C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, in-law or legal quardian. If retired or deceased, list last address and occupation. Name (Malden). Settler Garakhanyan GRANOCANYUN Dr. Lastless and occupation. HRAIR Garakhanyan GRANOCANYUN Dr. Lastless of birth and most recent occupations of brothers and sisters. List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses. Name (Malden). Birth Date Address Occupation of brothers and sisters and of their respective spouses. Name (Malden). Birth Date Address Occupation Dates Atlanded Graduate Figure 4. EDUCATION: Spouse A. EDUCATION: Name of School Location Dates Atlanded Graduate Figure 4. Danian 4. Danian Armania, 1984-94 yes No. Callege Nother Abanian 4. Danian Armania, 1984-94 yes No. Callege Nother Yes No. College or university where obtained. N. A. College or university where obtained. N. A. College or university where obtained.						
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5 MILITARY INFORMATION:

A.	Have you ever se	rved in any armed	forces?	Yes LI N	0 14		
	Branch	NIA	Date	of entry-activ	e service		
	Date of separation	n	Туре	of discharge	•••••		
	Rating at separati	ion		Serial num	ber		***************************************
	special or genera	nry service were you I court martial? ere they occurred-fo	Yes 🗆 No [If yes, furn			
В.		red for the draft?	_				
	County U	IA Stat	e ~//	<u>+</u> D;	ate registered N	/ / A	
6. AF		IONS, LITIGATION	IS AND ARBITRA	ATIONS: (Ind	clude those arrests	s in which	ı you were
A.	violation for any r	een arrested, detain eason whatsoever, yes, give details in	regardless of the	disposition of	f the event? (Excep	t minor tra	
Date of	Arrest A	ige Charge	Location-City an	d State	Deposition/Date	Arresting	Agency
	NIA						
B. C. D. E. G.	arrested or in whi page 10. Have you ever be or committee? Y Have you ever be commission? Yes Have you ever be Yes No 2 Have you ever half yes, when? Have you ever relif yes when? Has any member	een subpoenaed to	d as an unindicted appear or testify testify for any civing record expunged city, deferred prosecutity, fyour spouse's fa	state, federal pefore a federal pefore a federal or sealed by county and station for any county and stanily ever bee	es No In It yes or law enforcement ral, state or county en administrative proces a court order? Yes rate riminal offense? Yes rate ren convicted of a felice	s. furnish of tagency, grand jury eeding or No 2	details on commission , board or hearing?
Name		Relations	ship	Charge	Loc	ation	Date
	NI	A					
							-6
					Applicant's initia	al (~	

Page 4

Page 5

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you wassociated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankrupter Yes No If yes, complete the following: Name of Entity Type of Entity Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy	Plaintiff/Defendant or	Date Filed	Court and Case	67.	
associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptives No Pityes, complete the following: Name of Entity Type of Entity Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy Name of Entity Type of Entity Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy Approximate Date(s) of Lawsuit/Arbitration or bankruptcy Approximate Date(s) of Lawsuit/Arbitration		A	Number	City, County and State	Disposition/Date
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			7.7		

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

Page 6

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 NIA
11/2017-00	crent All City Pharmacy 821	N LambBlud Laslages NV
Title	Description of Duties	Name of Supervisor
owner	Oversee Operations	self
500119	000000000000000000000000000000000000000	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving N (A
7/2015 - Curr	ent Vegas Car Center 4:	Name of Supervisor \$9103
		Name of Supervisor 89103
owner (Diersee Operations	self
Month and Year	Name (AA-III A delega of First III)	
71	Name/Mailing Address of Employer/Business	Reason for Leaving Sold
3 20 5-1/20		U Sunset Las Veges NV89113
	Description of Duties	Name of Supervisor
owner	Oversee Operations	5814
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2/112 - 3/2	CCII hologie 6069F+ Arich	SOID BUSINESS
3/2012 - 3/20	Description of Duties Las Vegas	Name of Supervisor
Owner	Over see Daily Operations	self.
		<u> </u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2012-7/6	2012 unemployed	
Title	Description of Duties	Name of Supervisor
	and the state of t	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving .
	01 100 100	n n 1
1/2010 - 1/20 Title	Description of Duties	Name of Supervisor
0 11	Real Estate Consult.	0.
ionsult.	Theat estate constitution	Steve Arakelian
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving Other Job
9/2008-1/2010	NMBIL Capital 640 Bridgert	Name of Supervisor
litte	Description of Dutles	Name of Supervisor
Asset Mgr.	Administration	Johnathan Munes
<u> </u>		
Month and Year HIDOUS 8/2	Name/Mailing Address of Employer/Business	Reason for Leaving Clased
Title	Description of Putton	Name of Scientifica
1 con Con	Los Vegas	Name of Supervisor
LOWN OTTIC	Description of Duties Las Vegas Ler oxiginate loans	EDD/EKAWA
	eeded, continue on page 10 or provide attachment.	
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	Δ	nnlicant's initial

	Employment Continued:
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	2/1999-2/2000 Cesars Palace other job 3570 5 Las Vegas Blud Las Vegas NV89109 Corporate
P	si Valet Deties' Walet Park Cars
19 19	6/1997-2/1999 Ask Gold Comp moved.
	Pos: Sales Duties: Sales Managers
	1st Jub is one above ASK Gold
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Applicant's initial

Page 10

9. CHARACTER REFERENCES:

	List five charac	cter reference v	vho have know you five	years or more. Do	o not include rela	atives, prese	ent
Name of	Where Employed	Street	City State Zip	Telepho	ne	Years Know	ın
Name	Vatasha B	C/ Home	3 Agran Valley C	L Las Vegas N	N89178		1-15 yrs
Employe	Touro MEDS	7		Pac, FicHend	eson NV	89014	
Name	Carolinel	ar Home	5 FIRSTLAND	Ly Ale Laska	US NV89148	010 1 0 0	, 204rs
Employe	HomeFuno	/ NG Business /	1820 E Warm	Spring	130 Las Ve	sos Nu	189119
Name (Selve Kara	ipet yan	WICKED Edu	ac Las Vegas N	189113	, 1	1445
Employe	Alizona truck	· + Catering Business	224 W. CKED 8	Edge Las Ve	Sas NV 8911	5	
Name L	eo Hang	a 5 Home	mon tess	DRI STLAS	Vegas	***	124rs .
Employe	Flanges Z	Business	6005 3Rd S	it Las Uco	as NV	8910	
Name	Kiscy Kour	di Home	N Jack	10n St 61	en fa/el	A 91:	206
Employe	Union B	Business 3	36 N Brand #16	O Glandale	CA 9/2	03	3045
10.	Do you have a	ny safe deposi	t box or other such depo	sitory, access to a	ny depository or	do you use	•
	person's depos					-	-
D Ni							
BOX NUM	ber or Type of Depo	OSITORY	Location City a	ind State	Authorized Users		
)						
44		L-14 1-11 1-11 1-11 1-11 1-11 1-11 1-11 1-11 1-11 1-11 1					
11.	the following:	neid a privilegi	ed, occupational or profe	essional license in	any state, includ	ding but not	limited to
	Liquor	Lawyer	Race horse/race dog		Securities dea		surance
	Doctor Accountant	Contractor Pilot	Real estate broker of	r salesman	Barber/Cosme		aming
	Yes 🗆 No 🛭	Pilot	Sports promoter		Trainer or mar	nager E	ducator
	If yes, state typ	e, where and y	ears held				
	. \		***************************************		**********	************	A B 0 B 0 0 0 0 0 0 0
	NIA	***************			***************	********	*****
		***************************************		***************************************			
12.	Have you ever	applied for a ci	ity, county of state busir	ess, venture or inc	dustry license or	held a finar	ncial
	interest in a lice	ensed business	s or industry OUTSIDE t	he State of Nevad	a? Yes No I	X	
	If yes, state typ	e, when and w	here and give names a	nd locations of the	businesses in w	hich you we	ere
	venture or indu	ames and addr stry.	ess of all partners and t	he agency respons	sible for licensing	g said busin	ess,
	4						•
	NIA		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		****************	
				1000			
			***************************************				•••••
						_	
				A	pplicant's initial	(-	

13.	Have you ever appeared before any licensing agency any reason whatsoever? Yes ☐ No ☐	or similar authority in or outside the State of Nevada for
14.	Have you ever been denied a personal license, permor professional activity? Yes □ No □	it, certificate or registration for a privileged, occupational
f yes 1	to the above, state where, when and for what reason:	NIA
15.	Have you ever been refused a business or industry liparticipant in any group which has been denied a bus suitability?	cense or related finding of suitability or been a siness or industry license or related finding of Yes No
16.	Have you or any person with whom you have been a administrative action or proceeding relating to the pha	
17.		participant in any group ever been found guilty, plead ense, federal or state, related to prescription drugs and/or Yes No D
18.		participant in any group ever surrendered a license, maceutical industry voluntarily or otherwise (other than Yes No X
19.	pharmaceutical or drug related industry?	consanguinity associated with or employed in the Yes □ No □
••••••	NIA	

		Date of photograph 11/20/19 Applicant's initial G-G-
		Applicant's initial Page

STATE OF Nevada	

COUNTY OF Clark

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

SS.

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

Expires 6/8/2020 Notary Public

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

(seal)

CAROLINE CAROUTHERS Notary Public, State of Nevada Appointment No. 16-2770-1 My Appt. Expires June 08, 2020

Applicant's initial Page 9

ADDITIONAL INFORMATION

<u> </u>
······································

Applicant's initial 6 9

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 <u>Nevada</u>. We only require written notification from an out-of-state pharmacy for a manager change.

General Information	**Nevada Pharmac	y Board Licens	e #:
Pharmacy Name: All City	0.1	1, INPI OF DEA NUN	nber. Number begins with a PH, IA, IB)
			Store #:
Address: <u>8352 W. 1</u>	warm Springs	Id. 3"	Floor
city: Las Veras		Sta	ite: * NV Zip: <u>89113</u>
Telephone:		Fax:	
New Managing Pharmacist Nam	e: Kristy	Tran	
License #:\620\		Date Started	:
report for duty as the managi	the above reference ng pharmacist, I sha e method prescribe	ed pharmacy, I Ill cause an invid by the provis	understand within 48 hours after I entory of all controlled substances of sion of 21 CFR Part 1304; and cause a
Been diagnosed or treated for any physical condition that would import and the subject of an administration. Been the subject of an administration and the subjected to an administration and the subjected to an administration.	air your ability to perfo ted of a felony or misdo ative action whether co y discipline for violation	rm the essential remeanor in any st emeanor in any st mpleted or pendi of pharmacy or c	functions of your license?
Board Administrative State	Date:		Case #:
Action:	/ /		COSC #.
Criminal State Date:	Case #:	County	Court
Page 1 of 2			

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.

Cmh		5-27-2020	
Signature of New Managing Ph	narmacist (no stamps or copies)	Date	
⊠ Board Use Only Date Received:	Amount: 50,00	Page 2 of 2	

for a Pharmacy or Wholesaler located in Nevada

hi Date 5-27-2010

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	Dharmacu	ve 134	Car III II II II	Const.
All City Pharmac	Nature of Diddless of Business for	harmacy or Wholesaler 2352 W. W Which Designated Repre	AM Spring	35 Pd 3rd floor Las Veras, NV
,		Under Which It Is Now C		29113
1. PERSONAL INFORMATION:	KR- First N	ISTY		
Alias(es, Nicknames, Maiden Name, Other Name			Middle Name	
	ert Ct.		eggs Nu	/ <u>89084</u>
4 1 1	Dates	City Las Vigas City		e/Zip 89110 e/Zip
Staff Pharmaust Present Position with the Pharmacy or Whole	Dates 5-2'	7-200	Phone:	<u> </u>
Date of Birth	Place of Birth (Cir	Bao Loc , V	Residence Business _/	10-834-7704
Age Soci	al Security Number or I	TIN		Temale
Bown Black Color of Eyes Color of Hair	Fair) 8 Weight	SMAIL	512 Height
Scars, tattoos or distinguishing mark	s and/or character	istics Small	Scar Bn	right thigh
Are you a citizen of the United States	s? (Yes No No	If alien, registration	on No	, }
If naturalized, certificate No		Date	6-7-200	
Place Allentown, 7	Dennsylvani	(If natura	alized, document m	ust be verified.)
2. MARITAL INFORMATION:				
Single Married Separa	ated • Divord	ed • Widowed	→ Engaged	•
			Applicant's init	ial Page

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

District attorney or public age	ency responsible for enforce	ing the child support order:	13
Name			
Address			
Contact person			
C. Parents: List names, residence addres	sses, dates of birth and mo	ost recent occupations of par	rents, step-parents,
parents-	tired or despessed list last	addraga and accumation	
in-law or legal quardian. If re Name (Maiden)	Birth Date Address	address and occupation.	Occupation
ather	THE PART OF THE PA		
Tieng N. Tran		2 Cartis Desert of M	v.NV. 89084 refired
			docasal
Anh N.T. Vguyen Father-in-Law	- 101 - 10	un live, pr assure er	clecaxa
Trieu NGO Mother-in-Law			deceased
chau Le	S	ycamore Ln. Garden 6	one ca 928153 refired
D. Brothers and Sisters: List names, residence address their respective spouses.	sses, dates of birth and mo	ost recent occupations of bro	thers and sisters and of
Name (Maiden)	Birth Date Address	3	Occupation
MiMi Tran	2	Bevery Rd. Newark.	DE NUISE
Spouse V/A		19711	
Kevin Tran	C 02 12	, Tourrament C+	V Ray Toch
Spouse		rualley, PA 1803L	,
NA	COM	I valley, IPH IXUSL	1
Spouse			
Spouse			
5,504,50			
4. EDUCATION:			
Name of School	Location	Dates Attended	Graduate
School Summy VIIW	Waynesboro, pr	1990-1993	Yes No To
High LOUIS E. Dilruff	Allentown, DA	1993-1997	Yes No No
College University Temple University	v shiladolphia, A)A 1997-2003	Yes No
Other	7 7		Yes No
Type of degree obtained, if any $\widehat{\mathcal{D}}$	harm. D.		
College or university where obtained	Temple Univers	ity School of Phar	maly
		Applicant's in	sitiol If

Page 3

NIA			
•		-	

Applicant's initial___//

Plaintiff/Defendant or Claimant/Respondent Date	Court and Case Filed Number	City, County and State	Disposition/Date
JA		No.	
associated with it as	tnership, business venture, sole an owner, officer, director or pa yes, complete the following:		
Name of Entity	Type of Entity		roximate Date(s) of suit/Arbitration/Bankruptcy
NA			
7. RESIDENCES:			
7. RESIDENCES: List all residences you have	had for the last 25 years:		
List all residences you have		City	State or County
ist all residences you have	Street and Number	City	State or County
List all residences you have	Street and Number	lara la m	State or County PA. DA
ist all residences you have	Street and Number 120N, Church St. 1027 Hanver ave.	lara la m	State or County PA. PA. PA.
List all residences you have Month and Year (From-To) 0 1990 - 8 1995 8 1995 - 9 1997 2 1997 - 6/2003	Street and Number 120N, Church St. 1027 Hanver au. 3315 Broad St.	Waynesboro Alkentasa Philadelphia	PA. PA. PA.
List all residences you have Month and Year (From-To) 0 1990 - 8 1995 8 1995 - 9 1997 2 1997 - 6 2003 6 2003 - 11 2004	Street and Number 120N, Church St. 1027 Hanver au. 3315 Broad St. 4067 Thurnament	Waynesboro Alkenteun Philadelphia C. Conter Valley	PA. PA. PA.
List all residences you have Month and Year (From-To) 0 1990 - 8 1995 8 1995 - 9 1997 2 1997 - 6/2003 6 2003 - 11 2004 11 12004 - 8 2011	Street and Number 120N. Church St. 1027 Hanver are. 3315 Broad St. 41067 Tournament 2321 Mistle Thrush	Nayrusboro Alkentwn Philadelphia C. Conter Valley Or N. Lasvega	PA. PA. PA. PA. NU,
List all residences you have Month and Year (From-To) 0 1990 - 8 1995 8 1995 - 9 1997 2 1997 - 6/2003 6 2003 - 11 2004 11 12004 - 8 2011	Street and Number 120N. Church St. 1027 Hanver are. 3315 Broad St. 41067 Tournament 2321 Mistle Thrush	Nayrusboro Alkentwn Philadelphia C. Conter Valley Or N. Lasvega	PA. PA. PA.
List all residences you have Month and Year (From-To) (6 1990 - 8 1995 8 1995 - 9 1997 9 1997 - 6/2003 (6/2003 - 11/2004	Street and Number 120N. Church St. 1027 Hanver are. 3315 Broad St. 41067 Tournament 2321 Mistle Thrush	Nayrusboro Alkentwn Philadelphia C. Conter Valley Or N. Lasvega	PA. PA. PA. PA. VU,
List all residences you have Month and Year (From-To) (6 1990 - 8 1995 8 1995 - 9 1997 9 1997 - 6/2003 (6/2003 - 11/2004 11/2004 - 8/2011	Street and Number 120N. Church St. 1027 Hanver are. 3315 Broad St. 41067 Tournament 2321 Mistle Thrush	Nayrusboro Alkentwn Philadelphia C. Conter Valley Or N. Lasvega	PA. PA. PA. PA. NU,

Applicant's initial Page

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/Dusings	Noveles of East 199
Maria olam	Name/Mailing Address of Employer/Business	Number of Employed Hours
112005 - 81200 title	Description of Duties Description of Duties	Name of Supervisor
Pharmacist	Verifying and dispensing medical	tions, patient counsing Tack Dalton
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2007 - 4/201 Title	8 Walmart Rx 5940 Losce Rd. A Description of Duties	Name of Supervisor
hurmacy man	Responsible Jot all assets G Name/Mailing Address of Employer/Business J	pharmacy Number of Employed Hours
0/2018 - 8/2019 Title	West valley Pharmacy 6125 W. Yahara	LV, NV. 89146 1,280 hr. Name of Supervisor
Pharmacist	Verifying and dispensing medicat	
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
	Description of Duties	

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

Applicant's initial Pa

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

Name of	Where Employed	Street	City	State Zip	Telepho	one	Years Kno	own
Name E	other Lucise	O Home Rus	Sell Ad.	Las vegas,	Nu. 89118	,	3 14	1412.
Employe	r Self	Business	Vealtor	- Las vecas	, NV. 89118 T	10-561-564	3	
Name }	auline yabu	+ Home Ca	sa Anti	qua las vec	a>, NV.89081			
Employe	r Wal-mart	Business	rogi cal	study, Las L	ksas, NV. 891	49 702-515	-7211	13 yrs.
Name J	Jenise Farn	Home FOP	t again	- , las vega	s, W. 89149	100 01-11	53	12 Yrs.
Employe	· Summerlin	กเมาะ (653 N. +0	un Center, L	as Vegers IN. 8	19144 702-21	19-390	ζ ΄
Name ()	inielle Temple	Home R	munston	Gove, NL	, W. 89081	si 702-639-		g yrs.
Employe	r Wel-mart	Business	use Rd	. Las Veg	as, NV. 8908	51 7-639-639-	9002	
	Hai Mai	Home All	en st.	Las vegus,	W. 89031	-6 (26	Coas	14yrs.
Employe	r wal-mart	Business	osce Rd.	Las Vegus	, NV 89081	70-639-	400L	
10.		held a privilege	ed, occupa	ntional or profe	ssional license in	any state, includ	ling but no	otlimited to
	the following: Liquor Doctor Accountant Yes No	Lawyer Contractor Pilot	Real es	orse/race dog state broker or promoter		Securities dea Barber/Cosme Trainer or mar	tologist	Insurance Gaming Educator
	If yes, state typ	e, where and y	ears held					
11.	interest in a lice If yes, state typ	ensed busines be, when and w ames and addr	s or indus here and	try OUTSIDE give names an	the State of Neva d locations of the	dustry license or ada? Yes (No e businesses in w nsible for licensing	hich you	were
12.	Have you ever any reason wh			ansing agency	or similar author	ity in or outside th	ne State o	f Nevada for
13.	Have you ever or professiona			cense, permit	certificate or reg	jistration for a priv	rileged, od	ccupational
If yes t	o the above, sta	te where, when	and for w	hat reason:				
	••••	••••••						******

Applicant's initial Page 7

t*T•	participant in any group which has been denied a business or industry license or related finding of suitability? Yes No	1338
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	
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/o controlled substances? Yes	r
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	
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?	
20. 21.	Will you be employed fulltime with the pharmacy or wholesaler? Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? No The site of the pharmacy or wholesaler during its normal operating hours?	
•••••	Date of photograph 5-27- 2020	

Applicant's initial______

Page 8

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this

Motary Public

(seal)

Applicant's initial

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Applicant's initial

1340

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.

Corporation or Partr	r type of ownership and complete	e all requi	nse number if making changes: PHred forms. **If LLC use Non Public □ Partnership - Pages 1,2,6,10,11a&b □ Sole Owner - Pages 1,2,8,10,11a&b
GENERAL INFOR	MATION to be completed by	all type	es of ownership
Pharmacy Name:	Capsule Las Vegas LLC		
Physical Address:	801 S Rancho Dr, Suite A-4		
City: Las Vegas	State: NV	Zip Cod	e: 89106 Telephone: 757-777-1311
	Fax: <u>64</u>	6-934-64	409 Toll Free Number: <u>1-888-9</u> 10-18
	E-mail:	licensin	g@capsule.com
Website: www.car			
Managing Pharma	cist: Angelica Gabriel		License Number: 18103
TYPE	OF PHARMACY AND	SE	RVICES PROVIDED
Yes/N			s/No
₩ 0	☐ Retail		Off-site Cognitive Services
	Hospital (# beds)		☑ Parenteral
	Internet		☑ Parenteral (outpatient)
□ v	Nuclear		☑ Outpatient/Discharge
□ 1 2	Ambulatory Surgery Center		Mail Service
	Community		☑ Long Term Care
□ v z	Other:		☑ Sterile Compounding
			☑ Non Sterile Compounding
All box	xes must be checked		Mail Service Sterile Compounding
For the	e application to be complete		☑ Other Services:

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of incorporation:
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:%:
Name:%:
Hours of Operation for the pharmacy:
Monday thru Friday <u>9</u> am <u>6</u> pm Saturday <u>10</u> am <u>5</u> p
Sunday 10 am 5 pm 24 Hours N/A
A Nevada business license is not required, however if the pharmacy has a Nevada business icense 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 additi	on to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be	pe 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	on.
I further acknowledge and understand that	the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmac	cist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pe	ertaining to the practice of pharmacy.
EVK	
Original Signature of Person Authorized to Submit	t Application, no copies or stamps
Eric Kinariwala	5/25/2020
Print Name of Authorized Person	Date

Managing Pharmacist

Pharmacist Name: Angelica Gabriel	License #: 1810	3	
Pharmacy Name: Capsule Las Vegas LLC	\$		
As a managing pharmacist of the above referenced pharmacy, I understate report for duty as the managing pharmacist, I shall cause an inventory of all control pharmacy according to the method prescribed by the provision of 21 CFR Part 1 the inventory to be on file at the pharmacy.	rolled substances	of the	
I understand that as the managing pharmacist I am responsible for compand its personnel with all state and federal laws and regulations relating to the open and the practice of pharmacy. I understand my license can be revoked or that I disciplinary action if such laws or regulations are knowingly violated in the pharm managing pharmacist.	peration of the pha	rmacy	ý
I understand that if I cease to be managing pharmacist of the above nam with the new managing pharmacist, take an inventory of all controlled substance		jointly -	/,
Been diagnosed or treated for any mental illness, including alcohol or substance physical condition that would impair your ability to perform the essential function	abuse, or	′es	No
1. been charged, arrested or convicted of a felony or misdemeanor in any state	?		4
2. been the subject of a board citation or an administrative action whether comp in any state?	leted or pending		√
3. had your license subjected to any discipline for violation of pharmacy or drug state?	laws in any		V
If you marked YES to any of the numbered questions above, please include the	following information	on	
Board Administrative Action: State: Date:	Case #:		_
And/or Criminal Action: State: Date: County Court:	Case #:		

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)
- 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.

	5/25/2020	
Signature	Date	_

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

M 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					
Capsule La	as Vegas I I C loca	Nature of Pharmacy ted at 801 S Rancho Dr, S	or Wholesaler	126 NV 80106-38	70
	Name and Addr	ess of Business for Which De	esignated Represen	tative Is Requested	
***************************************	••••••	N/A If applicable, Name Under W	hich It Is Now Oper	ated	
4 05000000					
1. PERSONAL INFO	DRMATION:	Angelica		Minia	
Last Name		First Name		Middle Name	
NA Alias(es, Nicknames, Maide	en Name, Other Nam	e Changes, Legal or Otherwi	se)		
				4. 1	
Present Residence Address	S-Street or RFD	Lac Ve	931	NV State	89183
NA		,	-		•
Present Business Address		Dates NA City		State	A e/Zip
Pharmacist in Ch	arge	Dates 5/20/20-Present		0.0	
Present Position with the Ph	narmacy or Wholesal	Dates 5/20/20-Present er		Phone: Resider	
		. 199		Business 75	7-777-1311
Date of Birth	5	Place of Birth (City, County	V	Cusiness <u>10</u>	177 1011
Date of Birth		Place of Birth (City) County	/, State)		
32		W			F
Age	Social S	Security Number or ITIN			Sex
BRN	BRN	Tan/Medium	130 165	Petite	511"
Color of Eyes	Color of Hair	Complekion	Weight	Build	Height
		and/or characteristics	NA		
Are you a citizen of the		Yes No ► If alie	na registration h		
Are you a chizer of the	onited States?	res 140 - Il alle	eri, registration i	NO INA	
f naturalized, certificat	te No_NA		Date_NA		
Place NA			(If naturalize	ed, document me	ust be verified.)
2. MARITAL INFOR	MATION:				
Single Married	 Separate 	d Divorced	Widowed ~	Engaged	•
				Applicant's initi	al AG
				1-1	C. F.

Α.	Current Marriage				1	les Vege		
	Spouse's full name (Ma	aiden) M	ate Brk Garri	II Juf		City, Colln _SS# or I	ty and State ΓΙΝ ?	81
	Date of Birth	w 1_	,	v _Place o	f Birth Bethe	M, SD2	0	
	Resident address	Burni Street	ng St Or	12	Las Vegas City U	NV State	8918 Zip	3
	Telephone: Residence	9	,		Business	••••••		
	Spouse's employer_H	&M			Occupation_D	istrict	Contro	ller
	Address of employer_6	605 C 1	as veges	Blvd	Las Vega	State	8911 Zip	9
B. P i	revious Marriages: If e		eparated, div	orced, or	,		Ζιμ	
Name		Order ecree	Date of of Ma		Nature Actio		City County and S	State
AN								
		70.	-			-	-	
	List of names, current a	ddress and Street	telephone nu	imbers o	of previous spou State		Zip Telep	hano
AN				Oity	Otate		ih teleb	none
						\$!	· · · · · · · · · · · · · · · · · · ·	
	×							
3. FA	MILY INFORMATION:							
Α.	Children and Depende List all children, inc		-children and	adonted	children and a	ive the fell	owing inform	otion
	Name	Birth Date	Birth Place	e	cilidren and q	Residence	Address	ation:
M	ark Garrigus II		Las Ve	N, 26P.	V	Burnik	g River S	+ Las Vega
						115.00		8918
_								
B.	Child Support Informa Please mark the		te response:					
	I am not sub	ject to a co	urt order for th	ne suppo	rt of child.			
	I am subject plan approve of the amour	ed by the di	order for the s strict attorney suant to the o	or other	one or more che public agency of	nildren and enforcing t	am in comp he order for	liance with a the repayment
	I am subject the order or the repayme	a plan appr	order for the si oved by the d nount owed pu	istrict att	orney or other pother pother pother the order.	oublic ager	ncy enforcing	npliance with g the order for
					A	oplicant's i	nitial <u>A6</u>	Page 2
								5

	ame NA	nsible for enforcing the child support order:	
	dress		
	ontact person		
	arents:		
Lis	st names, residence addresses, dates	of birth and most recent occupations of pare	ents, step-parents,
parents- in-	law or legal quardian. If retired or de	ceased, list last address and occupation.	
	me (Maiden) Birth Date	Address	Occupation
Father			Store
Edwin	Gabriel	Governor Bradley St Tamuning, GU 96931	Manager
Mother		Tamuning, GU 96931	superintendent of Special Education
	e Gabriel	· u	special Education
Father-in-La		Our shall D	Man Angles
Mother-in-La	Borrigus .	Churchill Dr Churchell Dr	Navy Captain
		Chapter, VA COS LL	Housewife
Demi	<u>Garrigus</u>	V	Hoofcorre
Li		s of birth and most recent occupations of brot	hers and sisters and of
	eir respective spouses. ame (Maiden) Birth Da	te Address	Occupation
Micha	sel Gabriel	Governor Bradley 57	Front Desk Cler
Spouse		Tamoning, GU 96931	
2		0300000 11321	Accountant
Spouse	ine Goldriel	Sandiego, CA 92121	ACCOUNTION
		3, 3, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
Spouse			
Spouse			
4. EDU	CATION:		
	Name of School	Location Dates Attended	Graduate
Grammar School	St. Johns Episcopal Scho	0) Tamuning, Gu 8/92-5/01	Yes No To
High School	Academy of Our Lady of 6	Swam Agana, GU 8/01-5/05	Yes No
College University	University of Arizona	TUCSON, AZ 8105-5108	Yes No
Other	eoseman University	Henderson, NV 8/08-6/11	(Yes) No
	egree obtained, if any <u>Doctorat</u>		
	_		•
College of	or university where obtained POSC	NEW UNIVERSITY	
			A 6

Applicant's initial AG

5 MILITARY INFORMATION:

A.	Have you ever served in	any armed for	rces?	Yes -	No -		
	Branch		Dat	e of entry-activ	e service		
	Date of separation	4	Тур	e of discharge			
	Rating at separation						
	While in the military serv special or general court regardless of where they	ice were you e martial?	ver arrested f	or an offense w	hich resulted in sum	mary actio	n otriolor
В.	Have you registered for	the draft?	Yes •	-			
	County	State_		Da	ate registered		
Α.	RRESTS, DETENTIONS, In not convicted.) Have you ever been arreviolation for any reason was not been also b	sted, detained vhatsoever, re live details in s	l, charged, inc gardless of th	licted or summed disposition of	oned to answer for a	ny criminal	offense or
Date of A	Arrest Age	Charge	Location-City a	nd State	Deposition/Date	Arresting A	јепсу
NA							
B. C. D. E. F. G.	Has a criminal indictmen arrested or in which you page 10. Have you ever been questor committee? Yes Have you ever been subscommission? Yes Have you ever been subsyes No Have you ever had a civil If yes, when?	etiened or deproperation of the population of th	as an unindic osed by a city, pear or testify tify for any civ cord expunge city, eferred prose	state, federal of before a federal il, criminal or ad ed or sealed by county and sta cution for any of	Yes No If yor law enforcement a land, state or county gradinistrative proceed a court order? Yes latecriminal offense? Yes	es. furnish gency, con and jury, bo	details on nmission pard or
Н.	If yes when? Has any member of your If you answer to any of th	family or of yo	city, our spouse's f	county and sta amily ever bee	ite n convicted of a felo	inv? Yes =	No
lame		Relationship		Charge	Lbcat	on D	ate
NA							
					Applicant's initial_	AC	Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

	Date Filed Number	City, County and State	Disposition/Date
Ац			
J. Has any general	I partnership, business venture, so it as an owner, officer, director or	ole proprietorship or closely he	eld corporation (while you w
Yes No	If yes, complete the following:		
Name of Entity	Type of Entity		mate Date(s) of /Arbitration/Bankruptcy
AM			
		_	

7 DESIDENCES.			
7. RESIDENCES:			
ist all residences you ha	ave had for the last 25 years:		
	ave had for the last 25 years: Street and Number	City	State or County
lonth and Year (From-To)	Street and Number		State or County
lonth and Year (From-To) 5/20/20 - Present	Street and Number Burning River		
onth and Year (From-To) 5/20/20 - Present	Street and Number Burning River 9140 Manalang Rd	Ct Las Vegas	NV
onth and Year (From-To) 5/20/20 - Present 12/15 - 5/20 1/14 - 12/15	Street and Number Burning River 9140 Manalang Rd 1227 Anza St Apt 4	San Francisco	NV CA
	Street and Number Burning River 9140 Manalang Rd 1227 Anza St Apt 4 3757 7th Ave	St Lar Vegar Las Vegar San Francicco San Diego	NV CA CA
	Street and Number Burning Piver 9140 Manalang Pd 1227 Anza St Apt 4 3757 7th Ave 2583 Old Quarry E	St Lar Vegar Las Vegar San Francicco San Diego d Apt 2134 San Die	NV CA CA CA
	Street and Number Burning River 9140 Manalang Rd 1227 Anza St Apt 4 3757 7th Ave 2583 Old Quarry R 2338 N Green Valley	St Lar Vegar Las Vegar San Francisco San Diego d Apt 2134 San Die Pkwy Apt 218 Hen	NV CA CA GO CA dercon NV
Month and Year (From-To)	Street and Number Burning Piver 9140 Manalang Rd 1227 Anza St Apt 4 3757 7th Ave 2583 Old Quarry R 2338 N Green Valley 1201 N Park Ave	St Lar Vegar Las Vegar San Francisco San Diego d Apt 2134 San Die Pkwy Apt 218 Hen Tucson	NV CA CA GO CA dercon NV AZ
	Street and Number Burning River 9140 Manalang Rd 1227 Anza St Apt 4 3757 7th Ave 2583 Old Quarry R 2338 N Green Valley 1201 N Park Ave 911 N Euclid Ave Apt	St Lar Vegar Las Vegar San Francisco San Diego d Apt 2134 San Die Pkwy Apt 218 Hen Tucson	NV CA CA GO CA dercon NV
Month and Year (From-To) 5/20/20 - Presential 12/15 - 5/20 7/14 - 12/15 4/13 - 7/14	Street and Number Burning Piver 9140 Manalang Rd 1227 Anza St Apt 4 3757 7th Ave 2583 Old Quarry R 2338 N Green Valley 1201 N Park Ave	St Lar Vegar Las Vegar San Francisco San Diego d Apt 2134 San Die Pkwy Apt 218 Hen Tucson	NV CA CA GO CA dercon NV AZ

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.

ent walqueen, pharmacy	15,000 +
	Number of Employed Hours
lanager Manage all activities related to	Evan Gaham
O Description of Duties the preparation, dispensing	Name of Supervisor
and sale of prescription s	pharmacy related products
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
Name/Mailing Address of Employer/Business	Number of Employed Hours
Description of Duties	Name of Supervisor
	Name/Mailing Address of Employer/Business Description of Duties the preparation, duppensive and sale of prescription of Duties Name/Mailing Address of Employer/Business Description of Duties

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

Applicant's initial 16

9. CHARACTER REFERENCES:

	List five character reference employer or employees.	who have know you fi	ve years or r	nore. Do not	include relatives, pre	esent
Name of	Where Employed Street	_ City State Zi	р	Telephone	Years Kr	nown
Name +	Helen Park Home	Shedows	Edge Ct	89052		12 years
Employe	Roseman University Business	_ Sunget way	Henderson	n, 80014		10 MODES
Name A	Ndrea Matroda Home		yew 2011			12 years
Employe	r VA Pharmacy Business	1020 s Boulder	HWY Her	iderson, 8	9015	
Name	Michelle Ovconnell Home	CON Sterle	MAJOLAIJA	e Lake Rd	Chula Vizta, CA 9	1915
Employe	r San Diego State Univers	WA YORSH OOFE YHE	san Dreg	10, GA 921	5	d hears
	hiem Nauyen Home	Dalby Plac	ce san Die	90, CA 9212	.6	9 years
Employe	Wolgreens Business	_10787 Camino P	wiz san'	Diego, CA	92126	
Name I	Autes Knomfon Home	spiced win	111# 91/45	03 Henders	547 84074	12 ye
Emplove	Henderson Hospital Business	1050 W Galleria	Dr Hend	lercon, NV	89011	,
10.	Have you ever held a privile					otlimited to
	the following:					
	Liquor Lawyer Doctor Contractor	Race horse/race on Real estate broker	-		curities dealer	Insurance
	Accountant Pilot	Sports promoter	or salesma		rber/Cosmetologist ainer or manager	Gaming Educator
(Yes No			,,,	amor or managor	Eddoutor
	If yes, state type, where and	years held				
11.	Have you ever applied for a content in a licensed busine of the state type, when and sometime involved, the names and address the state of the state	ss or industry OUTSII where and give names	DE the State and location	of Nevada?	Yes No nesses in which you	were

		••••••••••••	******	••••••		*********
12.	Have you ever appeared bef any reason whatsoever? Yo	ore any licensing ager es No	ncy or simila	r authority in o	or outside the State c	fNevadafor
13.	Have you ever been denied a or professional activity? Ye	personal license, per	mit, certifica	te or registrat	ion for a privileged, o	ccupational
If yes to	o the above, state where, whe	n and for what reason	:	***************************************		
				8		
				Applic	ant's initial_AG	Page 7

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
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
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
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.	pharmaceutical or drug related industry?
M	Melissa Gabriel pharmacias & owner of Guarn Pexall Drugs

19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?
20.	Will you be employed full time with the pharmacy or wholesaler?
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?
	Date of photograph 5/28/20
	Applicant's initial AG Page 8

	133
STATE OF VEVADA	
COUNTY OF CLOVE	SS.
1. Angelica leabriel	, 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 requeste	ed; that I executed this statement with the knowledge that
	ed may be deemed sufficient case for denial or revocation of
	application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the applical	
permit if the holder or applicant "Has obtained any certific	
	support thereof, which is false of fraudulent," and further, that
	atutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the	
thereunder and agree, if licensed, to abide thereby,	Novada State Board of Wholesaler as promulgated
•	scharge the State of Nevada, the licensing agency and its
	action whatsoever which I, my administrators or executors
	icensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholes	
be a designated representative for a priarmacy of wholes	aler III the State of Nevada.
	*
	Original Signature of Applicant
2 %	
Subscribed and Sworn to before me this 2 9	day of NIKITA WILDE
May 2020 by Angelica, Cabriel.	Notary Public State of Nevada No. 18-2354-1
Nitetin Wilde	My Appt. Exp. April 23, 2022
Notary Public	
	(seal)
	(SCAI)

ADDITIONAL INFORMATION

Applicant's initial 16

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

MiDate 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					
Capsule l	Las Vegas LLC loca Name ar	ated at 801 S Ran	of License cho Dr. Suite A- nent for Which License	4, Las Vegas,	NV 89106-3870
		I applicable, Name Unde	er Which It Is Now Ope	erated	
1. PERSONAL Kinariwala	INFORMATION:	Eric		Vipul	
Last Name		First Name		Middle Nam	e
Alias(es, Nicknames,	Maiden Name, Other Nam	e Changes, Legal or Oth	erwise)		
West 26th			w York	1	New York, 10001
	ddress-Street or RFD		ity		tate/Zip
255 Greenwich Stree	et, Floor 4	Dates 2/24/19-Present	New York	1	New York, 10007
Present Business Add	Iress		ity	S	tate/Zip
President of Capsule	Corporation	Dates 05/15/2015- pr	esent	888.685.951	5
Occupation				Phone: Residence	
		Hinsdale, DuPage/	Cook II	Business	888-685-9515
Date of Birth		Place of Birth (City, Co	<u> </u>		
		ridoo or Birth (Oity, Oi	ourky, Otako)		Mala
37 Age	Social	Security Number or ITIN			Male Sex
_		•			Jex
Brown Color of Eyes	Black Color of Hair	Tan	155	Average	5 foot 10 inches
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or	distinguishing marks	and/or characteristic	_{cs} None	1	
	of the United States?				
If naturalized, cer	tificate No <u>N/A</u>		Date		
Place N/A		·	(If naturali	zed, document	must be verified.)
2. MARITAL IN	FORMATION:				
Single • Ma	rried • Separate	d • Divorced	→ Widowed	◆ Engaged	•
				Applicant's i	
					Page

Page 2

MARITAL INFORMATION-Continued

. Current	Marriage	ate		Sh. Caush. and	Chata
Spouse'	's full name (Maiden)			City, County and SS# or ITIN_	
Date of	Birth	Place o	of Birth		
Residen	nt address				
resider	nt address Street		City	State	Zip
Telepho	one: Residence		_Business		
Spouse	's employer		_Occupation		
Address	s of employer		City	State	Zip
	Marriages: If ever legally s			State e below:	Διμ
ame of Spous	Date of Order e or Decree	Date of Place of Marriage			nty and State
List of n	ames, current address and Name Street	d telephone numbers	of previous spous		Telephone
A. Childre	FORMATION: en and Dependents: st all children, including ste Name Birth Date				ng information:
				A STATE WALLE AND A STATE OF	
B. Child S	Support Information: Please mark the appropri	ate response:			
	I am not subject to a c	ourt order for the supp	oort of child.		
	I am subject to a court plan approved by the of the amount owed po	district attorney or other	er public agency e		
	 I am subject to a court the order or a plan app the repayment of the a 	proved by the district a	attorney or other p		
			Λn	olicant's initi	al GVK

. ,	Y INFORMATION-Continued District attorney or public agency re	esponsible for enforcing	the child support order:	
	Name			
	Address			
	Contact person			
C.	Parents: List names, residence addresses,	dates of birth and most i	recent occupations of pare	nts, step-parents,
parents	S-			
	in-law or legal guardian. If retired on Name (Maiden)			Occupation
Vipul Ki Father	nariwala	Var	bler Ct, Troy, MI 48084	Engineer
Beena k Mother	Sinariwala	Nar	bler Ct, Troy, MI 48084	Financial Planne
Father-in	ı-Law			
Mother-ir	n-Law			
D.	Brothers and Sisters: List names, residence addresses, their respective spouses.		recent occupations of brotl	ners and sisters and of
	Name (Maiden) Bi	irth Date Address		Occupation
Spouse				
Spouse			3	
Spouse				
4. EC	DUCATION:			
Gramma School	Name of School r	Location D	lates Attended	Graduate Yes No
High School	Troy High School	Troy, MI	9/1997 - 6/2001	Yes No
College Univers	University of Pennsylvania	Philadelphia, PA	9/2001 ~ 6/2005	Yes No
Other	Stanford University	Stanford, CA	9/2009 - 6/2011	Yes No
Туре о	f degree obtained, if any <u>Bachelor (</u>	of Economics, Masters o	of Business Administration	
College	e or university where obtained <u>Un</u>	versity of Pennsylvania,	Stanford University	

Applicant's	initial	evk
		Dage 2

Page 3

5 MILITARY INFORMATION:

A.	Have you ever served in any armed forces?							
	Branch			i	Date of entry-a	active service		
	·					arge		
	Rating at sepa	aration			Serial	number		
	special or ger	ieral coui	vice were you of t martial? by occurred-for	Yes 🖜	No The If yes	se which resulted in su s, furnish details on pa	mmary acti ige 10. (Lis	on, a trial or all incidents
В.	Have you regi	stered fo	r the draft?	Yes 🖜	No			
	County		State			Date registered		
	not convicted	1.)				(Include those arrest		
Α.	violation for ar	ny reasor	ı whatsoever, r	egardless o	f the disposition	ummoned to answer for on of the event? (Excep List all cases without e	t minor traff	al offense or fic citations.)
Date of	Arrest	Age	Charge	Location-C	ity and State	Deposition/Date	Arresting	Agency
						2		
		<u> </u>						
В.	Has a criminal arrested or in page 10.	indictme which yo	ent, information ou were named	or complai d as an unii	nt ever been re ndicted co-pa	eturned against you, but arty? Yes No If	utfor which yes. furnis	you were not h details on
C.		rbeenqu	estioned or dep	oosed by a c	ity, state, fede	eral or law enforcemen	ł agency, co	ommission
D.		r been su	bpoenaed to a	ppearortes	tify before a fe	ederal, state or county	grand jury, l	board or
E.	Have you ever	beensu	poenaed to te	stify for any	civil, criminal	or administrative proce	eding or he	aring?
F			vil or criminal r	ecord expu	nged or seale	ed by a court order? Ye	es No	•
G.	Have you eve If yes when?	rreceive	dapardonord	leferred pro	city, county an esecution for a	any criminal offense?	Yes <mark>→ No</mark>	}-
H.	Has any mem	ber of yo	ur family or of y	our spouse	city, county an e's family ever	r been convicted of a fe	elony? Yes	No
	If you answer	to any of	the above que:	stions (B thr	ough H) is ye	s, furnish details on pa	ge 10.	
Name			Relationshi	0	Charge	Loc	cation	Date
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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes No (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies: Plaintiff/Defendant or Court and Case Claimant/Respondent Date Filed Number City, County and State Disposition/Date 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: Approximate Date(s) of Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy 7. RESIDENCES: List all residences you have had for the last 25 years: Month and Year (From-To) Street and Number City State or County 9/2015 - present Vest 26th St. New York NY 10/2013 - 9/2015 137 Essex St. #5 New York NY 1960 Warbler Ct 11/2012 - 10/2013 Troy MI 2/2012 - 11/2012 11 Moorhouse Rd United Kingdom London 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 NY New York 302 Columbus Ave, #2 **Boston** 8/2015 - 12/2016 MA EVK-Applicant's initial Page 5

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

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
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 Univiersity, 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 oportunities	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 191	04 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_	EVK		
		Page	6

9. CHARACTER REFERENCES:

	List five character employer or employer	reference w	/ho have kr	now you five ye	ars or more. Do	not include relative:	s, present
	Where Employed	Street	City	State Zip	Telepho	one Ye	ars Known
Name S	anjay Jain	Home	Jackson	St, Hoboken, N	IJ 07030		5
Employe	r Seva	Business 40	04 5th Ave,	NY, NY 10018		_	
Name	Prashant Bobba	Home .	Univ Ave	e, Toronto, ON	M5H 0A2		8
Employe	r Asteya	Business 10	00 King St \	W, Toronto, ON	M5X 1B1	(416) 301-1306	
Name N	eal Parikh	Home	N Hous	ston, Dallas, TX	75219		19
Employe	r McKinsey & Co	Business	2021 McKi	nney, Dallas, T	X 75201	(214) 665-1200	
Name	Archana Potters	Home	WC	ortland, Chicag	o, IL 60622		19
Employe	r ghSmart	Business	203 N La S	Salle, Chicago I	L 60601	(847) 438-8011	
Name	Tyler Sosin	Home	Scott S	St, San Francis	co, CA 94117		8
Employe	r Menlo Ventures	Business	2884 Sand	Hill, Menlo Pa	rk, CA 94025	(650) 854-8540	
10.	If yes, complete t	he followin	NO -	er such deposit	ory, access to a	ny depository or do y	ou use any oth
3ox Num	ber or Type of Depositor	у	Location	City and	State	Authorized Users	
11.	Liquor La	wyer ontractor lot	Race ho Real esta Sports p	rse/race dog ov ate broker or sa	wner	any state, including l Securities dealer Barber/Cosmetolog Trainer or manage	Insurance gist Gaming
	If yes, state type, w	ed business when and wh es and addre	or industry nere and giv	y OUTSIDE the ve names and I	e State of Nevadocations of the l	ustry license or held da? Yes No businesses in wrich ible for licensing said	VOII WARA
			197		Αŗ	pplicant's initial	EVK
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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		
If yes	o the above, state where, when and for what reason:		
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No		
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No		
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No		
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No		
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No		
••••••			
•••••			
	Date of photograph 5 21 20		

Page 9

STATE OF NEW YORK	
STATE OF NEW YORK COUNTY OF NEW YORK	
foregoing application and know the contents thereof; that the scontain a full and true account of the information requested; the misrepresentation or failure to reveal information requested meanufacturer license; that I am voluntarily submitting this applications of the appreciation or permit if the holder or applicant "Has obtained as of an application, or any record, affidavit or other information in further, that I have familiarized myself with the contents of New Controlled Substances Act, as amended, and the Regulations promulgated thereunder and agree, if licensed, to abide the relations.	at I executed this statement with the knowledge that ay be deemed sufficient case for denial or revocation of eplication with full knowledge that Nevada Revised dication of any person for a certificate, license, any certificate, certification, license or permit by the filing in support thereof, which is false of fraudulent," and yada Statutes on Pharmacists and Manufacturer and the of the Nevada State Board of Manufacturer as by, ge the State of Nevada, the licensing agency and their in whatsoever which I, my administrators or executors
	QVIA
	Original Signature of Applicant
Subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to before me this 27th day of the subscribed and Sworn to be subscribed and subscribed and Sworn to be subscribed and subscribed a	DAVID M ZIDEK JR NOTARY PUBLIC-STATE OF NEW YORK No. 01ZI6394330 Qualified in New York County My Commission Expires 07-01-2023
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	Applicant's initial

ADDITIONAL INFORMATION

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Applicant's initial WK

Page 10

<u>Delaware</u>

Page 1

The First State

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

Jeffrey W. Bullock, Secretary of State

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.

Capsule Corporation

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

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

OWNER CONTACT INFO:

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

Delaware

Page 1

The First State

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.

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/s/ James Taylor
James Taylor, Authorized Person

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

OWNER CONTACT INFO: Eric Kinariwala

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

Capsule Las Vegas LLC

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