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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EUCYT Laboratories, LLC

Physical Address: 5670 Wynn Road. Suite D

City: Las Vegas

State: NV

Zip Code: 89118

Telephone: 702-776-4114

Fax: 702-909-3757

Toll Free Number: 866-272-5111

E-mail: TRAVIS.BIRD@EUCYT.COM

Website: WWW.EUCYT.COM

Managing Pharmacist: Don Le

License Number: 12751

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☒ ☐ Sterile Compounding

☐ ☒ Non Sterile Compounding

☒ ☐ Mail Service Sterile Compounding

☐ ☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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


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

Travis H. Bird
Print Name of Authorized Person

2-14-2020
Date

Board Use Only

Date Processed: FEB 20 2020

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: EUCYT Holdings, LLCMailing Address: 5670 Wynn Road Suite DCity: Las Vegas State: NV Zip: 89118Telephone: 833-693-8298 Fax: 702-909-3757 Contact Person: Travis Bird

For any corporation non publicly traded, disclose the following:

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

a) N/A – Sole Owner

Name

Business Address

b) _____

Name

Business Address

c) _____

Name

Business Address

d) _____

Name

Business Address

2) Provide the number of shares issued by the corporation. N/A – Sole Owner3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 7 am 4 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20171827519

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: TRAVIS BIRD

Business Name: EUCYT Laboratories, LLC

Current Business Address: 5670 Wynn Road, Suite D

City: Las Vegas State: NV Zip Code: 89118

Telephone: 702-776-4114 Fax: 702-909-3757

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:00 am 4:00 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20171827519

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

I, Travis Bird

Responsible Person of EUCYT Laboratories, LLC

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

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

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



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

Travis Bird

Print Name of Authorized Person

02-14-2020

Date

Managing Pharmacist

 Pharmacist Name: Don Le

 License #: 12751

 Pharmacy Name: EUCYT Laboratories, LLC

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

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

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

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

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

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

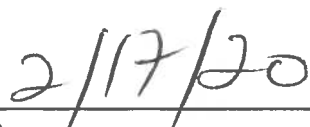
PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

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

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



 Signature



 Date

State Of Delaware

Entity Details

2/14/2020 12:52:07PM

File Number: 6430133

Incorporation Date / Formation Date: 5/31/2017

Entity Name: EUCYT LABORATORIES, LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/9/2019

Registered Agent Information

Name: NATIONAL REGISTERED AGENTS, INC.

Address: 160 GREENTREE DR STE 101

City: DOVER

Country:

State: DE

Postal Code: 19904

Phone: 302-674-4089

Tax Information

Last Annual Report Filed: 0

Tax Due: \$ 0

Annual Tax Assessment: \$300

Total Authorized Shares:

Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	Amendment Name EUCYT, LLC	1	7/17/2017	6:12 PM	7/17/2017
2	LLC	1	5/31/2017	2:49 PM	5/31/2017

Order Summary

Order Details for your Transaction



Service Request Number:	20201129635
Confirmation Number (Order Number):	43134-1345-XYIQOQWTX-20200214
Date Submitted:	02/14/20 01:13:45 PM
Payment Method:	Credit Card ending in 6167

Document Filing Request - Certification Memo Request

Your request has been successfully submitted and assigned request number: 20201129635

Your method of payment will be charged at the time the request is processed. If there are any issues with the request during processing, you will be contacted by our Customer Service Section.

Document Submission Date:	02/14/20
Submitter Name:	EuCyt Laboratories, LLC
Priority Level:	24 Hour Service
Document Request Type:	Certificate Request
Email:	aaron.coats@eucyt.com
Return Method:	FedEx

For inquiries regarding a submitted order, please contact: 302-739-3073.

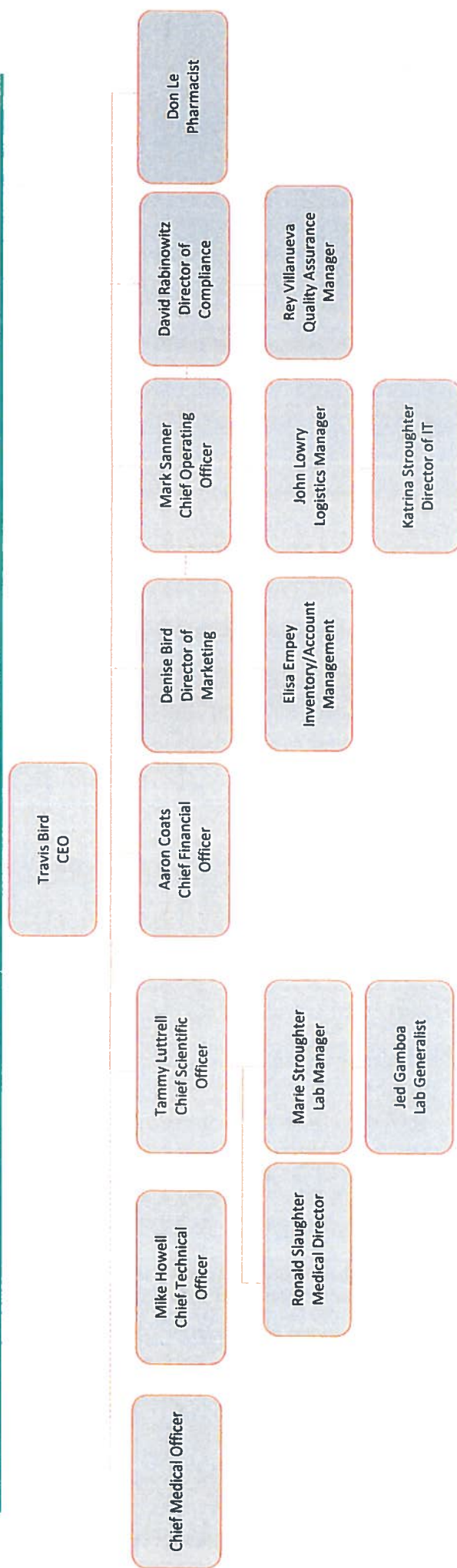
For Technical Assistance regarding submitting your request, please contact:

DOSDOC_TECH_SUPPORT@state.de.us

We appreciate your feedback. Take the survey and let us know how we are doing! [Click Here](#)

02/14/20 01:14:04 PM

EUCYT™ Organization Chart





BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

DESIGNATION OF AUTHORIZED REPRESENTATIVE

Case Name: _____ Case ID: _____

Applicants and beneficiaries can designate an individual or organization to act responsibly on their behalf. This includes assisting with the individual's application for assistance, renewals of eligibility and other ongoing communications with the agency. This designation must include the applicant's signature, either electronically, telephonically or handwritten.

A designated authorized representative agrees to act responsibly on behalf of the applicant/recipient by providing all necessary information to determine eligibility for assistance. The rights and obligations of an authorized representative are the same as if they were the applicant/recipient to the extent of the applicant/recipient's financial ability to pay.

I. DESIGNATION OF AUTHORIZED REPRESENTATIVE BY APPLICANT/RECIPIENT

I, Travis H. Bird, request the following person/agency:
Print Name of Applicant/Recipient
Denise G. Bird to be my authorized representative.
Print Name of Person or Agency

I understand that I or the designated authorized representative may terminate this designation in writing at any time.

[Signature] 2-14-2020
Signature of Applicant Date of Birth Date
2-14-2020
Relationship to Applicant if Signature Is Not Applicant (Must be a Family Member) Date

STATEMENT OF DESIGNATED REPRESENTATIVE

I believe the above-named applicant/recipient understands the nature and consequences of his/her acts and is able to exercise his/her own will. I certify the above-named applicant/recipient made the decision to designate me as his/her representative under no threat or duress of any kind.

I certify under penalty of perjury, the information I provide is correct and complete to the best of my knowledge.

[Signature] Spouse Denise Bird 2-14-2020
Signature of Representative Position/Relationship Print Name Date
4 Olympia Ridge Dr., Las Vegas NV 89141
Address Telephone Number

Hospital, Nursing Home or County Agency

II. DESIGNATION OF AUTHORIZED REPRESENTATIVE BY OTHER

I, _____, have made a good faith effort to contact family members and/or any legal guardian of the applicant/recipient. My efforts to find a family member to act as authorized representative/provide information or a legal guardian have been unsuccessful. I therefore request to be designated as an authorized representative for the above mentioned applicant/beneficiary.

I certify under penalty of perjury, the information I provide is correct and complete to the best of my knowledge.

Signature of Representative Relationship Print Name Date
4 Olympia Ridge Dr., Las Vegas NV 89141
Address Telephone Number

Hospital, Nursing Home or County Agency



Date 2/14/2020

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 Nevada State Pharmacy License

EUCYT Laboratories, LLC

Nature of License
5670 Wynn RD Suite D Las Vegas NV 89118

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bird	Travis	Henry
Last Name	First Name	Middle Name

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

Olympia Ridge Dr	Las Vegas	NV 89141
Present Residence Address-Street or RFD	City	State/Zip

5670 Wynn RD Suite D	Las Vegas	NV 89118
Present Business Address	City	State/Zip

CEO of EUCYT Laboratories, LLC	Dates
Occupation	Phone: Residence

CEO of EUCYT Laboratories, LLC	Dates	City	State/Zip
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CEO of EUCYT Laboratories, LLC	Dates	City	State/Zip
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CEO of EUCYT Laboratories, LLC	Dates	City	State/Zip
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CEO of EUCYT Laboratories, LLC	Dates	City	State/Zip
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Scars, tattoos or distinguishing marks and/or characteristics N/A

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial

A. Current Marriage 05/25/2012 Los Angeles, Los Angeles, CA

Spouse's full name (Maiden) Date City, County and State

Denise Gabriel Bird (Aoun) S.S. No.

Date of Birth Place of Birth Tarzana, CA

Resident address Olympia Ridge Dr Las Vegas NV 89141

Street City State Zip

Telephone: Residence Business 833-693-8298

Spouse's employer EUCYT Laboratories, LLC Occupation Marketing

Address of employer 5670 Wynn RD Suite D Las Vegas NV 89118

Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

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

Name	Street	City	State	Zip	Telephone
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3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Alexander Henry Bird		Frisco, TX	Olympia Ridge Dr. Las Vegas NV 89141
Gabriel Lee Bird		Frisco, TX	Olympia Ridge Dr. Las Vegas NV 89141

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial TB

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

Name

Address

Contact person

C. Parents:

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

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

	Name (Maiden)	Birth Date	Address	Occupation
Father	Ronald Bird		180th Kenneth, MN 56147	Farmer
Mother	Sandra Lee Bird (Deckert)		180th Kenneth, MN 56147	Retired
Father-in-Law	Gabriel Akl Aoun		Deceased	
Mother-in-Law	Afaf Aoun (Bejjani)		Deceased	

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Jason Bird		1	Kingsly, IA	Self-employed
Spouse				
Lisa Albers			Ledger, NC	Sales Manager
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Magnolia Elementary	Magnolia, MN	1981-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Luverne High	Luverne, MN	1990-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Mary	Bismarck, ND	1999-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Science

College or university where obtained University of Mary

Applicant's initial TB

5 MILITARY INFORMATION:A. Have you ever served in any armed forces? Yes ☐ No ☒

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

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

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

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

B. Have you registered for the draft? Yes ☐ No ☒

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

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
November 2009	32	Wreckless Driving	Luverne, MN	N/A	Luverne, Police Department

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial TB

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
September 2019-Current	Olympia Ridge Dr	Las Vegas	NV
August 2018-September 2019	10 Carolina Cherry Dr.	Las Vegas	NV
August 2012-August 2018	4604 Tour 18 Dr	Flower Mound	TX
July 2008-August 2012	3018 Carmel Street	Dallas	TX
June 2006-July 2008	1505 Elm st	Dallas	TX
August 2003-June 2006	3600 Austin Ct	Flower Mound	TX
June 2001 -September 2003	3912 Badgerbrook St	Las Vegas	NV
September 2000-September 2001	Unknown	Bismarck	ND
September 1996- September 2000	Unknown	Fargo	ND

Applicant's initial *TA* Page 5

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2015	EUCYT Laboratories, LLC 5670 WYNN RD SUITE D	CURRENT
Title	Description of Duties	Name of Supervisor
OWNER	TISSUE DISTRIBUTION	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2006	AVEM HOLDINGS	CURRENT
Title	Description of Duties	Name of Supervisor
owner	HOLDING COMPANY	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2008	MEDISOURCE PARTNERS 1505 FEDERAL ST. SUITE D DALLAS TX	SOLD COMPANY
Title	Description of Duties	Name of Supervisor
owner	MANUFACTURING MEDICAL IMPLANTS	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2009	PANTHEON MEDICAL 1505 FEDERAL ST. SUITE D DALLAS TX	SOLD COMPANY
Title	Description of Duties	Name of Supervisor
OWNER	MANUFACTURING MEDICAL IMPLANTS	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEPTEMBER 2006-2008	SURGICAL SCIENCES DALLAS TX	COMPANY SOLD
Title	Description of Duties	Name of Supervisor
OWNER	MEDICAL SALES	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
AUGUST 2003-2005	LANX MEDICAL	STARTED COMPANY
Title	Description of Duties	Name of Supervisor
SALES MANAGER	MEDICAL SALES	FRED MUNDON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEPTEMBER 2001-2002	STYKER MEDICAL NEW JERSEY	STARTED ANOTHER COMPANY
Title	Description of Duties	Name of Supervisor
SALES MANAGER	MEDICAL SALES	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..... *T.B.*.....

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	GAVIN RUBIN	Home	DALLAS TX	75229		12 YEARS
Employer	BRIGHTHOUSE FINANCIAL	Business	FINANCE			
Name	TAYLOR ROBERTSON	Home	DALLAS TX	75206		15 YEARS
Employer	TAYLOR N TAYLOR	Business	ATTORNEY			
Name	BRUCE HOWELL	Home	PORTLAND OR	97205		12 YEARS
Employer	HOWELL HEALTH LAW	Business	ATTORNEY			
Name	BILL MCMURREY	Home	DALLAS TX	75219		15 YEARS
Employer	LACKEY HERSHMAN LLP	Business	ATTORNEY			
Name	BLAIR CHOZEN	Home	CHICAGO IL	60654		20 YEARS
Employer	FIDELITY	Business	FINANCIAL PLANNER			

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

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

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

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

Applicant's initial

JB

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

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

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

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

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

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

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

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



Date of photograph 2-11-2020

Applicant's initial TB

SS.

COUNTY OF CLARKI, TRAVIS BIRD,

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

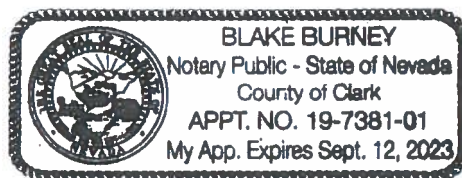
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



Original Signature of Applicant

Subscribed and Sworn to before me this 17th day ofFebruary 2020
Notary Public

(seal)

Applicant's initial TB

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EUCYT Laboratories, LLC is focused on bringing safe, effective, leading-edge, advanced biologic cell-free technology to the citizenry of Nevada and the United States. The primary focus at this juncture is peri-natal tissue-based exosome recovery and the delivery of those exosomes to appropriate patients. EUCYT is concurrently filing the appropriate TRIP and IND applications with the FDA. As EUCYT's technology and product lines expand; EUCYT will continue to provide updates and seek additional regulatory guidance as appropriate.

Thank you for your consideration.

Applicant's initial

TB

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SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

EUCYT LABORATORIES, LLC

Nevada Business Identification # NV20171827519

Expiration Date: 12/31/2020

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.

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



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/26/2019.

Barbara K. Cegavske

Certificate Number: B20191226465734

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

BARBARA K. CEGAVSKE
Secretary of State