



**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (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: Genoa Healthcare, LLC

Physical Address: 1901 S. Jones Blvd., Suite P1

City: Las Vegas State: NV Zip Code: 89146

Telephone: (702) 410-8746 Fax: (253) 217-4306 (pending local number)

Toll Free Number: 1-888-436-6279 E-mail: licensecoordinator@genoahealthcare.com

Website: www.genoahealthcare.com

Managing Pharmacist: Craig Pivo License Number: Rph 09999

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No   | Yes/No  |
|--|---|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Retail                    | <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services      |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)   | <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral                       |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Internet                  | <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)          |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear                   | <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge             |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service                     |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Community                 | <input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care                   |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Closed Door</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding              |
|  | <input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding          |
|  | <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding |
|  | <input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____            |

All boxes must be checked  
 For the application to be complete

**APPLICATION FOR NEVADA PHARMACY LICENSE**

This page must be submitted for all types of ownership.

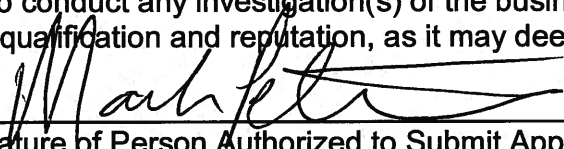
Within the last five (5) years:

- 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

Mark J. Peterson

Print Name of Authorized Person

Date 9/5/18

|                       |                       |                         |
|-----------------------|-----------------------|-------------------------|
| <b>Board Use Only</b> | Date Processed: _____ | Amount: <u>\$500.00</u> |
|-----------------------|-----------------------|-------------------------|

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Pennsylvania

Parent Company if any: Specialized Pharmaceuticals, Inc.

Mailing Address: 707 S. Grady Way, Suite 700

City: Renton State: WA Zip: 98057

Telephone: 253-218-0830 Fax: 253-217-4306

Contact Person: Mark J. Peterson

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- a) N/A
- |      |                  |
|------|------------------|
| Name | Business Address |
|------|------------------|
- b) \_\_\_\_\_
- |      |                  |
|------|------------------|
| Name | Business Address |
|------|------------------|
- c) \_\_\_\_\_
- |      |                  |
|------|------------------|
| Name | Business Address |
|------|------------------|
- d) \_\_\_\_\_
- |      |                  |
|------|------------------|
| Name | Business Address |
|------|------------------|
- 2) Provide the number of shares issued by the corporation. 100%
- 3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership. N/A

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

|                    |                                |          |                                |
|--------------------|--------------------------------|----------|--------------------------------|
| Monday thru Friday | <u>10:00</u> am <u>6:00</u> pm | Saturday | <u>Closed</u> On-Call _____ pm |
| Sunday             | <u>Closed</u> On-Call _____ pm | 24 Hours | <u>On-Call</u>                 |

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

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

I, Mark J. Peterson  
Responsible Person of Genoa Healthcare, 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

Mark J. Peterson  
Print Name of Authorized Person

9-5-18  
Date

## Managing Pharmacist

Pharmacist Name: Craig Pivo

License #: 09999

Pharmacy Name: Genoa Healthcare, 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If you marked YES to any of the numbered questions above, please include the following information   |                                     |                                     |
| Board Administrative Action: State: <u>NV *</u> Date: <u>02-15-2008</u> Case #: <u>07-092-S</u>  |                                     |                                     |
| And/or Criminal Action: State: <u>CA</u> Date: <u>07-25-2005</u> Case #: <u>CA-2875</u><br>County: <u>Utah</u> 2005 Court: _____   |                                     |                                     |
| *Completed Professional Recovery Network with Larry Espadero. Please refer to attachment for further explanation.  |                                     |                                     |

**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 8/31/18



(QUESTION 3)

Has the corporation, any owner(s), shareholders(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? If yes signed state of explanation must be attached:

*Genoa has been subject to the following Disciplinary Action:*

We are reporting the following item as requested in Question 3, as a license held by the *parent company*, Genoa Healthcare LLC, has received disciplinary action. The disciplinary action we are reporting here as follows:

- A pharmacy owned by this parent company, Genoa Healthcare, LLC, located in Rockford, IL, License #054.018414, DEA #FQ4286325, received disciplinary action from the Illinois Department of Financial and Professional Regulation on February 19, 2013. The Consent Order for this action was signed on October 23, 2014. This action did not affect any other license held by this company in Nevada or in any other state.
- A pharmacy owned by Genoa Healthcare, LLC, located in Salem, OR, License #RP-0002461-CS, DEA #FG5182299, received disciplinary action from Board of Pharmacy of the State of Oregon on February 15, 2018. The Consent Order for this action was signed on July 31, 2018. This action did not affect any other license held by this company in Nevada or in any other state.

*Please refer to attached explanations*





12/15/14

To: State of Illinois  
Department of Financial and Professional Regulation

Re: Case #2013-01026 QoL meds, LLC - License No. 054.018414  
Corrective Action Plan

**Response to A2:** All sample medications have been removed from the pharmacy and the employees will not order, accept, store, transfer, or dispense sample medication of any kind during the 5 year probationary period.

**Response to A4:** A check for the amount \$20,000.00 has been sent to Illinois Department of Financial and Professional Regulation Attn: Fiscal Section as required.

**Response to B:** QoL meds, LLC shall provide a quarterly compliance report to the Department for the duration of the probation. A Compliance Auditor shall inspect the pharmacy on a quarterly basis and provide the written report to the Department. The Auditor will use the Illinois Pharmacy Self-Inspect report as a guideline.

**Response to E:** All copies of licensure have been sent to the Department and have been returned stamped "Probation" and are displayed in the pharmacy.

Sincerely,

A handwritten signature in black ink that reads 'Christy Barr'.

Christy Barr, RPh  
Director of Operations

Corporate Offices: 4900 Perry Highway Building II Pittsburgh, Pennsylvania 15229

Telephone: 866-401-6337 Facsimile: 412-931-2361

Web Address: [www.qolmeds.com](http://www.qolmeds.com)

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION )  
of the State of Illinois, Complainant )  
 )  
v. ) 201301026  
 )  
QOL MEDS, LLC Respondent )

NOTICE

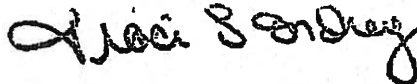
TO: QOL MEDS, LLC  
526 W. STATE STREET  
ROOM 302  
ROCKFORD, IL 61101-1214

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION  
of the State of Illinois

BY: \_\_\_\_\_



Clerk for the Department

All inquiries should be  
Directed to:  
Chicago Office - 312-814-4504  
Unless Downstate Percs - 217-782-8464

STATE OF ILLINOIS            )  
  )  
COUNTY OF SANGAMON        )        ss:

**UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned Certifies that I caused copies of the attached NOTICE AND CONSENT OR ORDER, to be deposited in the United States mail, by certified mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 29th day of October, 2014 to all parties at the addresses listed on the attached documents.**

*Mari S. Orley*

\_\_\_\_\_  
AFFIANT

**STATE OF ILLINOIS**  
**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**  
**DIVISION OF PROFESSIONAL REGULATION**

|  |   |                |
|--|---|----------------|
| DEPARTMENT OF FINANCIAL AND PROFESSIONAL<br>REGULATION, DIVISION OF PROFESSIONAL REGULATION<br>of the State of Illinois, | ) |                |
|  | ) |                |
| Complainant  | ) |                |
|  | ) | No. 2013-01026 |
| v.   | ) |                |
|  | ) |                |
| QOL MEDS, LLC  | ) |                |
| License No. 054.018414,  | ) |                |
| Respondent.  | ) |                |

**CONSENT ORDER**

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter the "Department") by Bill Laskaris, its Chief of Health Related Prosecutions, and QOL MEDS, LLC., Respondent, through Anthony Calamunci, its attorney, hereby agree to the following:

**STIPULATIONS**

QOL MEDS, LLC. is a licensed pharmacy in the State of Illinois, holding License No. 054.081414. Said license is presently in active status. At all times material to the matters set forth in this Consent Order, the Illinois Department of Financial and Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties to this Consent Order.

A pharmacy inspection performed on February 19, 2013 revealed that employees at QOL Meds, LLC. violated several provisions of the Illinois Pharmacy Practice Act, including: (1) Dispensing medications without a pharmacist on duty; (2) dispensing medications from an unlicensed pharmacy location; (3) dispensing Schedule II medications before the authorized dispense date; (4) mislabeling prescription drug vials by listing a pharmacy technician as the dispensing pharmacist; (5) maintaining expired and unlabeled medications in active stock; and (6) charging a 3<sup>rd</sup> party dispensing fee for free drug samples. Respondent had not previously been disciplined.

The Illinois Pharmacy Act, 225 ILCS 85/30 states, in part, the following:

- (a) The Department may refuse to issue or renew, or may revoke a license or registration, or may suspend, place on probation, fine, or take any disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000 for

each violation, with regard to any license or registrant for any one or combination of the following causes:

7. Engaging in unprofessional, dishonorable, or unethical conduct of a character likely to deceive, defraud, or harm the public.
11. Selling or engaging in the sale of drug samples provided at no cost by drug manufacturers.

The aforementioned conduct as set forth herein, if proven to be true, would constitute grounds for disciplinary action against Respondent's license as a pharmacy on the authority of 225 ILCS 85/30(a)(7); 225 ILCS 85/30(a)(11); 68 Ill. Admin. Code § 1330.40(a)(2) (2010).

As a result of these allegations, the Department held an Informal Disciplinary Conference at the offices of the Department, 100 West Randolph Street, Suite 9-300, in Chicago, Illinois, on April 17, 2014. Respondent QOL MEDS, LLC. was represented by counsel, Anthony Calamunci., Esq. Yash Patel, R.Ph., appeared as a member of the Illinois State Board of Pharmacy, Patrick J. Reda appeared as the attorney for the Department, and Anita Patel, PharmD. appeared as 711 Law Clerk for the Department.

Respondent has been advised of the right to have the pending allegation reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that they have entered into this Consent Order freely and of her own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of Consent

measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

### TERMS AND CONDITIONS

WHEREFORE, the Department, through Bill Laskaris, its Chief of Health Related Prosecutions, and QOL MEDS, LLC., Respondent, through Anthony Calamunci, its attorney, agree on the following Terms and Conditions:

- A. The Pharmacy license of QOL MEDS, LLC., License No. 054.018414, shall immediately be placed on INDEFINITE PROBATION. Applicant cannot petition to restore its pharmacy license for at least five (5) years from the effective date of this Consent Order. During the period of probation, Applicant shall be subject to the following:
  1. Respondent shall furnish the Department with a corrective action plan no later than ninety (90) days of the effective date of this Consent Order.
  2. Respondent and its employees cannot order, accept, store, transfer, or dispense sample medications of any kind during the probation period.
  3. **Respondent understands and expressly agrees that evidence of any violation of paragraphs A1 or A2 of this Consent Order or repeated violations of the remaining paragraphs of this Consent Order shall result in the Department's automatic, indefinite, and immediate suspension of Respondent's Pharmacy License, No. 054.018414, for a minimum period of twelve (12) months. Respondent knowingly waives all rights to and associated with Notice and a Formal Hearing under these circumstances. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate, which may include taking action to revoke Petitioner's license to practice as a pharmacy.** In the event Respondent contests in writing by the filing with the Department within fifteen (15) days of the effective date of the suspension, a Petition complying with the Department's Rules of Practice in Administrative Hearings), the factual basis underlying said suspension, then Respondent shall be afforded a Hearing on the merits.

4. QOL MEDS, LLC., holder of Pharmacy License No. 054.018414, shall pay a fine of twenty thousand dollars (\$20,000.00) within ninety (90) days of the effective date of this Order. The fine is to be paid by personal check, cashier's check, or personal money order. Said check shall be made payable to:

**Illinois Department of Financial and Professional Regulation  
Attention: Fiscal Section  
320 W. Washington, 3rd floor  
Springfield, IL 62786**

In the notation portion of the check, this case No. 2013-01026 and License No. 054.018414 shall be reflected.

5. In the event the fine of twenty thousand dollars (\$20,000.00) is not paid to the Department, within ninety (90) days of the effective date of this Consent Order, Respondent acknowledges and agrees that its failure to pay the full amount of the fine will permit the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Respondent's Pharmacy License, No. 054.018414. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. This suspension shall remain in full force and effect until such time as the Department receives the full amount of the fine of twenty thousand dollars (\$20,000.00). In the event Respondent contests in writing the factual basis underlying said suspension and does so within thirty (30) days of the imposition of the automatic suspension, Respondent shall be afforded a hearing on the merits.
6. If Respondents fail to pay the aforementioned fine, or any portion of the fine, and the Department initiates a collection effort to retrieve the fine, or any portion of the fine, Respondents shall be responsible for all costs and fees incurred by the Department in said collection effort.

B. Respondent shall report to the Department quarterly compliance with this Consent Order.

- C. Any violation(s) by Respondent of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke or otherwise discipline Respondent's license to practice as a pharmacy in the State of Illinois.
- D. Any violation(s) by Respondent of the Illinois Pharmacy Practice Act and/or the Rules for the Administration of the Illinois Pharmacy Practice Act during the period of probation shall constitute a violation of probation and shall be grounds for the Department to immediately file a Complaint to revoke or otherwise discipline Respondent's license to practice as a pharmacist in the State of Illinois.
- E. Respondent shall send to the Department all indicia of licensure, including all copies of wall certificates and wallet cards. The certificates of licensure shall be stamped "Probation" and returned to Respondent. Respondent shall send said certificates of licensure to:

**Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation  
Attn: Probation Compliance Unit  
9511 Harrison Street, Suite LL50  
Des Plaines, Illinois 60016**

- F. All reports required to be submitted to the Department pursuant to this Consent Order shall be sent to:

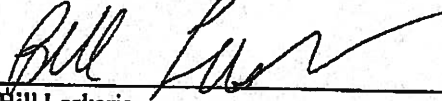
**Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation  
Attn: Probation Compliance Unit  
9511 Harrison Street, Suite LL50  
Des Plaines, Illinois 60016**




G. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Department.

**DIVISION OF PROFESSIONAL REGULATION**  
of the State of Illinois


10-21-14  
DATE

  
\_\_\_\_\_  
Bill Laskaris  
Chief of Health Related Prosecution

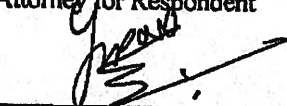
10/1/2014  
DATE

  
\_\_\_\_\_  
QOE MEDS, LLC.  
by its designated representative, Respondent

10/10/2014  
DATE

  
\_\_\_\_\_  
Anthony Calamunci  
Attorney for Respondent

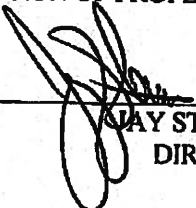
10/17/2014  
DATE

  
\_\_\_\_\_  
Yash Patel  
Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 23<sup>rd</sup> DAY OF October, 2014.

ILLINOIS DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION  
OF THE STATE OF ILLINOIS  
MANUEL FLORES, ACTING SECRETARY  
DIVISION OF PROFESSIONAL REGULATION

  
\_\_\_\_\_  
JAY STEWART  
DIRECTOR

Case No.: 2013-01026  
License No.: 054.018414

RECEIVED

JUL 30 2018

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

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In the Matter of the ) Case No. 2017-0523  
Drug Outlet Registration of )  
GENOA HEALTHCARE, LLC ) CONSENT ORDER  
Registrant )

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that while they did not have a pharmacist-in-charge registered with the Board as required during the timeframe in the Notice, they did have a pharmacist completing the responsibilities of a pharmacist-in-charge;

WHEREAS, the registrant admits that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of \$6,000, said payment to be made within ten days from the date this Consent Order becomes final.

41 2. Failure of the registrant to pay the civil penalty as required under this Consent Order  
42 may, after notice and hearing, result in further disciplinary action.  
43

44 CONSENT

45  
46 I hereby acknowledge that I am the authorized representative of registrant. On behalf of  
47 the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and  
48 the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order  
49 with incorporated Notice is a public record and shall be available via the Board's online licensure  
50 verification; is available upon written request pursuant to public disclosure laws; and shall be  
51 reported to the National Practitioner Data Bank as required by federal law. I agree to the Board  
52 entering the Consent Order.  
53

54 Kathleen McMan  
55 \_\_\_\_\_  
56 Authorized Representative  
57 GENOA Healthcare, LLC  
58 Registrant (Reg. No. RP-0002461)  
59  
60  
61

7-27-2018  
\_\_\_\_\_  
Date

62 IT IS SO ORDERED.  
63

64  
65 BOARD OF PHARMACY  
66 FOR THE STATE OF OREGON  
67

68 Brianne Efremoff  
69 \_\_\_\_\_  
70 Brianne Efremoff, Pharm.D, R.Ph.,  
71 Compliance Director

7/31/18  
\_\_\_\_\_  
Date

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BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

In the Matter of the ) Case No. 2017-0523  
Drug Outlet Registration of )  
GENOA HEALTHCARE, LLC ) NOTICE OF PROPOSED  
 ) DISCIPLINARY ACTION;  
Registrant ) ANSWER REQUIRED  
 )

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0002461 because Genoa Healthcare, LLC violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

Genoa Healthcare, LLC, located at 3180 NE Center St Ste 3360 in Salem, OR did not have a pharmacist-in-charge from on or about June 10, 2017 through July 31, 2017, in violation of OAR 855-041-1010(1) and OAR 855-019-0300(1), which is grounds for discipline and imposition of a civil penalty pursuant to ORS 689.335(1), 689.405(1)(e)(B), 689.832(1) and 689.445(1)(d).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$1,000 per violation.

**HEARING RIGHTS**

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the

49 Board issues a final order by default, it designates its file on this matter as the record.  
50

51 **ANSWER REQUIRED**  
52

53 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you  
54 must also provide, within 21 days from the date this contested case notice was served, a written  
55 answer to the allegations set forth in this contested case notice. Your written answer must include  
56 an admission or denial of each factual matter alleged in the notice and a short and plain statement  
57 of each relevant affirmative defense you may have. Except for good cause, factual matters  
58 alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a  
59 particular defense in the answer will be considered a waiver of such defense; new matters alleged  
60 in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence  
61 shall not be taken on any issue not raised in the notice and the answer.  
62

63 **Hearing Request and Answers:**  
64 **Consequences of Failure to Answer**  
65 **855-001-0015**

66 (1) A hearing request, and answer when required, shall be made in writing to the  
67 Board by the party or his attorney and an answer shall include the following:

- 68 (a) An admission or denial of each factual matter alleged in the notice;
- 69 (b) A short and plain statement of each relevant affirmative defense the party  
70 may have.

71 (2) Except for good cause;

- 72 (a) Factual matters alleged in the notice and not denied in the answer shall be  
73 presumed admitted;
- 74 (b) Failure to raise a particular defense in the answer will be considered a  
75 waiver of such defense;
- 76 (c) New matters alleged in the answer (affirmative defenses) shall be  
77 presumed to be denied by the agency; and
- 78 (d) Evidence shall not be taken on any issue not raised in the notice and the  
79 answer.  
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83 **BOARD OF PHARMACY**  
84 **FOR THE STATE OF OREGON**

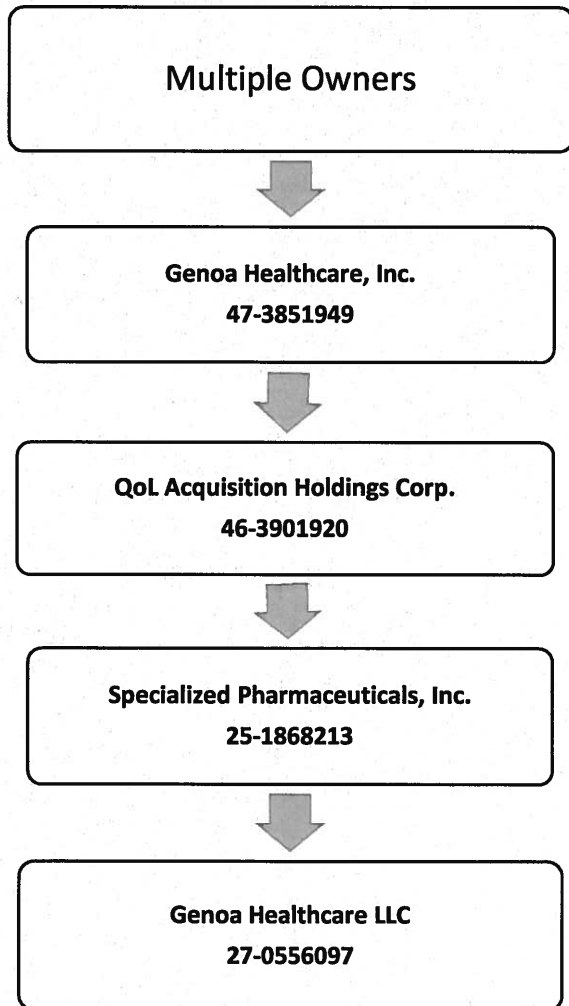
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86 \_\_\_\_\_  
87 Brianne Efremoff, Pharm.D, R.Ph.,  
88 Compliance Director  
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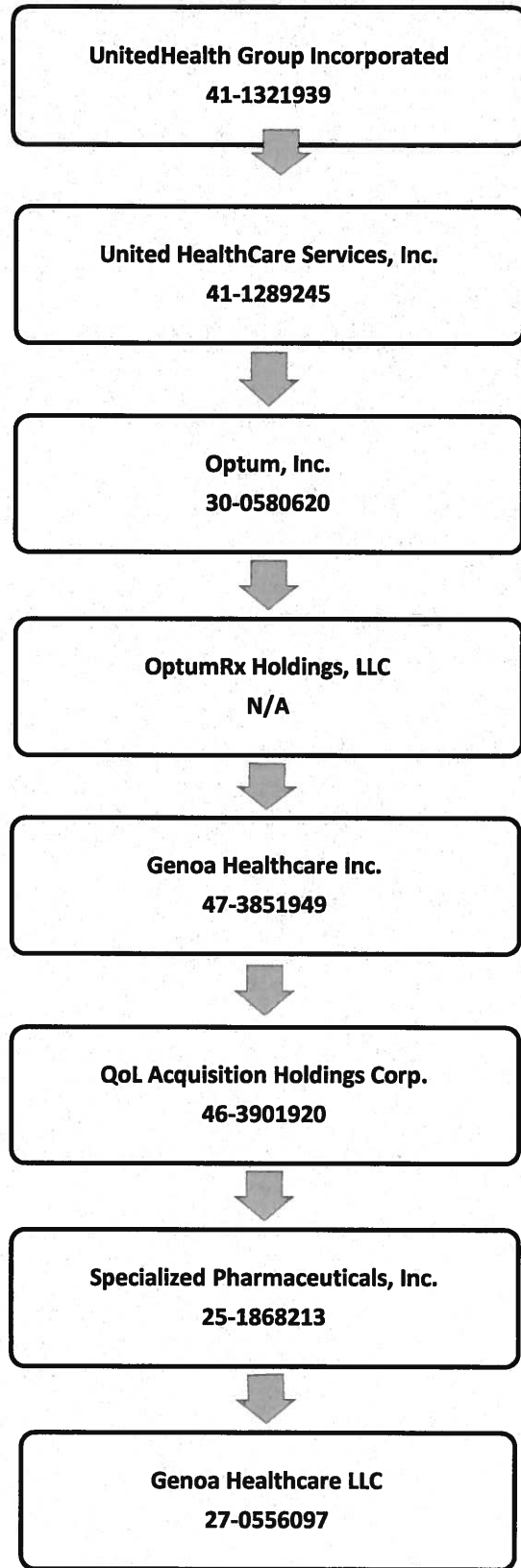
DATE OF MAILING 2-16-2018



**Pre-Closing**



**Post-Closing**





**Genoa Healthcare, LLC**

FEIN: 27-0556097

707 S. Grady Way, Suite 700

Renton, WA 98057

Phone: (253) 218-0830

Fax: (253) 217-4306

Email: [licensecoordinator@genoahealthcare.com](mailto:licensecoordinator@genoahealthcare.com)

*All IRS forms (including W9) for Genoa Healthcare, LLC will be submitted with this information.*

| Owner                             | Ownership Percentage | FEIN       | Address   |
|-----------------------------------|----------------------|------------|---|
| Specialized Pharmaceuticals, Inc. | 100%                 | 25-1868213 | 707 S. Grady Way, Suite 700<br>Renton, WA 98057 |

**Officers of the Board**

| Name                 | Title                       | Address  | Ownership Percentage |
|----------------------|-----------------------------|--|----------------------|
| John Figueroa        | President<br>CEO<br>Manager | ξ N. Mercer Way<br>Mercer Island, WA 98040       | 0%                   |
| Victor William Breed | CFO                         | ‡ SE 57 <sup>th</sup> Place<br>Issaquah WA 98027 | 0%                   |
| David Vucurevich     | COO                         | Buena Vista Drive<br>South Lebanon, OH 45065     | 0%                   |
| Mark James Peterson  | CCO                         | Cliff Road<br>Eagan, MN 55123                    | 0%                   |

*\* Officers have 0% ownership in Genoa Healthcare, LLC*

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

Date August 30, 2018

## GENERAL INSTRUCTIONS

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

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

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

Application for Genoa Healthcare, LLC  
Nature of Pharmacy or Wholesaler  
1901 S. Jones Blvd., Suite P1, Las Vegas, NV 89146  
Name and Address of Business for Which Designated Representative Is Requested  
 -----  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

|   |                                      |              |
|---|--------------------------------------|--------------|
| Pivo  | Craig                                | Barry        |
| Last Name   | First Name                           | Middle Name  |
| Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) |                                      |              |
| Hobbyhorse Avenue   | Henderson                            | NV, 89012    |
| Present Residence Address-Street or RFD                                   | City                                 | State/Zip    |
| 1901 S. Jones, Suite P  | Las Vegas                            | NV, 89012    |
| Present Business Address  | City                                 | State/Zip    |
| Pharmacy Manager  | 11/27/2018                           |              |
| Present Position with the Pharmacy or Wholesaler                          |                                      | Phone:       |
|   |                                      | Residence    |
|   |                                      | Business     |
|   | Los Angeles, CA                      | 702-410-8746 |
| Date of Birth   | Place of Birth (City, County, State) |              |
| 53  | Male                                 |              |
| Age   | Social Security Number               | Sex          |
| Blue  | Brown/Blonde                         | 6' 0"        |
| Color of Eyes   | Color of Hair                        | Complexion   |
|   |                                      | Weight       |
|   |                                      | Build        |
|   |                                      | Height       |

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes  No  If alien, registration 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 4 Page 1



MARITAL INFORMATION-Continued

A. **Current Marriage** \_\_\_\_\_ May 16, 2008 \_\_\_\_\_ Henderson, Clark, NV  
Date  
 Spouse's full name (Maiden) \_\_\_\_\_ Michelle Lynn \_\_\_\_\_  
City, County and State  
S.S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ San Jose \_\_\_\_\_  
 Resident address \_\_\_\_\_ Hobbyhorse Avenue \_\_\_\_\_ Henderson \_\_\_\_\_ NV \_\_\_\_\_ 89012 \_\_\_\_\_  
Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Spouse's employer \_\_\_\_\_ N/A \_\_\_\_\_ Occupation \_\_\_\_\_ Retired \_\_\_\_\_  
 Address of employer \_\_\_\_\_ Home \_\_\_\_\_  
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  |
|----------------|-------------------------|---------------------------|------------------|------------------------|
| Kelly          | prior to 01/2008        | 04/09/88                  | Divorced         | Park City, UT - Summit |

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

| Name             | Street  | City    | State | Zip     | Telephone |
|------------------|---------|---------|-------|---------|-----------|
| Kelly R. Harrell | unknown | Gilbert | AZ    | unknown |           |

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    |
|-------------|------------|---------------|----------------------|
| Ryan Pivo   |            | Fullerton, CA | Phoenix, AZ          |
| Trevor Pivo |            | Fullerton, CA | Huntington Beach, CA |

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 \_\_\_\_\_  \_\_\_\_\_ Page 2

**FAMILY INFORMATION-Continued**

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

Name ..... N/A .....

Address .....

Contact person .....

**C. Parents:**

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

| Name (Maiden) | Birth Date | Address | Occupation            |
|---------------|------------|---------|-----------------------|
| Father        |            |         |                       |
| Robert        |            | N/A     | Pharmacist - Deceased |
| Mother        |            |         |                       |
| Reba          |            | N/A     | Deceased              |
| Father-in-Law |            |         |                       |
| Mother-in-Law |            |         |                       |

**D. Brothers and Sisters:**

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

| Name (Maiden) | Birth Date | Address         | Occupation |
|---------------|------------|-----------------|------------|
| Spouse        |            |                 |            |
| Ken Pivo      | 11/02      | Santa Ana, CA   | Attorney   |
| Spouse        |            |                 |            |
| Diane Piva    | 07/30      | Palm Desert, CA | Recruiter  |
| Spouse        |            |                 |            |
| Gary Pivo     | 02/15      | Tucson, AZ      | Professor  |
| Spouse        |            |                 |            |
| Spouse        |            |                 |            |

**4. EDUCATION:**

| Name of School     | Location  | Dates Attended | Graduate  |
|--------------------|---|----------------|---|
| Grammar School     | Hermosa   | Fulerton, CA   | 1976  |
|                    |   |                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School        | Sonora  | L. Habre, CA   | 1982  |
|                    |   |                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University | University of Southern California - School of Pharmacy - PharmD |                |   |
|                    |   |                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other              |   |                |   |
|                    |   |                | Yes <input type="checkbox"/> No <input type="checkbox"/>            |

Type of degree obtained, if any ..... Pharmacist License 1988 .....

College or university where obtained ..... University of Southern California .....

Applicant's initial  .....

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes  No   
 Branch.....Date of entry-active service.....  
 Date of separation.....Type of discharge.....  
 Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes  No   
 County.....State.....Date registered.....

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

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

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

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

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

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

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

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

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

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

**7. RESIDENCES:**

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

| Month and Year (From-To) | Street and Number         | City            | State or County          |
|--------------------------|---------------------------|-----------------|--------------------------|
| Present                  | Hobbyhorse Avenue         | Henderson       | NV / moving back to here |
| Present —                | Piena Place,              | Kailua-Kona     | HI / sold 9/24/18        |
|                          | 2832 Maryland Hills Drive | Henderson       | NV                       |
|                          | 10651 Deer Canyon Drive   | Racho Cucamonga | CA                       |
|                          | 6365 mountain view Dr     | Park City       | UT                       |
|                          | 40 Strada principak       | Henderson       | NV                       |
|                          |                           |                 |                          |
|                          |                           |                 |                          |
|                          |                           |                 |                          |
|                          |                           |                 |                          |

**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.

|                                    |  |                          |
|------------------------------------|--|--------------------------|
| 08/Present                         | Genoa Healthcare, LLC 1901 S. Jones Blvd., Suite P1, Las Vegas, NV 89146       | 40 hours per week        |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Pharmacy Site Manager              | Manages and oversee the daily operations of the pharmacy                       | Jeff Hamsberger          |
| Title                              | Description of Duties  | Name of Supervisor       |
| 03/16 - 08/18                      | Costco Warehouse Pharmacy 73-5600 Maiiau Street, Kailua-Kona, HI               |                          |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Staff Pharmacist                   | Lead Pharmacist  | 40 hours per week        |
| Title                              | Description of Duties  | Name of Supervisor       |
| 07/13 - 06/15                      | GlaxoSmithKline 9232 Spruce Mountain Way, Las Vegas, NV 89134                  | Norm Curry               |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Community Pharmacy/Medical Liaison | Lead for all respiratory & diabetic agents                                     | 40 hours per week        |
| Title                              | Description of Duties  | Name of Supervisor       |
| 12/08-7/13                         | Lilly USA - Las Vegas , NV   | Ben Stock / Jim Ducker   |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Medical Liaison/Western Sales Rep  | Provide continuous education on medications                                    | 40 hours per week        |
| Title                              | Description of Duties  | Name of Supervisor       |
| 01/07-12/08                        | CVS Pharmacy/Longs Mail Order- 21 West Horizon Ridge Pkwy, Henderson, NV 89012 |                          |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Pharmacy Manger                    | Manages and oversee the daily operations of the pharmacy                       | 40 hours per week        |
| Title                              | Description of Duties  | Name of Supervisor       |
| 1990-2006                          | Parkview Pharmacy and Health Care (sold pharmacy in 2006)                      | Self- Owner              |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Pharmacist Owner                   | Rancho Cucamonga, CA   | 40 hours per week        |
| Title                              | Description of Duties  | Name of Supervisor       |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Title                              | Description of Duties  | Name of Supervisor       |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Title                              | Description of Duties  | Name of Supervisor       |
| Month and Year                     | Name/Mailing Address of Employer/Business                                      | Number of Employed Hours |
| Title                              | Description of Duties  | Name of Supervisor       |

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

Applicant's initial

**9. CHARACTER REFERENCES:**

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

| Name of Where Employed     | Street   | City | State | Zip | Telephone | Years Known |
|----------------------------|----------|------|-------|-----|-----------|-------------|
| Name J Block               | Home     |      |       |     |           | 10 + years  |
| Employer Lilly             | Business |      |       |     |           |             |
| Name Trenell Turner        | Home     |      |       |     |           | 10+ years   |
| Employer Noro Nordesk      | Business |      |       |     |           |             |
| Name Yvonne Degesus        | Home     |      |       |     |           | 10+ years   |
| Employer Johnson & Johnson | Business |      |       |     |           |             |
| Name Sarah Hulton          | Home     |      |       |     |           | 10+ years   |
| Employer Lilly             | Business |      |       |     |           |             |
| Name Steve Proia           | Home     |      |       |     |           | 5+ years    |
| Employer Petrol (JPL)      | Business |      |       |     |           |             |

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

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

Yes  No

If yes, state type, where and years held

Nevada - 30 years  
 California - 18 years Utah - 1 year, Hawaii 3 years

Pharmacist License #PH-3949 expiration 12/31/2019; Hawaii (Department of Commerce & Consumer Affairs)

Original Issuance date 11/23/2015.

CA 1988-2005 / UTA# 2005 (Don't Know License #)

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

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

Parkview Pharmacy, Rancho Cucamonga (1990-2006)

Pedego Big Island - Kona, Hawaii (7/1/15 - 12/31/16)

Mountainview ~~Parkview~~ Medical Supply - Park City, Utah

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

Nevada - 2008 - PRN ~~reconnection~~ 2005 California / 2005 UTAH (Surrendered Licenses)  
 completion 2012

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

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

Surrendered Licenses in California & Utah for addiction, went through + completed PRN in Nevada 1/2008 - 1/2012. Completion letter attached!

Applicant's initial

S

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

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

*CA, IL, MI, & UTAH 2005 - Surrendered License to r. Drug Addiction*

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

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

*CA Board of Pharmacy UTAH Board of Pharmacy - Both 2005*

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

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

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

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



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 8-31-18

Applicant's initial [Signature]

STATE OF Minnesota

SS.

COUNTY OF Dakota

I, Craig Pivo, being duly sworn, depose and say I have read the

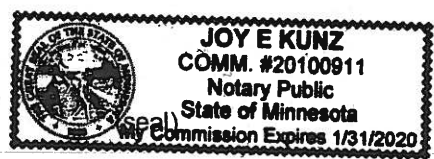
foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed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

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

[Handwritten Signature]  
Original Signature of Applicant

Subscribed and Sworn to before me this 31<sup>st</sup> day of August, 2018

[Handwritten Signature]  
Notary Public



Applicant's initial [Handwritten Initial] Page 9



ADDITIONAL INFORMATION

my License was Surrendered in both California and Utah in 2005. In 2008 I was sanctioned by Nevada Board for not being honest about my past state issues entered prn vpon Nevada Board Suspension January 2008 - Completed January 2012. Harry Espadero letter attached

J @/Billg

Applicant's initial

J

February 4, 2015

To Whom It May Concern:

I would like to recommend Craig Pivo as a candidate for a position with your organization. For the past year, I have been Craig's Field Vice President for the Community Pharmacy Team at GSK. Craig has been a pharmacy liaison/medical specialist on this team for over a year. He has worked in Nevada and Arizona educating pharmacists and their staff on GSK medicines to help build knowledge and capabilities to counsel patients and drive patient adherence through MTM counseling.

Craig has a remarkable work ethic and has demonstrated strong leadership skills. Craig's team had an open leadership role in 2014 and during this time, Craig stepped up and served as the team's leader. He was able to ensure his teammates were focused and executing, while also exceeding his personal goals. Craig's work ethic paired with being a true team player was demonstrated numerous times, when he would go above and beyond to cover vacant territories to ensure pharmacists were educated on our new launch brands and prepared to counsel patients.

If Craig's performance in our organization is a good indication of his future performance, he would be an extremely valuable asset to your company. If I can provide you with any further information, please do not hesitate to contact me.

Sincerely,

**Colleen M. Pickett**  
**Field Vice President - Community Pharmacy**  
PPV  
US

**GSK**  
**Email** [colleen.m.pickett@gsk.com](mailto:colleen.m.pickett@gsk.com)  
**Mobile** +1215.990.7006  
**Tel** +1215.751.7614

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**Date:** February 20, 2015  
**Subject:** Mr. Craig Pivo, Pharm D.

To whom it may concern,

In July of 2014 I assumed responsibility for the Community Pharmacy Team at GlaxoSmithKline covering the southwest portion of the United States. I inherited a team of professionals consisting of Pharm Ds, RPHs, RNs, and a PHD.

Craig's primary role in at GSK was to educate his customers using GSK approved resources (customers at multiple levels from Pharmacy Techs through Regional Managers) on our brands, and on the importance of First Fill Counseling (FFC) whilst understanding from customers perspective the impact that FFC can have on adherence and compliance.

Craig's secondary roles included project management (problem solving/barrier removal), team leadership, matrix partner relationship development, business planning and execution, communication planning and execution, educational in service program lead, administrative duties, among other responsibilities.

Craig exceeded our expectations in all areas of responsibility.

While on my team, I leaned on Craig for my personal education of the Community Pharmacy objectives and how we can meet those objectives. Additionally, through Craig's in depth knowledge of the community pharmacy landscape and marketplace he taught me a great deal about how various organizations operate and what their objectives were. This enabled my team and I to consider how customer needs could be filled with GSK approved solutions.

Craig possesses key strengths including people agility, learning agility, and change agility. Craig's people agility was expressed in his ability to connect with customers always looking for ways to deliver the greatest value; it was also demonstrated in his ability to connect, partner, and lead his internal teammates through various initiatives both in planning and in execution. Craig's learning agility enabled him to quickly understand key concepts and knowledge, he has a unique ability to teach others so they can understand as well. Craig's change agility was consistently apparent as we launched multiple medicines last year and Craig was able to identify critical success factors / activities that enabled him to flex with skill and speed to ever changing objectives. Also of note on change agility is how Craig is always positive, this manifested itself through Craig's glass is "half full" mentality regarding a new leader (me), and working with co-workers to identify solutions to challenges they may be facing. Teammates call Craig for leadership, advice, and input and he takes these mentor-like calls seriously.

Late in 2014, Craig brought the above strengths together along with his high level of dedication and project management skills to lead a complicated national project. The task was to lead our national community pharmacy team, in a Vice President identified project, focused on developing a grass roots campaign to enhance field input on the identification of key topics and areas of gap. Which when focused on and discussed would elevate the entire team's knowledge, skills, and capabilities. Craig used business improvement tools to diagnose the problem (with 360 degree input), designed multiple solutions, prioritized those solutions, and then created a proposal for the leadership team to react to. He presented to the leadership team and gained approval for all of his suggestions, unanimous support, and the program was put into place.

Finally, Craig has embodied the GSK values on a daily basis. He is **Transparent**, he has a great deal of **Respect** for others and their opinions/thoughts, he possesses the highest degree of **Integrity**, and he always put **Patients First**. Craig always approached situations with high morals and ethics even during this current tumultuous time at GSK.

Our division is presently going through a restructure and Craig has chosen to move in a different direction back into his career as a pharmacist. I support him in this endeavor and believe, strongly that he will be extremely successful as a pharmacist in Hawaii.

Good Luck Craig,

Sincerely

Norm Curry, Regional Sales Director

215-680-7679

GlaxoSmithKline

April 23, 2013

To whom it may concern:

It is with great pleasure that I recommend Craig Pivo. I have had the honor to have worked closely with Craig as his supervisor over the last year.

Craig has always displayed a high degree of integrity, responsibility, and ambition. He follows through on his commitments without exception. He has demonstrated leadership on multiple levels and is definitely a leader rather than a follower. As a Pharmacist, Craig has excellent scientific knowledge and has a proven track record of success in whatever he sets out to accomplish. He has continued to refine his selling skills and abilities. Craig is able to understand customers on a different level than your typical sales representative.

He is also a most dependable team player. He takes appropriate action to ensure the team's success is placed above personal accolades. Craig is an advocate for his customers and the patients they serve. His good judgment and mature outlook ensure a logical and practical approach to his endeavors.

Craig would be an asset to any team or organization. I am happy to give him my wholehearted endorsement.

Sincerely,

Ben Stock  
District Sales Manager