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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: ETERNITY CARE INFUSION PHARMACY

Physical Address: 6725 S EASTERN AVE STE 8

City: LAS VEGAS State: NV Zip Code: 89002

Telephone: (702) 374-7344 Fax: IN PROCESS

Toll Free Number: IN PROCESS E-mail: LGMACARAEG@YAHOO.COM

Website: N/A

Managing Pharmacist: CLARE-LANIE MACARAEG License Number: 19507

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.

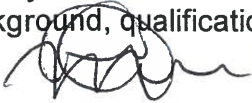
Within the last five (5) years:

- 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

CLARE-LANIE MACARAEG

Print Name of Authorized Person

11/02/18
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: LAYLANI MACARAEG %: 60

Name: CLARE-LANIE MACARAEG %: 40

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: EGLC LLC

Mailing Address: 824 SLEEPY MOON AVENUE

City, State Zip Code: HENDERSON, NV 89012

Telephone Number: 702-374-7344 Fax Number: N/A

Contact Person: LAYLANI MACARAEG

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 4:00 pm

Saturday CLOSED am CLOSED pm

Sunday CLOSED am CLOSED pm

24 Hours NO

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 2081774792

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

I, CLARE-LANIE MACARAEG

Responsible Person of THE INFUSION PHARMACY

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

CLARE-LANIE MACARAEG

Print Name of Authorized Person

11/02/18

Date

Managing Pharmacist

 Pharmacist Name: CLARE-LANIE MACARAEG

 License #: 19507

 Pharmacy Name: ETERNITY CARE INFUSION PHARMACY

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

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

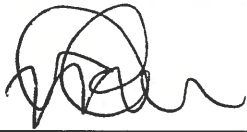
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

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

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

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

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



Signature

11/02/18
Date

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

Date

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 PHARMACY
Nature of Pharmacy or Wholesaler
EGC LLC dba ETERNITY CARE INFUSION PHARMACY 6725 S EASTERN AVE STE 8, LAS VEGAS NV 89119
Name and Address of Business for Which Designated Representative Is Requested

.....
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name MACARAEG First Name CLARE-LANIE Middle Name GUERRERO

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

Present Residence Address-Street or RFD SLEEPY MOON AVE City HENDERSON State/Zip NV/89012

Dates 2000 - PRESENT

Present Business Address 70 E HORIZON RIDGE PKWY STE 140 City HENDERSON State/Zip NV/89002

Dates 2018 - PRESENT

STAFF PHARMACIST Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business 702-750-0475

GUAM, USA

Date of Birth _____ Place of Birth (City, County, State) _____

24 FEMALE

Age _____ Social Security Number _____ Sex _____

BROWN BROWN TAN 110 lb 5'2"

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 

MARITAL INFORMATION-Continued

A. **Current Marriage**.....N/A.....
 Date..... City, County and State.....
 Spouse's full name (Maiden).....N/A..... S.S. No.N/A.....
 Date of Birth.....N/A..... Place of Birth.....N/A.....
 Resident address.....N/A.....
 Street..... City..... State..... Zip.....
 Telephone: Residence.....N/A..... Business.....N/A.....
 Spouse's employer.....N/A..... Occupation.....N/A.....
 Address of employer.....N/A.....
 Street..... City..... State..... Zip.....

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

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

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

Name	Street	City	State	Zip	Telephone
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N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

N/A

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial.....

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father NELSON LOPEZ MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	PHARMACY TECHNICIAN RETIRED US NAVY

Mother

LAYLANI GUERRERO MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	PHARMACIST
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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
KYLE RYAN GUERRERO MACARAEG	3	SLEEPY MOON AVE HENDERSON, NV 89012	STUDENT

Spouse N/A

KADEN GUERRERO MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	STUDENT
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Spouse N/A

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	FOOTHILL HIGH SCHOOL	HENDERSON, NV 2008-2011	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	SOUTHWESTERN COLLEGE	CHULA VISTA, CA 2011-2012	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	ROSEMAN UNIVERSITY OF HEALTH SCIENCES	HENDERSON, NV 2013-2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any ASSOCIATE OF LIBERAL ARTS PHARMD/MBACollege or university where obtained SOUTHWESTERN COLLEGE ROSEMAN UNIVERSITYApplicant'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
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

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

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

Applicant's initial.....

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
2000 - PRESENT	SLEEPY MOON AVE	HENDERSON	NV
2000 - PRESENT	ATWATER ST	CHULA VISTA	CA

Applicant's initial a 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
05/2018-PRESENT	THE INFUSION PHARMACY 70 E HORIZON RIDGE PKWY STE 140 HENDERSON, NV 89002	
Title	Description of Duties	Name of Supervisor
STAFF PHARMACIST	PHARMACIST	LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2017 - 05/2018	SPECIALTY CARE RX 801 S. RANCHO DR. STE D1-A LAS VEGAS, NV 89106	NEW BUSINESS OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY IN CHARGE	CLARE-LANIE MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2014 - 06/2017	QUALITY HOME INFUSION 801 S. RANCHO DR. STE E7 LAS VEGAS, NV 89106	NEW JOB POSITION
Title	Description of Duties	Name of Supervisor
PHARM INTERN STAFF PHARMACIST	PHARMACIST	LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014-08/2016	WALGREENS 9300 W SAHARA AVE LAS VEGAS, NV 89117	JOB OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PHARM INTERN	PHARMACY INTERN	ERI BEJITO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	ALEC HUTSON	Home	S GIBSON RD APT 2323, HENDERSON, NV 89012			0 11
Employer	PARAMOUNT MEDICAL BILLER	Business	961 N SMITH DR., PRICE, UT 84501			
Name	GILBERT BUCO	Home	TRIPLE CROWN ST, HENDERSON, NV 89015			18
Employer	TRONOX	Business	245 4TH ST, HENDERSON, NV 89015			
Name	MARY ANN RAQUEL	Home	MCCAIN VALLEY CT, CHULA VISTA, CA 91913			7 6
Employer	HOUSE WIFE	Business				
Name	GARY LIBAN	Home	OLD JANAL RANCH, CHULA VISTA, CA 91915			23
Employer	US RETIRED NAVY	Business				
Name	CHARLIE PALOMO	Home	VARNEY DR, SAN DIEGO, CA 92114			23
Employer		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

REAL ESTATE SALESMAN, NEVADA, 2017-PRESENT

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

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

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

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

Applicant's initial



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

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

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

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

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

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

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

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



Date of photograph 11/02/18

Applicant's initial mm

STATE OF NEVADA

ss.

COUNTY OF CLARK

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

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



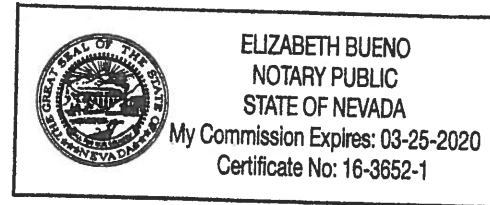
Original Signature of Applicant

Subscribed and Sworn to before me this 06 day of

November, 2018



Notary Public



(seal)

Applicant's initial



ADDITIONAL INFORMATION

This image shows a full page of a handwriting practice worksheet. It consists of numerous horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The lines are light gray and extend from the left margin to the right edge of the page. There are no other markings, text, or illustrations on the page.

Applicant's initial...



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date.....

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.

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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..... PHARMACY

Nature of License

EGLC LLC dba ETERNITY CARE INFUSION PHARMACY 6725 S EASTERN AVE STE 8, LAS VEGAS NV 89119
Name and Address of Establishment for Which License Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
MACARAE G	LAYLANI	GUERRERO

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

N/A

Present Residence Address-Street or RFD	City	State/Zip
SLEEPY MOON AVE	HENDERSON	NV/89012

Dates 2000 - PRESENT

Present Business Address	City	State/Zip
70 E HORIZON RIDGE PKWY STE 140	HENDERSON	NV/89002

PHARMACIST-IN-CHARGE	Dates
	2018 - PRESENT

Occupation	Phone: Residence

Business
702-750-0475

PHILIPPINES

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

46

FEMALE

Age	Social Security Number	Sex

BROWN

BROWN

TAN

160 LB

5'2"

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 12/29/1998

Place US DISTRICT COURT SAN DIEGO, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial.....

MARITAL INFORMATION-Continued

A. **Current Marriage** 08/06/1993 GUAM, USA
Date City, County and State
Spouse's full name (Maiden) NELSON LOPEZ MACARAEG S.S. No.
Date of Birth 7 Place of Birth PHILIPPINES
Resident address SLEEPY MOON AVE HENDERSON NV 89012
Street City State Zip
Telephone: Residence Business 702-750-0475
Spouse's employer LGCM LLC Occupation PHARMACY TECHNICIAN
Address of employer 70 E HORIZON RIDGE PKWY STE 140 HENDERSON NV 89002
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
M/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
CLARE-LANIE GUERRERO MACARAEG		GUAM, USA	SLEEPY MOON AVE, HENDERSON, NV 89012
KYLE RYAN GUERRERO MACARAEG		HENDERSON, NV	-- , SLEEPY MOON AVE, HENDERSON, NV 89012
KADEN GUERRERO MACARAEG		HENDERSON, NV	SLEEPY MOON AVE, HENDERSON, NV 89012

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 8

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

	Name (Maiden)	Birth Date	Address	Occupation
Father	SATURNINO TIBAR GUERRERO		MANILA, PHILIPPINES	BUSINESS MAN
Mother	ELINITA NAGA GUERRERO		MANILA, PHILIPPINES	BUSINESS WOMAN
Father-in-Law	PHILLIP NERI MACARAEG		E 64TH ST LONG BEACH, CA 90805	RETIRED
Mother-in-Law	CORAZON LOPEZ MACARAEG		E 64TH ST LONG BEACH, CA 90805	NURSE ASSISTANT

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
SEE ATTACHMENT				
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	DMMHS	PHILIPPINES	1982-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	PHILIPPINE WOMEN UNIVERSTY (PWU)	PHILIPPINES	1987-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	NON TRADITIONAL PHARMD PROGRAM MIDWESTERN UNIVERSITY	HENDERSON, NV	2000-2001	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BACHELOR OF PHARMACY 1991 ASSOCIATE OF SCIENCE NURSING 1997College or university where obtained PWU SOUTHERSTERN COLLEGEApplicant's initial SP

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

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

County _____ State _____ Date registered _____

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial SP

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
2000-PRESENT	SLEEPY MOON AVE	HENDERSON	NV
2000-PRESENT	ATWATER ST	CHULA VISTA	CA
1996-2000	1629 - D MIRA COSTA CIR	CHULA VISTA	CA
1995-1996	DORIANA ST	PARADISE VALLEY	CA
1994-1995	4TH STREET	CHULA VISTA	CA
1993-1994		TAMUNING	GUAM, USA
1993-PRESENT	INTERVILLE SUBDIVISION	QUEZON CITY	PHILIPPINES

Applicant's initial

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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
05/2018-PRESENT	THE INFUSION PHARMACY 70 E HORIZON RIDGE PKWY STE 140 HENDERSON, NV 89002	
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY OWNER/MANAGER	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2013-05/2018	QUALITY HOME INFUSION 801 S. RANCHO DR. STE E7 LAS VEGAS, NV 89106	NEW BUSINESS OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY MANAGER	ROB BROWN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2008-02/2011	SPECTRUM PHARMACY 15 CACTUS GARDEN DR BLDG C HENDERSON 89014	MOVED TO SAN DIEGO
Title	Description of Duties	Name of Supervisor
PHARMACIST	CLINICAL AND GRAVEYARD PHARMACIST	STEVE CARLTON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/2006-02/2010	KMART PHARMACY, HENDERSON, NV	PREGNANCY
Title	Description of Duties	Name of Supervisor
PHARMACIST	PER DIEM PHARMACIST	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2006-03/2007	CVS, HENDERSON, NV	NEW JOB
Title	Description of Duties	Name of Supervisor
PHARMACIST	STAFF PHARMACIST	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1998-12/2006	RITE AID PHARMACY	RITE AID CLOSED DOWN
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	PHARMACIST	KEVIN STAPLES
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/1997-08/1998	KAISER PERMANENTE, SAN DIEGO, CA	MOVED TO LAS VEGAS
Title	Description of Duties	Name of Supervisor
PHARM INTERN	PHARMACIST INTERN	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/1996-12/1997	PHARMERICA/CAPSTONE CLINICAL PHARMACY, SAN DIEGO, CA	NEW JOB
Title	Description of Duties	Name of Supervisor
PHARM TECH	PHARMACY TECHNICIAN	RON

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

SEE PAGE 10

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 AILEEN DIAZ	Home	10TH PLACE, NE LAKE STEVENS, WA 98258				18
Employer EVERETT PUBLIC SCHOOL	Business	3900 BROADWAY, EVERETT, WA 98201				
Name GILBERT BUCO	Home	1 TRIPLE CROWN ST, HENDERSON, NV 89015				18
Employer TRONOX	Business	245 4TH ST, HENDERSON, NV 89015				
Name MARY ANN RAQUEL	Home	5 MCCAIN VALLEY CT, CHULA VISTA, CA 91913				6
Employer HOUSEWIFE	Business					
Name GARY LIBAN	Home	OLD JANAL RANCH, CHULA VISTA, CA 91915				23
Employer RETIRED US NAVY	Business					
Name CHARLIE PALOMO	Home	VARNEY DR, SAN DIEGO, CA 92114				23
Employer RETIRED US NAVY	Business					

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

REAL ESTATE SALESMAN, NEVADA, 2008-2011 & 2017-PRESENT

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 88

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 11/02/18

Applicant's initial

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, LAYLANI GUERRERO MACARAEG, 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,

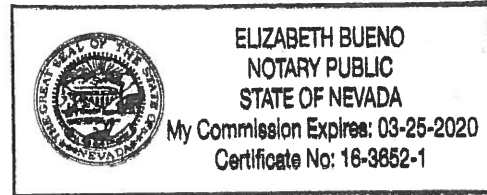
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 06 day of

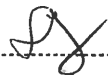
November, 2018

E. J. Bueno
Notary Public



(seal)

Applicant's initial



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ADDITIONAL INFORMATION

ITEM 8. EMPLOYMENT

[illegible]

Applicant's initial.



ATTACHEMENT

ITEM 3. FAMILY INFORMATION, SECTION D. BROTHERS AND SISTERS:

		NAME	BIRTH DATE	ADDRES	OCCUPATION
1	SIBLING	Eduardo Guerrero		Galbadon, Philippines	deceased
	SPOUSE	Letlet Guerrero		Galbadon, Philippines	Housewife
2	SIBLING	Olivia Monteclavo		Galbadon, Philippines	Housewife
	SPOUSE	Tomas Monteclavo		Galbadon, Philippines	Business man
3	SIBLING	Leonida Acosta		Caviti, Philippines	Housewife
	SPOUSE	Asis Acosta		Caviti, Philippines	Business man
4	SIBLING	Alfonso Guerrero		Manila, Philippines	Driver
	SPOUSE	N/A	N/A	N/A	N/A
5	SIBLING	Ronaldo Guerrero	Jan 1965	Palawan, Philippines	Business man
	SPOUSE	Ling Ling Guerrero	?	Palawan, Philippines	Business Owner
6	SIBLING	Gerardo Guerrero		Manila, Philippines	deceased
	SPOUSE	Imelda Guerrero		Manila, Philippines	Housewife
7	SIBLING	Hernane Guerrero		Manila, Philippines	Business Owner
	SPOUSE	Rowena Guerrero		Manila, Philippines	Housewife
8	SIBLING	Caroline Guerrero		Manila, Philippines	Teacher
	SPOUSE	N/A	N/A	N/A	N/A
9	SIBLING	Airies Misola		Ilo-Ilo, Philippines	Business Owner
	SPOUSE	Ariel Misola	16-Aug	Ilo-Ilo, Philippines	Engineer
10	SIBLING	Nestor Jr. Guerrero		Oman	Computer Teacher
	SPOUSE	N/A	N/A	N/A	N/A
11	SIBLING	Leonora Viar		Manila, Philippines	Accountant
	SPOUSE	Ver Viar		Manila, Philippines	Businessman
12	SIBLING	Joel Guerrero		Manila, Philippines	Pharmacist
	SPOUSE	Rose Angel Guerrero		Manila, Philippines	Pharmacist
13	SIBLING	Noel Guerrero	3	Hong Kong, China	Special Ed Teacher
	SPOUSE	Isidra Guerrero		Manila, Philippines	Special Ed Teacher
14	SIBLING	Marvin Guerrero		Manila, Philippines	Computer Programmer
	SPOUSE	Julia Guerrero		Manila, Philippines	Hostess

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☞ Date _____

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 _____ PHARMACY
 Nature of License
EGLC LLC dba ETERNITY CARE INFUSION PHARMACY 6725 S EASTERN AVE STE 8, LAS VEGAS NV 89119
 Name and Address of Establishment for Which License Is Requested

 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	MACARAEG	First Name	CLARE-LANIE	Middle Name	GUERRERO
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
N/A					
Present Residence Address-Street or RFD	SLEEPY MOON AVE	City	HENDERSON	State/Zip	NV/89012
Dates 2000 - PRESENT					
Present Business Address	70 E HORIZON RIDGE PKWY STE 140	City	HENDERSON	State/Zip	NV/89002
Dates 2018 - PRESENT					
OWNER/STAFF PHARMACIST				Phone:	
Occupation				Residence	
				Business	702-750-0475
GUAM, USA					
Date of Birth	Place of Birth (City, County, State)				
24	FEMALE				
Age	Social Security Number				Sex
BROWN	BROWN	TAN	110 lb	5'2"	
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 cm

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

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

Resident address N/A
 Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
 Street City State Zip

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

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

N/A

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

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

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

N/A

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 cm

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father NELSON LOPEZ MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	REMANUFACTURER TECHNICIAN PHARMACY TECHNICIAN RETIRED US NAVY
Mother LAYLANI GUERRERO MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	PHARMACIST
Father-in-Law N/A			
Mother-in-Law N/A			

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
KYLE RYAN GUERRERO MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	STUDENT
Spouse N/A			
KADEN GUERRERO MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	STUDENT
Spouse N/A			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	FOOTHILL HIGH SCHOOL	HENDERSON, NV	2008-2011
College University	SOUTHWESTERN COLLEGE	CHULA VISTA, CA	2011-2012
Other	ROSEMAN UNIVERSITY OF HEALTH SCIENCES	HENDERSON, NV	2013-2016

Type of degree obtained, if any ASSOCIATE OF LIBERAL ARTS PHARMD/MBACollege or university where obtained SOUTHWESTERN COLLEGE ROSEMAN UNIVERSITYApplicant's initial an

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
N/A					

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

Name	Relationship	Charge	Location	Date

Applicant's initial..........

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
2000 - PRESENT	SLEEPY MOON AVE	HENDERSON	NV
2000 - PRESENT	12 WATER ST	CHULA VISTA	CA

Applicant's initial 

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2018-PRESENT	THE INFUSION PHARMACY 70 E HORIZON RIDGE PKWY STE 140 HENDERSON, NV 89002	
Title	Description of Duties	Name of Supervisor
STAFF PHARMACIST	PHARMACIST	LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2017 - 05/2018	SPECIALTY CARE RX 801 S. RANCHO DR. STE D1-A LAS VEGAS, NV 89106	NEW BUSINESS OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY IN CHARGE	CLARE-LANIE MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2014 - 06/2017	QUALITY HOME INFUSION 801 S. RANCHO DR. STE E7 LAS VEGAS, NV 89106	NEW JOB POSITION
Title	Description of Duties	Name of Supervisor
PHARM INTERN STAFF PHARMACIST	PHARMACIST	LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014-08/2016	WALGREENS 9300 W SAHARA AVE LAS VEGAS, NV 89117	JOB OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PHARM INTERN	PHARMACY INTERN	ERI BEJITO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial



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	ALEC HUTSON	Home	S GIBSON RD APT 2323, HENDERSON, NV 89012			11
Employer	PARAMOUNT MEDICAL BILLER	Business	961 N SMITH DR., PRICE, UT 84501			
Name	GILBERT BUCO	Home	TRIPLE CROWN ST, HENDERSON, NV 89015			18
Employer	TRONOX	Business	245 4TH ST, HENDERSON, NV 89015			
Name	MARY ANN RAQUEL	Home	MCCAIN VALLEY CT, CHULA VISTA, CA 91913			9 6
Employer	HOUSE WIFE	Business				
Name	GARY LIBAN	Home	1 OLD JANAL RANCH, CHULA VISTA, CA 91915			23
Employer	US RETIRED NAVY	Business				
Name	CHARLIE PALOMO	Home	VARNEY DR, SAN DIEGO, CA 92114			23
Employer	US RETIRED NAVY	Business				

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

REAL ESTATE SALESMAN, NEVADA, 2017-PRESENT

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

Applicant's initial



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 11/02/18

Applicant's initial an

STATE OF NEVADA

ss.

COUNTY OF CLARK

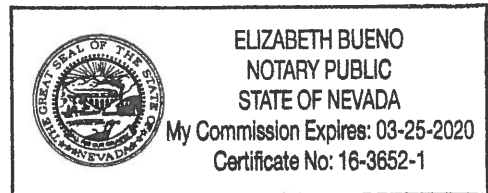
I, CLARE-LANIE GUERRERO MACARAEG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 06 day of
 November, 2018
 Elizabeth Bueno
 Notary Public



(seal)

Applicant's initial



ADDITIONAL INFORMATION

Area for additional information with horizontal dashed lines.

Applicant's initial



6B

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: Hemostasis and Thrombosis Center of NV Pharmacy

Physical Address: 8352 W. Warm Springs Suite 200

City: Las Vegas State: Nevada Zip Code: 89113

Telephone: 702-960-5991 (current office) Fax: 702-832-1128 (current office)

Toll Free Number: 866-586-1472 E-mail: alison.bartko@htcnv.org

Website: www.htcnv.org

Managing Pharmacist: Alison Bartko R.Ph License Number: 14735

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Specialty 340B non-profit

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.

Alison Bartko R.Ph.

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

Alison Bartko R.Ph.

Print Name of Authorized Person

1/09/2019

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NevadaParent Company if any: Hemostasis and Thrombosis Center of NVMailing Address: 778 Starr Apple LaneCity: Las Vegas State: NV Zip: 89178Telephone: 702-960-5991 (current office) Fax: 702-832-1128 (current office)Contact Person: Alison Bartko R.Ph

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 Addressb) N/A
Name Business Addressc) N/A
Name Business Addressd) N/A
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: Name: N/A %: **Hours of Operation for the pharmacy:**Monday thru Friday 9:00 am 4:00 pm Saturday PRN am pmSunday PRN am pm 24 Hours On-call PRNA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

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

I, Alison Bartko R.Ph

Responsible Person of The Hemostasis and Thrombosis Center

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

Alison Bartko R.Ph

Print Name of Authorized Person

1/9/2019

Date

Managing Pharmacist

Pharmacist Name: Alison Bartko R.Ph

License #: 14735

Pharmacy Name: Hemostasis and Thrombosis Center of NV Pharmacy

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

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

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

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

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

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

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

Alison Butko RPL
Signature

1/9/2019
Date

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEMOSTASIS AND THROMBOSIS CENTER OF NEVADA**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 14, 2017, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 3, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190103-1640




Date: January 9, 2019

To: Nevada Board of Pharmacy

Re: List of Officers and Directors

Jerry Fox -President
Julie Usgaard - Secretary
Stuart Richey - Treasurer
Kelli Walters Perlono -Director

Signed,


Alison M. Bartko R.Ph

Hemostasis & Thrombosis Center of Nevada
6450 Medical Center St. Las Vegas NV 89148
2904 W. Horizon Ridge Pkwy., Ste. 200 Henderson NV 89052
6880 S. McCarran Blvd., Ste. 4 Reno NV 89509
P: 702-960-5991/ F: 702-832-1128
HTCNV.org

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

Date 12/27/2018

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 Specialty 340B Pharmacy

Nature of Pharmacy or Wholesaler
Hemostasis and Thrombosis Center of NV Pharmacy, 8352 W. Warm Springs Ste. 200, Las Vegas, NV 89113
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Bartko	First Name Alison	Middle Name Bartko
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) Alison Bozick		
Present Residence Address-Street or RFD Purple Wisteria St	City Las Vegas, NV	State/Zip 89131
Present Business Address 6450 Medical Center Street	City Las Vegas, NV	State/Zip 89148
Present Position with the Pharmacy or Wholesaler 340B Coordinator		Phone: Residence _____ Business <u>702-960-5991</u>
Date of Birth	Place of Birth (City, County, State) Youngstown, Mahoning, Ohio	
Age 43	Social Security Number	Sex Female
Color of Eyes Brown	Color of Hair Brown	Complexion Medium
Weight 190	Build Medium	Height 5'6"

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial amb

A. **Current Marriage** 02/19/2000 Youngstown, Mahoning, Ohio
 Date City, County and State
 Spouse's full name (Maiden) John Joseph Bartko S.S. No.
 Date of Birth Place of Birth Cleveland, OH
 Resident address Purple Wisteria Street Las Vegas NV 89131
 Street City State Zip
 Telephone: Residence Business
 Spouse's employer Optum Services Inc. @ Mountain's Edge Hospital Occupation Pharmacist
 Address of employer 8656 W. Patrick Lane Las Vegas NV 89148
 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

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
Abigail Bartko		Las Vegas, NV	Purple Wisteria, LV NV 89131
Emily Bartko		Las Vegas, NV	Purple Wisteria, LV, NV 89131
Aaron John Bartko		Las Vegas, NV	Purple Wisteria, LV, NV 89131

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

AMB

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			
Robert Bozick		Donald Nelson Ave, Las Vegas, NV 89131	Welder/pipe fitter
Mother			
Andrea (Kiktavy) Bozick		Donald Nelson Ave., Las Vegas, NV 89131	Cashier, Walgreens
Father-in-Law			
James L. Bartko		Mallo Place, Parma Hts., OH 44130	Machinist, USG Corp
Mother-in-Law			
Marianne (Hawran) Bartko (Deceased)		Mallo Place, Parma Hts., OH 44130	Secretary, Elks Lodge

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
Robert Bozick		Bernard Ave., Venice CA 90291	Unknown
Spouse			
N/A			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Joseph's	Austintown, OH	1981-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Ursuline High School	Youngstown, OH	1989-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Toledo	Toledo, OH	1993-1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... BS of PharmacyCollege or university where obtained..... University of ToledoApplicant's initial amb

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

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

County _____ State _____ Date registered _____

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial AMB

- 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
12/2015-present	Purple Wisteria St	Las Vegas	NV
7/2014-12/2015	7708 Natures Song St.	Las Vegas	NV
7/2004-7/2014	8908 Glenistar Gate Ave	Las Vegas	NV
11/2000- 7/2004	1564 Ivygate Ave	Las Vegas	NV
7/1999-11/2000	80 S. Gibson Ave #1616	Henderson	NV
12/1998-7/1999	27011 Oakwood Circle Apt 208S	Olmsted Twp.	OH
1/1998-12/1998	14275 Bridle Trail	Strongsville	OH
8/1995-12/1997	1800 N. McCord Rd	Toledo	OH
9/1993 - 8/1995	University of Toledo - Dormitory	Toledo	OH

Applicant's initial

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8. EMPLOYMENT:

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

Month and Year 10/13 - 12/18	Name/Mailing Address of Employer/Business Accredo, 1335 E Sunset., Ste J, LV,NV 89113	Number of Employed Hours 10,000 +
Title Pharmacist	Description of Duties Order entry, filling, checking & packing prescription orders. Counseling patients & caregivers on medications. Working with providers and their staff to initiate specialty therapies for patients.	Name of Supervisor Adam Portik
Month and Year 8/09 - 10/13	Name/Mailing Address of Employer/Business Express Scripts (formerly Medco), 6255 Annie Oakley Dr, LV, NV 89120	Number of Employed Hours 8000 +
Title Pharmacist	Description of Duties Counseling patients & caregivers on their mail order prescriptions. Process verbal orders from providers.	Name of Supervisor Corey Johnson
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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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 AMP

9. CHARACTER REFERENCES:

332

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 Stephen Wright	Home					10
Employer Accredo	Business	1335 East Sunset Rd., LV NV 89119 702-895-8990				
Name Carol Rajchel	Home	Leys Burnett,	LV NV	89044	7	18
Employer Dignity Health	Business	Type text here				
Name Jill Hecker	Home	W 95th St, Apt 8EF, NY, NY 10025				29
Employer N/A	Business					
Name Jeff Bossio	Home	Kirkton St., Henderson, NV 89012				7
Employer Express Scripts	Business					
Name Erin Reissig	Home	Spearhead Dr., Brecksville, OH 44141				23
Employer N/A	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

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

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

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

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

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

Applicant's initial

amb

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

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

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

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

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

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

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

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



Date of photograph 12/23/18

Applicant's initial AMB Page 8

COUNTY OF Clark

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

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

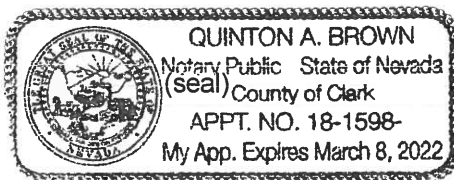
Alison M. Bartko
Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of

December 2018

Quinton Brown

Notary Public



Applicant's initial AMB

6C

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: PharmaScript, Inc.

Physical Address: 6170 N. Durango Drive, Suite 250

City: Las Vegas State: Nevada Zip Code: 89149

Telephone: 702-701-8781

Fax: 702-701-8782

Toll Free Number: (844) 635-3221 E-mail: mike@pharma-script.com

Website: www.pharma-script.com

Managing Pharmacist: ~~Pending~~ Gregory Blackburn License Number: 11281

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.

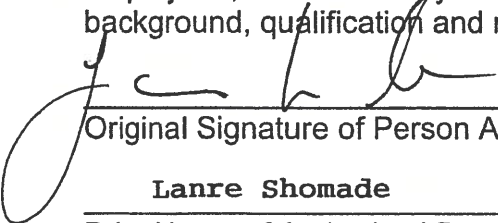
Within the last five (5) years:

- 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

Lanre Shomade

Print Name of Authorized Person


Date 1/31/2019

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: Premier Point Home Health, Inc.

Mailing Address: 4701 N. Sheridan Road

City: Chicago State: Illinois Zip: 60640

Telephone: 773-275-8390 Fax: 773-275-8395

Contact Person: Lanre Shomade

For any corporation non publicly traded, disclose the following:

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

a)	Name	Business Address	60640
	Premier Point Home Health, Inc.	4701 N. Sheridan Road, Chicago, IL	

b) _____
Name Business Address

c) _____

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

[illegible]

- 2) Provide the number of shares issued by the corporation. One (1)

- 3) What was the price paid per share? Unknown

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 1:00 pm **Saturday** closed am pm

Sunday closed am _____ pm _____ 24 Hours _____

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

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

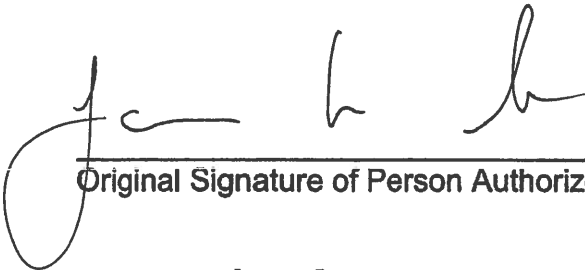
I, Lanre Shomade

Responsible Person of PharmaScript, Inc.

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

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

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



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

Lanre Shomade

Print Name of Authorized Person

01/31/2019

Date

Managing Pharmacist

Pharmacist Name: Gregory John BlackburnIL 051-032909
License # NV 11281Pharmacy Name: PharmaScript, Inc.

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: _____

55

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

1-28-2019

 Date

**PharmaScript Inc.
Application for Nevada Pharmacy License**

Officer/Director/Stockholder Listing

Officer/s

Name	Title	RPH #	Address
Lanre A. Shomade	President and Secretary	N/A	4701 N. Sheridan Road Chicago, IL 60640

Director/s

Name	Title	RPH #	Business Address
Lanre A. Shomade	Director	N/A	4701 N. Sheridan Road Chicago, IL 60640

Stockholder/s

Name	Title	Business Address	FEIN	Percent Stock Owned
Premier Point Home Health, Inc.	Sole Stockholder	4701 N. Sheridan Road Chicago, IL 60640	26-0210977	100%

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Robyn Hansen
1993 E. Ashley Mesa Lane
Sandy, UT 84092

Job:C20190124-2886
January 24, 2019

Special Handling Instructions:**Charges**

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good standing - short form)	20180344926-69	8/2/2018 4:00:19 PM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Credit	04080G 5483910824576329003059	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short

Robyn Hansen
1993 E. Ashley Mesa Lane
Sandy, UT 84092

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PHARMASCRIP, INC.**, as a corporation duly organized under the laws of Illinois and existing under and by virtue of the laws of the State of Nevada since August 2, 2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 24, 2019.

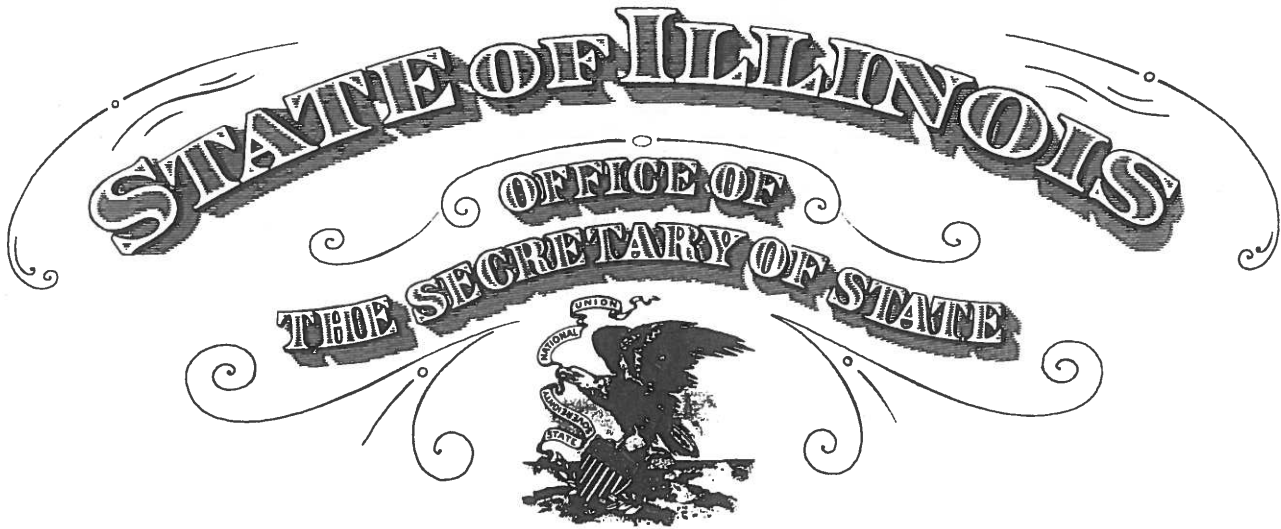
Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190124-2886

File Number

6991-345-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PHARMASCRIP INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 08, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of JANUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1902402312 verifiable until 01/24/2020

Authenticate at: <http://www.cyberdriveillinois.com>

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 01/31/2019

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 Pharmacy

Nature of License
PharmaScript, Inc. 6170 N. Durango Drive, Suite 250, Las Vegas, NV 89149
Name and Address of Establishment for Which License Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Shomade, Lanre A

Last Name	First Name	Middle Name
<u>None</u>		

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

N. Fairfield Avenue, Chicago, IL 60645

Present Residence Address-Street or RFD	Dates	City	State/Zip
<u>4701 N. Sheridan Road</u>	<u>02/2013-</u>	<u>Chicago, IL</u>	<u>60640</u>

Present Business Address	Dates	City	State/Zip
<u>Administrator</u>	<u>05/2007-present</u>		

Occupation	Dates
<u>Administrator</u>	<u>05/2007-present</u>

Phone:
Residence
Business <u>773-275-8390</u>

Date of Birth	Place of Birth (City, County, State)
<u>56</u>	<u>Lagos, Nigeria</u>

Age	Sex
<u>56</u>	<u>Male</u>

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
<u>Brown</u>	<u>Bald</u>	<u>Brown</u>	<u>240lbs.</u>		<u>6'4"</u>

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
<u>Brown</u>	<u>Bald</u>	<u>Brown</u>	<u>240lbs.</u>		<u>6'4"</u>

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No. _____ Date October 28, 1998

Place Chicago, IL (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial LAS

MARITAL INFORMATION-Continued

N/A A. Current Marriage.....

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

Date of Birth..... Place of Birth.....

Resident address.....
Street..... City..... State..... Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer.....
Street..... City..... State..... Zip.....

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

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Amore N. Shomade		Chicago, IL	N. Fairfield Avenue Chicago, IL 60645

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 LS

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Bashiru Adio Shomade	April 1931		Deceased
Mother			
Tito Mary Shomade	January 1937	Nigeria	Retired
Father-in-Law			
Mother-in-Law			

N/A D. Brothers and Sisters:

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

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

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College University	DeVry University	Chicago, IL 1990-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Keller Graduate School of Management	Chicago, IL 2005-2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any **B.S. Computer Information Systems and MBA**College or university where obtained **DeVry University & Keller Graduate School of Management**Applicant's initial **MS**

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

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

County _____ State _____ Date registered _____

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial WAS Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

- 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
1990-2018	5920 N. Kenmore Avenue, #216,	Chicago, IL	Cook Cty
2018-present	N. Fairfield Avenue,	Chicago, IL	Cook Cty

Applicant's initial VMS

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 2007	Premier Point Home Health, Inc. 4701 N. Sheridan Rd., Chicago, IL	Currently employed
Title	Description of Duties	Name of Supervisor
Administrator	Manage overall business activities	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
April 2006	Resurrection Health Care Chicago, IL	To start home health company
Title	Description of Duties	Name of Supervisor
Project Coordinator	Analyze data for CEO/EVP	John Walton
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1998	Bankers Life 7 Casualty Co. Chicago, IL	Company downsizing
Title	Description of Duties	Name of Supervisor
Programmer Analyst	Application Development	Jim Summers
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial LAS Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Deidre Onwukwe Home		N. Moody	Chicago	IL 60639		11yrs.
Employer Self-employed Business						
Name Lea Burrack Home						10yrs.
Employer Ins. Broker Business	1525 Thornfield Ln., #8,	Roselle	IL	60417		8yrs.
Name Jim Alexander Home	430 Green Briar Dr.,	Crete	IL	60417		8yrs.
Employer Consultant Business						
Name Ted McGinn Home						7yrs.
Employer Attorney Business	1933 N. Meacham Rd., #600,	Schawnburg	IL			
Name Brenda Pisone Home						15yrs.
Employer Consultant Business	271 Snowhill Ave.,	Kettering	OH	45429		

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.

PharmaScript, Inc., 5437 N. Broadway Ave., Chicago, IL 60640 12/2015-present
Pharmacy license by the IL DPFR, DME license by the IL DOPH
Premier Point Home Health, Inc. 4701 N. Sheridan Rd., Chicago, IL 05/2007-present
Home Health Agency license by the IL DOPH

Applicant's initial UTS Page 7

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

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

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

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

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

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

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

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



Date of photograph 01/29/2019

Applicant's initial LTS

STATE OF Illinois

ss.

COUNTY OF Cook

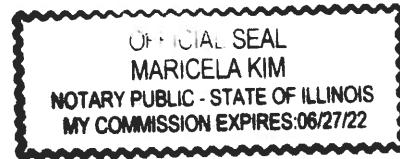
I, Lanre Shomade, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 30 day ofJanuary, 2019

Maricela Kim
Notary Public



(seal)

Applicant's initial LS

ADDITIONAL INFORMATION

[illegible]

Applicant's Initial LAS

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

 Date 01/31/2019

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 Pharmacy

Nature of Pharmacy or Wholesaler

PharmaScript, Inc. 6170 N. Durango Drive, Suite 250, Las Vegas, NV 89149
 Name and Address of Business for Which Designated Representative Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Blackburn Gregory John
 Last Name First Name Middle Name
None
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD City State/Zip

None None None
 Present Business Address City State/Zip

Processing to New Position None
 Present Position with the Pharmacy or Wholesaler Dates

 Phone: Residence None

None Moline, Rock Island County, Illinois
 Date of Birth Place of Birth (City, County, State) Business

65 None None
 Age Social Security Number Sex

Blue Brown/Grey White 275 Stocky 6'0
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars - Right forearm & Appendix
 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 GB

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
 Date..... City, County and State.....
 Spouse's full name (Maiden)..... S.S. No.....
 Date of Birth..... Place of Birth.....
 Resident address.....
 Street..... City..... State..... Zip.....
 Telephone: Residence..... Business.....
 Spouse's employer..... Occupation.....
 Address of employer.....
 Street..... City..... State..... Zip.....

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Latona K. Blackburn		2010	Final	Las Vegas, NV
		Galushung, IL	2/14/1983	

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

Name	Street	City	State	Zip	Telephone
Grata Dugan	Unknown	Deavenport, Ia		52807	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
Kurt Blackburn		Hinsdale, IL	Spring Creek DR
John Blackburn		Silvas, IL	Pruning Gusseln
Anthony Downing		Silvas, IL	W. Russell Rd
			Las Vegas, NV 89113

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 GB

FAMILY INFORMATION-Continued

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

Name 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

Edward S. Blackburn	Deceased	Retired	
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Mother

Jeanne L. Blackburn	Moline, IL	Housewife	
---------------------	------------	-----------	--

Father-in-Law

Edward Lazzari	Deceased	Retired	
----------------	----------	---------	--

Mother-in-Law

Eva Campbell	Deceased	Retired	
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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
---------------	------------	---------	------------

David Blackburn		Florida	Retired
-----------------	--	---------	---------

Spouse

Jamie Blackburn		5W 5th St #8 Boca Raton, FL	33486
-----------------	--	-----------------------------	-------

Jessy Blackburn	Unk 1956	Gray Lake	Retired
-----------------	----------	-----------	---------

Spouse

Deceased	324 Banbury Ln	Gray Lake, IL	60030
----------	----------------	---------------	-------

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School	Garfield	Moline, IL	1952 - 1964	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
----------------	----------	------------	-------------	---

High School	Moline Sr High	Moline, IL	1968 - 1971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------------	----------------	------------	-------------	---

College	University of Illinois			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---------	------------------------	--	--	---

Other	College of Pharmacy			Yes <input type="checkbox"/> No <input type="checkbox"/>
-------	---------------------	--	--	--

Type of degree obtained, if any	John Deere TR High	Moline, IL	1965 - 1968	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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College or university where obtained	BS in Pharmacy			
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Applicant's initial CS

5 MILITARY INFORMATION:

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

Branch Army Date of entry-active service 9/24/1972

Date of separation 9/23/1974 Type of discharge Honorable

Rating at separation SP 4 Serial number 100-100-100-100

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 USA State Illinois Date registered 1971

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>None</u>					

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

Name	Relationship	Charge	Location	Date

Applicant's initial SP

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
Bankruptcy	Self	Nov 2018

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

Dec 1992-2011 2100 Preakness Pass Las Vegas, NV 89117

2011-2015 2014-Madagascar Ln Las Vegas, NV 89117

2015-2018 14510 Gomeyne Blvd, Biloxi, MS 39535
Unit 1602

Current

2018 December Blazing Fire Ct
Las Vegas, NV 89117

Moved from 12/2018

14510-Gomeyne Blvd Unit 1602 Biloxi, MS 39535

Applicant's initial RS

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.

12612 Challenger Pkwy Ste 365

August 2015 Loyal Source Orlando, FL 40 Hrs
 Month and Year, Name/Mailing Address of Employer/Business Number of Employed Hours

Pharmacist	Inpatient
Title	Description of Duties

32826

Number of Employed Hours

Title	Description of Duties	Name of Supervisor
Club Staffing	5901 Broken Sound Pkwy NW Boca Raton, FL	

Month and Year	Name/Mailing Address of Employer/Business
12/2019	12/2019
11/2019	11/2019
10/2019	10/2019
9/2019	9/2019
8/2019	8/2019
7/2019	7/2019
6/2019	6/2019
5/2019	5/2019
4/2019	4/2019
3/2019	3/2019
2/2019	2/2019
1/2019	1/2019
12/2018	12/2018
11/2018	11/2018
10/2018	10/2018
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6/2010	6/2010
5/2010	5/2010
4/2010	4/2010
3/2010	3/2010
2/2010	2/2010
1/2010	1/2010
12/2009	12/2009
11/2009	11/2009
10/2009	10/2009
9/2009	9/2009
8/2009	8/2009
7/2009	7/2009
6/2009	6/2009
5/2009	5/2009
4/2009	

Number of Employed Hours

5-2015 to August 2015

Jay

Title	Description of Duties
-------	-----------------------

Name of Supervisor

[illegible]

Title	Description of Duties	Name of Supervisor	
9-1998 to March 2014	Veteran Affairs		40 hrs

Title	Description of Duties

Name of Supervisor

6900 North Pecos Rd North Las Vegas, NV 89084

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

Title	Description of Duties
Supervisor	Gaug Steel Lanner

Name of Supervisor: _____

Inpatient Supervisor & Clinical Pharmacist

[illegible]

Title	Description of Duties
-------	-----------------------

Name of Supervisor _____

[illegible]

Title	Description of Duties
-------	-----------------------

Name of Supervisor _____

[illegible]

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 _____

[illegible]

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:

Attached on Back

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	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>				

If yes, state type, where and years held

RPH IL 051-032 969 Since Aug, 1979

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

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

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

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

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

Applicant's Initial



Frank McCoy RPH Co-Worker

Attn: Pharmacy

301 Fisher Street

Keesler AFB, MS 39534

6

Roland Mullins RPH Co-Worker

Attn: Pharmacy301 Fisher Street

Keesler AFB, MS 39534

Alya McNeal RPH Co-Worker

Attn: Pharmacy301 Fisher Street

Keesler AFB, MS 39534

7

Gary Carter Friend

1 Lemoyne Blvd.

Biloxi, Ms 39535

Vicki Miller Friend

2 US Highway 67

Milan, Il. 61265

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

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

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

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

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

Brother: David Blackburn Rx Sales Representative
 Spouse: Latanya Blackburn Rx Sales Representative

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?

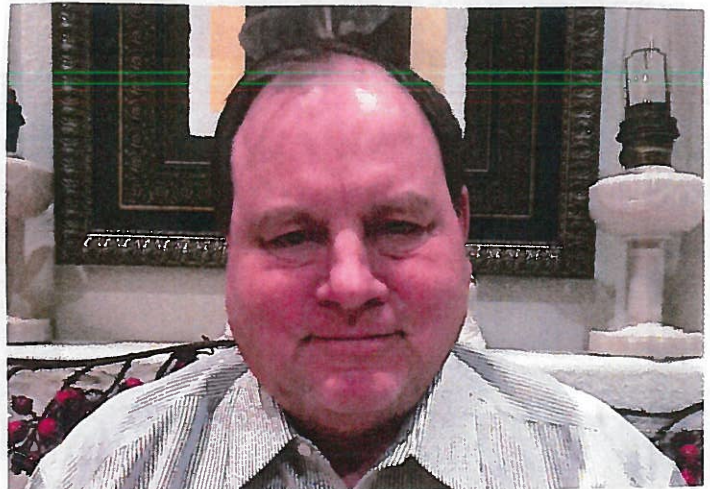
Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler?

Yes ☐ No ☒

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?

Yes ☒ No ☐



Date of photograph 1/29/2019

Applicant's initial SD

STATE OF Nevada

ss.

COUNTY OF Clark

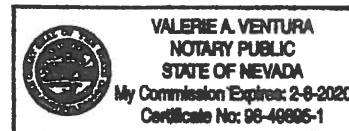
I, Gregory J. Blackburn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge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

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

Gregory J. Blackburn
Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of

January 2019
Valerie A. Ventura
Notary Public



(seal)

Applicant's initial GB

Loyal Source & Club Staffing provided
Inpatient Pharmacist at Keesler AFB at
4502 M St. Biloxi, Ms 39530. Active Duty
managed the contract Inpatient Pharmacist.
Left position March 15, 2018 to another
job offer.

6D

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: PREFERRED PHARMACY
 Physical Address: 2202 W. CHARLESTON BLVD #13
 City: LAS VEGAS State: NV Zip Code: 89102
 Telephone: 702 384 3784 Fax: 702 701 8939
 Toll Free Number: N/A E-mail: SARIF.CHOR@YAHOO.COM
 Website: N/A
 Managing Pharmacist: LALBHAI PATEL License Number: 16527

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.

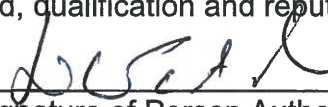
Within the last five (5) years:

- 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

LALBHAI PATEL
Print Name of Authorized Person

1/31/2019
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NEVADA

Parent Company if any: _____

Mailing Address: 3525 S. FORT APACHE #165City: LAS VEGAS State: NV Zip: 89147Telephone: 702 233 2010 Fax: 702 233 2009Contact Person: LALBHAI PATEL

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation? NV 89104a) LALBHAI PATEL 2208 S. NELLIS #5A LAS VEGAS
Name Business Addressb) SHIVANI PATEL 3525 S. FORT APACHE #165 NV 89147 LAS VEGAS
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$ 1.00

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 5:30 pmSaturday 9 am 2 pmSunday Φ am Φ pm

24 Hours _____

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

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

I, LALBHAI PATEL

Responsible Person of JAY MATAJI INC OBA PREFERRED PHARMACY
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

LALBHAI PATEL

Print Name of Authorized Person

1/31/2019

Date

Managing Pharmacist

 Pharmacist Name: LALBHAI PATEL

 License #: 16527

 Pharmacy Name: PREFERRED PHARMACY

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

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

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

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

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

Board Administrative Action: State: _____ Date: _____ Case #: _____

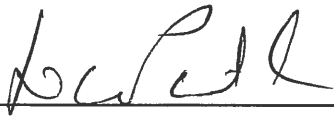
And/or Criminal Action: State: _____ Date: _____ Case #: _____
 County: _____ Court: _____

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

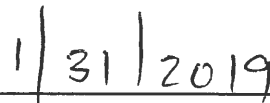
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada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

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

Signature



Date



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

 Date 1/31/2019

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 PREFERRED PHARMACY
2202 W. CHARLESTON BLVD #13 LAS VEGAS NV 89102
 Nature of Pharmacy or Wholesaler
 Name and Address of Business for Which Designated Representative Is Requested
KENS PHARMACY
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

PATEL LALBHAI NATVARLAL
 Last Name First Name Middle Name

N/A

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

DESERT DAISY CT LAS VEGAS NV 89178

2208 S. NELLIS #5A LAS VEGAS NV 89104
 Present Residence Address-Street or RFD City State/Zip

PHARMACY MANAGER 3/8/2014 - PRESENT
 Present Business Address City State/Zip

INDIA 702 701 8943
 Present Position with the Pharmacy or Wholesaler Phone: Residence Business

KADI, GUJARAT

40 MALE
 Date of Birth Place of Birth (City, County, State) Sex

BLACK BLACK FAIR 170 LBS MEDIUM 5' 10"
 Age Social Security Number Height

BLACK BLACK FAIR 170 LBS MEDIUM 5' 10"
 Color of Eyes Color of Hair Complexion Weight Build Height

SKIN TAG ON LEFT JAW
 Scars, tattoos or distinguishing marks and/or characteristics

CLOSE TO LEFT EAR

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

If naturalized, certificate No. 6/19/2003 Date

Place BOSTON MASSACHUSETTS (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial LP

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/23/2005 LAS VEGAS, CLARK, NV
 Date City, County and State
 Spouse's full name (Maiden) SHIVANI INDRAVADAN S.S. No. _____
 Date of Birth _____ Place of Birth GOZARIA, INDIA
 Resident address DESERT DAISY CT LAS VEGAS NV 89178
 Street City State Zip
 Telephone: Residence _____ Business 702 233 2010
 Spouse's employer TRUE CARE PHARMACY Occupation PHARMACY MANAGER
 Address of employer 3525 S. FORT APACHE #165 LAS VEGAS NV 89147
 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
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N/A

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

Name	Street	City	State	Zip	Telephone
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N/A

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

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

Name	Birth Date	Birth Place	Residence Address
SIYA PATEL		LAS VEGAS, NV	DESERT DAISY CT LAS VEGAS NV 89178
SAI PATEL		LAS VEGAS, NV	DESERT DAISY CT LAS VEGAS NV 89178

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 LP

FAMILY INFORMATION-Continued

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

Name.....

Address..... N/A

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			
NATVARLAL PATEL		DECEASED	
Mother			
MANIBEN PATEL		DESERT DAISY CT LAS VEGAS NV 89178	HOUSE WIFE
Father-in-Law			
INDRAVADAN PATEL		WARMINSTER AVE LAS VEGAS NV 89178	RETIRED
Mother-in-Law			
JYOTSANA PATEL		WARMINSTER AVE LAS VEGAS NV 89178	HOUSE WIFE

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
VILESH PATEL		DESERT DAISY CT LAS VEGAS NV 89178	PHARM. TECH
Spouse			
KAMINI PATEL		DESERT DAISY CT LAS VEGAS NV 89178	RESPIRATORY THERAPIST
KUMUDHEN PATEL		W. DIABLO DR LAS VEGAS NV 89113	EYEBROW THREADER
Spouse			
MILKUMAR PATEL		W. DIABLO DR LAS VEGAS NV 89113	TECH-IN-TRAINING
SUSUMBEN PATEL		PROUD STATUE AVE LAS VEGAS NV 89148	EYEBROW THREADER
Spouse			
HIRISHBHAI PATEL		PROUD STATUE AVE LAS VEGAS NV 89148	TECH-IN-TRAINING
PRATIKSHA PATEL		MORENO MOUNTAIN AVE LAS VEGAS NV 89178	HOUSE WIFE
Spouse			
TUSHAR PATEL		MORENO MOUNTAIN AVE LAS VEGAS NV 89178	FRONT DESK CLERK

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	KUMARSHALA, KADI, INDIA		06/1984 - 03/1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	S.V. HIGH SCHOOL, KADI, INDIA		06/1991 - 03/1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	MASSACHUSETTS COLLEGE OF PHARMACY	BOSTON, MA	06/2000 TO 05/2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PHARM - DCollege or university where obtained MASSACHUSETTS COLLEGE OF PHARMACYApplicant's initial LD

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

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.) N/A

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial LS

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
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N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
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07/2009 - CURRENT	DESERT SAIGY CT	LAS VEGAS	NV 89178
05/2004 - 07/2009	5567 ALEMAN DR	LAS VEGAS	NV 89113
05/2000 - 05/2004	2B HORADAN WAY	ROXBURY	MA 02120
08/1999 - 05/2000	UNIVERSITY OF UTAH DORMS	SALT LAKE CITY	UT 84111
06/1996 - 08/1999	5599 ALEMAN DR	LAS VEGAS	NV 89113
BIRTH - 06/1996	BHAUPURA KOTHIVALO VAS	KADI	INDIA

Applicant's initial

60

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.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
03/2014 - PRESENT	TRUE CARE PHARMACY 2208 S. NELLIS BLVD #5A LV, NV 89104	9440 HRS
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	MANAGING PHARMACY	LALBHAI PATEL

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
04/2012 - 10/2013	WALMART @ DECATUR & CHARLESTON	2880 HRS
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	MANAGING PHARMACY	SHANIQUEA MOODY

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Title	Description of Duties	Name of Supervisor
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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
HEENA PATEL	DUFFLE PLACE	PISCATAWAY	NJ	08854	()	17 YRS
WALGREENS						
DHAVAL CHOKSHI	SALTER ST SOUTH	WINDSOR	CT	06074	()	16 YRS
WALGREENS						
BHAVIK PATEL	3 ROBERT J PORTER DR	EL CENTRO	CA	92243	()	16 YRS
PREFERRED PHARMACY						
MICHELLE MEDEL	3 COUNTRY WINE CT	LAS VEGAS	NV	89129	()	20 YRS
CIRCUS CIRCUS						
MANISH PATEL	GARDEN LANE	WAKE FIELD	MA	01880	()	16 YRS
CVS						

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

PHARMACY - NEVADA 2011 TO PRESENT

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

N/A

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

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

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

N/A

Applicant's initial

LP

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 1/31/2019

Applicant's initial LS

STATE OF NEVADA

SS.

COUNTY OF CLARK

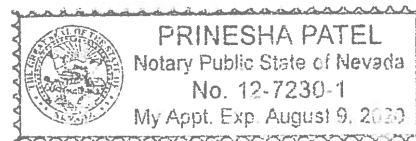
I, LALBHAI PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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 1 day ofFeb 12 2019

 Notary Public


(seal)

Applicant's initial LP

This image shows a full page of a handwriting practice worksheet. It consists of numerous horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The lines are light gray and extend from the left margin to the right edge of the page. There are no margins, text, or other markings present.

Applicant's initial.

5

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 1/31/2019

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 PREFERRED PHARMACY
2202 W. CHARLESTON BLVD #13 LAS VEGAS NV 89102
 Nature of License
 Name and Address of Establishment for Which License Is Requested
KENS PHARMACY
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name PATEL First Name LALBHAI Middle Name NATVARLAL
 N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
1 DESERT DAISY CT LAS VEGAS NV 89178
 Present Residence Address-Street or RFD City State/Zip
2208 S. NELLIS #5A LAS VEGAS NV 89104
 Present Business Address City State/Zip
PHARMACY MANAGER 03/08/2014 - PRESENT
 Occupation
 INDIA
KADI, GUJARAT
 Date of Birth 40 Place of Birth (City, County, State)
 Age 40 Social Security Number MALE
 Color of Eyes BLACK Color of Hair BLACK Complexion FAIR Weight 170 LBS Build MEDIUM Height 5' 10"

Scars, tattoos or distinguishing marks and/or characteristics SKIN TAG ON LEFT JAW
CLOSE TO LEFT EAR

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

If naturalized, certificate No. _____ Date 06/19/2003

Place BOSTON, MASSACHUSETTS (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial L

MARITAL INFORMATION-Continued

A. **Current Marriage** 06/23/2005 LAS VEGAS, CLARK, NEVADA
Date City, County and State
 Spouse's full name (Maiden) SHIVANI INDRAVADAN PATEL S.S. No.
 Date of Birth _____ Place of Birth GUZARIA, INDIA
 Resident address DESERT DAISY CT LAS VEGAS NV 89178
Street City State Zip
 Telephone: Residence _____ Business 702 233 2010
 Spouse's employer TRUE CARE PHARMACY Occupation PHARMACY MANAGER
 Address of employer 3525 S. FORT APACHE #165 LAS VEGAS NV 89147
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
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N/A

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

Name	Street	City	State	Zip	Telephone
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N/A

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

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

Name	Birth Date	Birth Place	Residence Address
SIYA PATEL	-	LAS VEGAS, NV	DESERT DAISY CT LAS VEGAS NV 89178
SAI PATEL	-	LAS VEGAS, NV	DESERT DAISY CT LAS VEGAS NV 89178

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 L

FAMILY INFORMATION-Continued

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

Name

Address N/A

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			
JATVARLAL PATEL		DECEASED	
Mother			
MANIBEN PATEL		DESERT DAISY CT LAS VEGAS NV 89178	HOUSE WIFE
Father-in-Law			
INDRAVASAN PATEL		WARMINSTER AVE LAS VEGAS NV 89178	RETIRED
Mother-in-Law			
JYOTSANA PATEL		WARMINSTER AVE LAS VEGAS NV 89178	HOUSEWIFE

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
JILESH PATEL	3	2. DESERT DAISY CT VEGAS NV 89178	PHARM TECH.
Spouse			
LAMINI PATEL	1	DESERT DAISY CT VEGAS NV 89178	RESPIRATORY THERAPIST
KUMUBEN PATEL	1	W. DIABLO DR LAS VEGAS NV 89113	EYEBROW THREADER
Spouse			
JNILKUMAR PATEL	1	W. DIABLO DR LAS VEGAS NV 89113	TECH-IN-TRAINING
KUSUMBEN PATEL	1	PROUD STATUE AVE LAS VEGAS NV 89148	EYEBROW THREADER
Spouse			
SIRISHBHAI PATEL	1	PROUD STATUE AVE LAS VEGAS NV 89148	TECH-IN-TRAINING
PRATIKSHA PATEL	1	MORENO MOUNTAIN AVE LAS VEGAS NV 89178	HOUSE WIFE
Spouse			
TUSHAR PATEL	1	MORENO MOUNTAIN AVE LAS VEGAS NV 89178	FRONT DESK CLERK

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	KUMARSHALA, KADI, INDIA		06/1984 - 03/1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	S.V. HIGH SCHOOL, KADI, INDIA		06/1991 - 03/1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	MASSACHUSETTS	BOSTON, MA	06/2000 TO	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	COLLEGE OF PHARMACY		05/2004	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PHARM - DCollege or university where obtained MASSACHUSETTS COLLEGE OF PHARMACYApplicant's initial L

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A
 Date of separation N/A Type of discharge N/A
 Rating at separation N/A Serial number N/A

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.) N/A

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

County N/A State N/A Date registered N/A

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

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

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

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial LP

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
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N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
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07/2009-CURRENT DESERT DAISY CT LAS VEGAS NV 89178

05/2004-07/2009 5567 ALEMAN DR LAS VEGAS NV 89113

05/2000-05/2004 2B HORANAN WAY ROXBURY MA 02120

08/1999-05/2000 UNIVERSITY OF UTAH DORMS SALT LAKE CITY UT 89112

06/1996-08/1999 5599 ALEMAN DR LAS VEGAS NV 89113

BIRTH-06/1996 BHAUPURA KOTHIVALO VAS, KADI INDIA

Applicant's initial LS

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
03/2014-PRESENT	TRUE CARE PHARMACY 2208 S NELLIS BLVD # 5A LAS VEGAS, NV 89104	N/A
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	PERFORMED A FULL RANGE OF PHARMACIST DUTIES	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2012-10/2013	WALMART @ DECATUR & CHARLESTON	OPENED MY OWN PHARMACY
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	MANAGING PHARMACY	SHANIQUEA MOODY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2004-04/2012	WALGREENS @ TROPICANA & DURANGO	NEEDED A CHANGE
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	MANAGING PHARMACY	HOLLY PRIEVO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2000-05/2004	WALGREENS IN NEEDHAM, MASSACHUSETTS	GRADUATED
Title	Description of Duties	Name of Supervisor
PHARMACY INTERN	PHARMACY INTERN DUTY	LINDA LONDON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1999-6/2000	UNEMPLOYED	N/A
Title	Description of Duties	Name of Supervisor
FULL TIME STUDENT	SCHOOLING	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/1996-08/1999	CIRCUS CIRCUS HOTEL & CASINO	SCHOOL
Title	Description of Duties	Name of Supervisor
STOCKER	ORDERED & STOCKED STUFF ANIMALS	MICHELLE MEDEL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial.....



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
HEENA PATEL	Home	DUFFLE PLACE	NJ	08854	1	17 YR
WALGREENS	Business	N/A				
DHAVAL CHOKSHI	Home	3 SALTER ST SOUTH	CT	06074		16 YR
WALGREENS	Business	N/A				
BHAVIK PATEL	Home	3 ROBERT J PORTER DR	CA	92243		16 YR
PREFERRED PHARMACY	Business	N/A				
MICHELLE MEDEL	Home	3 COUNTRY WINE CT	CT	06074		20 YR
CIRCUS CIRCUS	Business	N/A				
MANISH PATEL	Home	GARDEN LANE	MA	01880	1	16 YR
TARGET	Business	N/A				

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
353 NEVADA STATE BANK	LAS VEGAS	NV	LALBHAI PATEL SHIVANI PATEL
356 NEVADA STATE BANK	LAS VEGAS	NV	LALBHAI PATEL SHIVANI PATEL
619 NEVADA STATE BANK	LAS VEGAS	NV	LALBHAI PATEL SHIVANI PATEL

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

PHARMACY - NEVADA 2011 - CURRENT

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

N/A

Applicant's initial

LP

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

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

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

N/A

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

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

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

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

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



Date of photograph 1/31/2019

Applicant's initial LP

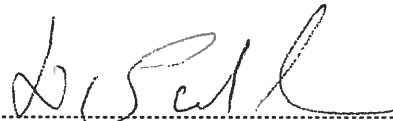
STATE OF NEVADA

SS.

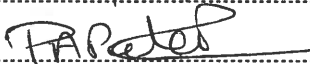
COUNTY OF CLARK

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

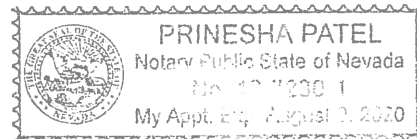
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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



Original Signature of Applicant

Subscribed and Sworn to before me this 1 day ofFeb 1 2019


Notary Public



(seal)

Applicant's initial LP

ADDITIONAL INFORMATION

[illegible]

Applicant's initial...

5

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date 1/31/2019

GENERAL INSTRUCTIONS

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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 PREFERRED PHARMACY
Nature of License
2202 W. CHARLESTON BLVD LAS VEGAS NV 89102
Name and Address of Establishment for Which License Is Requested
KENS PHARMACY
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

PATEL SHIVANI LALBHAI
Last Name First Name Middle Name

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

DESERT DAISY CT LAS VEGAS NV 89178
Present Residence Address-Street or RFD City State/Zip

3525 S. FORT APACHE #165 LAS VEGAS NV 89147
Present Business Address Dates City State/Zip

PHARMACY MANAGER 11/15/2011 TO PRESENT
Occupation Dates

Phone: _____
 Residence _____
 Business 702-233-2010

INDIA
GOZARIA-GUJARAT
Date of Birth Place of Birth (City, County, State)

36 1 FEMALE
Age Social Security Number Sex

BLACK BLACK FAIR 175 M 5'6"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NIA

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

If naturalized, certificate No. _____ Date 11/13/2009

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

2. MARITAL INFORMATION:

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

Applicant's initial SP

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/23/2005 LAS VEGAS, CLARK, NEVADA
Date City, County and State
 Spouse's full name (Maiden) PATEL LALBHAI NATVARLAL S.S. No.
 Date of Birth _____ Place of Birth KADI, INDIA
 Resident address 1 DESERT DAISY COURT LAS VEGAS NEVADA 89178
Street City State Zip
 Telephone: Residence _____ Business 702-701-8943
 Spouse's employer TRUE CARE PHARMACY Occupation PHARMACIST
 Address of employer 2208 S. NELLIS BLVD STE 5A LAS VEGAS NEVADA 89104
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
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N/A

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

Name	Street	City	State	Zip	Telephone
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N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>SIYA LALBHAI PATEL</u>		<u>LAS VEGAS</u>	<u>1 DESERT DAISY CT. LAS VEGAS NEVADA 89178</u>
<u>SAI LALBHAI PATEL</u>		<u>LAS VEGAS</u>	<u>DESERT DAISY CT, LAS VEGAS NEVADA 89178</u>

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 SP

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			
INDRAVADAN PATEL		WARMINSTER AVE LAS VEGAS, NV 89178	UNEMPLOYED
Mother			
JUDTSANA PATEL		WARMINSTER AVE LAS VEGAS, NV 89178	HOUSE-WIFE
Father-in-Law			
NATVARLAL PATEL		PASSED AWAY (EXPIRED)	
Mother-in-Law			
MANIBEN PATEL		DESERT DAISY CT LAS VEGAS, NV 89178	HOUSE-WIFE

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
SHARAN PATEL		WARMINSTER AVE LAS VEGAS, NV 89178	TECHNICIAN
Spouse			
N/A			
SHEENA PATEL		WARMINSTER AVE LAS VEGAS, NV 89178	UNEMPLOYED
Spouse			
TARANG PATEL		ELLENDALE PL LOS ANGELES CA 90007	STUDENT

Spouse _____

Spouse _____

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	ST. KABIR	AHMEDABAD/INDIA	6/1986-6/1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	NIR. HIGH SCHOOL	AHMEDABAD/INDIA	6/1997-6/1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	S. K. PATEL	KHERVA/INDIA	9/1999-6/2003	Yes <input type="checkbox"/> No <input type="checkbox"/>
University	COLLEGE OF PHARMACY			
Other	NOVA SOUTHEASTERN UNIVERSITY	FLORIDA/USA	7/2004 -11/2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PHARM DCollege or university where obtained NOVA SOUTHEASTERN UNIVERSITYApplicant's initial SP

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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.) N/A

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

County N/A State N/A Date registered N/A

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

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

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

N/A

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

Applicant's initial SP

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
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N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
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7/2009-PRESENT DESERT DAISY CT LAS VEGAS NEVADA

11/2006-6/2009 5567 ALEMAN DRIVE LAS VEGAS NEVADA

7/2004-10/2006 2600 S UNIVERSITY DR #323 DAVIE FLORIDA

01/2004-6/2004 1 RICHARDS ROAD HOPATCONG NEW JERSEY

06/1982-12/2003 14/B VASANT VIHAR SOCIETY PART-2 AHMEDABAD GUJARAT

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8. EMPLOYMENT:

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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 12/2011-PRESENT	Name/Mailing Address of Employer/Business TRUE CARE PHARMACY 3525 S. FORT APACHE RD #165 LV, NV 89178	Reason for Leaving N/A
Title PHARMACIST	Description of Duties PERFORMED A FULL RANGE OF PHARMACIST DUTIES	Name of Supervisor SHIVANI
Month and Year 4/2010 - 11/2011	Name/Mailing Address of Employer/Business UNEMPLOYED	Reason for Leaving N/A
Title N/A	Description of Duties N/A	Name of Supervisor N/A
Month and Year 6/2009 - 3/2010	Name/Mailing Address of Employer/Business FOOD 4 LESS 3250 E. FLAMINGO RD LV, NV 89121	Reason for Leaving COMPANY CLOSED
Title PHARMACIST	Description of Duties PERFORMED A FULL RANGE OF PHARMACIST DUTIES	Name of Supervisor YONOH KIM
Month and Year 9/2008 - 3/2009	Name/Mailing Address of Employer/Business CVS 100 S HWY 160 PAHRUMP NV 89048	Reason for Leaving LONG COMMUTE
Title PHARMACIST	Description of Duties PERFORMED A FULL RANGE OF PHARMACIST DUTIES	Name of Supervisor MATT BOUCHARD
Month and Year 2/2008 - 8/2008	Name/Mailing Address of Employer/Business TOOK TIME OFF TO STUDY FOR NAPLEX/NV LAW EXAM	Reason for Leaving N/A
Title N/A	Description of Duties N/A	Name of Supervisor N/A
Month and Year 03/2007 - 1/2008	Name/Mailing Address of Employer/Business RITE AID PHARMACY 5675 S. RAINBOW BLVD LV, NV 89113	Reason for Leaving COMPANY CLOSED
Title PHARMACY INTERN	Description of Duties PERFORMED FULL RANGE OF PHARMACIST DUTIES UNDER PHARMACIST'S SUPERVISION	Name of Supervisor DERICK BLEDSOE
Month and Year 01/2005 - 11/2006	Name/Mailing Address of Employer/Business NOVA SOUTHEASTERN UNIVERSITY 3100 RAY FERRELL JR BLVD FORT LAUDERDALE FL 33314	Reason for Leaving GRADUATED
Title COMPUTER LAB TECHNICIAN	Description of Duties MONITOR COMPUTER LAB ASSISTED STUDENTS WITH COMPUTER USE	Name of Supervisor JOSUE
Month and Year 06/1999 - 12/2004	Name/Mailing Address of Employer/Business UNEMPLOYED / FULL TIME STUDENT	Reason for Leaving N/A
Title N/A	Description of Duties N/A	Name of Supervisor N/A

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

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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
CHETAN PATEL	Home	14 QUARTER HORSE LN				12 YR
		LAS VEGAS NV 89178				
Employer	Business	N/A				
KASHMIRA PATEL	Home	4 LOST PROSPECT CT				12 YR
		LAS VEGAS NV 89178				
Employer	Business	N/A				
TUSHAR PATEL	Home	1 MORENO MOUNTAIN AVE				12 YR
		LAS VEGAS NV 89178				
Employer	Business	N/A				
JASVANT PATEL	Home	1 METRO TRAIL				13 YR
		HOPATCONG NJ 07843				
Employer	Business	N/A				
HEENA PATEL	Home	5 DUFFLE PLACE				12 YR
		PISCATAWAY NJ 08854				
Employer	Business	N/A				

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
353	NEVADA STATE BANK	LAS VEGAS NV	SHIVANI PATEL / LALBHAI PATEL
356	NEVADA STATE BANK	LAS VEGAS NV	SHIVANI PATEL / LALBHAI PATEL
619	NEVADA STATE BANK	LAS VEGAS NV	SHIVANI PATEL / LALBHAI PATEL

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

PHARMACY — NEVADA 2011 TO CURRENT

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

N/A

Applicant's initial SP

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 ☒ ⁴⁰¹

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

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

N/A

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

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

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

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

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



Date of photograph 1/15/2019

Applicant's initial SP

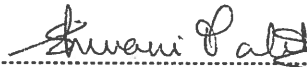
STATE OF Nevada

SS.

COUNTY OF Clark

I, SHIVANI PATEL, 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,

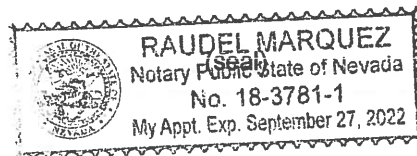
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 1 day ofFeb. 2019.


Notary Public

Applicant's initial SP

ADDITIONAL INFORMATION

Lined area for additional information.