**6A** 

#### **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 ☐ 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 a						
Pharmacy Name: ETERNITY CARE INFUSION PH.	ARMACY					
Physical Address: 6725 S EASTERN AVE STE 8						
City: LAS VEGAS State:	NV Zip Code: 89002					
Telephone: (702) 374-7344 Fax: IN P	ROCESS					
Toll Free Number: IN PROCESS E-r	mail: LGMACARAEG@YAHOO.COM					
Website: N/A						
Managing Pharmacist: CLARE-LANIE MACARAEG	License Number: 19507					
TYPE OF PHARMACY AND	SERVICES PROVIDED					
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No					
Yes/No	Yes/No					
Yes/No ⊠ □ Retail	Yes/No □ ☑ Off-site Cognitive Services					
Yes/No ⊠ □ Retail □ ⊠ Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services □ Parenteral					
Yes/No ⊠ □ Retail □ ⊠ Hospital (# beds) □ ⊠ Internet	Yes/No  ☐ ☑ Off-site Cognitive Services  ☐ Parenteral  ☐ Parenteral (outpatient)					
Yes/No  ☒ □ Retail □ ☒ Hospital (# beds) □ ☒ Internet □ ☒ Nuclear	Yes/No  Off-site Cognitive Services  Parenteral  Parenteral (outpatient)  Outpatient/Discharge					
Yes/No  ☐ Retail ☐ IX Hospital (# beds) ☐ IX Internet ☐ IX Nuclear ☐ IX Ambulatory Surgery Center	Yes/No  ☐ ☒ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ ☒ Mail Service					
Yes/No  Retail  Retail  Nation Hospital (# beds)  Nation Internet  Nation	Yes/No  ☐ ☒ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ ☒ Mail Service ☐ ☒ Long Term Care					
Yes/No    Retail	Yes/No  ☐ ☒ Off-site Cognitive Services  ☐ Parenteral  ☐ Parenteral (outpatient)  ☐ Outpatient/Discharge  ☐ ☒ Mail Service  ☐ ☒ Long Term Care  ☐ Sterile Compounding					
Yes/No    Retail	Yes/No  ☐ ☒ Off-site Cognitive Services  ☐ Parenteral  ☐ Parenteral (outpatient)  ☐ Outpatient/Discharge  ☐ ☒ Mail Service  ☐ ☒ Long Term Care  ☐ Sterile Compounding  ☐ ☒ Non Sterile Compounding					

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	the last five (5) years:					
1)	Has the corporation, any owner(s), shareholder(s) or partrany interest, ever been charged, or convicted of a felony of misdemeanor (including by way of a guilty plea or no contral co	or gross	Yes [	1 [	No	×
2)	Has the corporation, any owner(s), shareholder(s) or partially any interest, ever been denied a license, permit or certific registration?	cate of	Yes [	] I	No	×
3)	Has the corporation, any owner(s), shareholder(s) or partinterest, ever been the subject of an administrative action site fine or proceeding relating to the pharmaceutical indu	, board citation,	Yes [	<b>1</b> [	No	×
4)	Has the corporation, any owner(s), shareholder(s) or partinterest, ever been found guilty, pled guilty or entered a ple contendere to any offense federal or state, related to cont substances?	lea of nolo	Yes [	] [	No	×
5)	Has the corporation, any owner(s), shareholder(s) or partinterest, ever surrendered a license, permit or certificate of voluntarily or otherwise (other than upon voluntary close of	of registration	Yes [	_ I	Vo	©X(
Copie	answer to question 1 through 5 is "yes", a signed statements of any documents that identify the circumstance or contastition may be required.					
corre	by certify that the answers given in this application and attact. I understand that any infraction of the laws of the State tion of an authorized pharmacy may be grounds for the rev	of Nevada regulat	ing the		ue :	and
under correct emplo	e read all questions, answers and statements and know the penalty of perjury, that the information furnished on this apet. I hereby authorize the Nevada State Board of Pharmacoyees, to conduct any investigation(s) of the business, professional qualification and reputation, as it may deem necession.	pplication are true by, its agents, serva fessional, social ar	, accur ants ar nd mor	ate nd al		
Origin	nal Signature of Person Authorized to Submit Application, r	no copies or stamp	s			
	Name of Authorized Person Da	11 62 18 ate				
Board	LUse Only Date Processed: Am	nount: SCD C	7			

#### 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 _>	<u> </u>	
List names of 4 largest partners and pe	ercentage of owners	hip:		
Name: LAYLANI MACARAEG			%: <u>60</u>	
Name: CLARE-LANIE MACARAEG			%: <u>40</u>	
Name:			%:	g. 180°
Name:			<u> </u>	
Partnership Name: E6LCLLC				
Mailing Address: 824 SLEEPY MOON	AVENUE	1		<u> </u>
City, State Zip Code: HENDERSON, N	NV 89012			
Telephone Number: 702-374-7344	Fax Numb	oer: N/A		
Contact Person: LAYLANI MACARAEC	3			
List any physician shareholders and pe	ercentage of owners	hip.		
Name: N/A			%:	
Name:			%:	
Name:		31	%:	-
Hours of Operation for the pharmac	<u>y:</u>			
Monday thru Friday 8:00 am 4:00	pm	Saturday	CL <u>OSED</u> am	C <u>LOSED</u> pm
Sunday CL <u>OSED</u> am C <u>LOS</u>	<u>ED</u> pm	24 Hours	NO_	
A Nevada business license is not requirense please provide the number: N		pharmacy ha	s a Nevada bı	usiness

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

I,CLARE-LANIE MACARAEG	
Responsible Person ofTHE INFUSION PHARMACY	
hereby acknowledge and understand that in addition to the con	rporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsib	le for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporated	oration.
I further acknowledge and understand that the corporat	ion'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 corporat or partner(s) cannot require or permit the pharmacist(s) in said	
of any local, state or federal laws or regulations pertaining to the	
War.	
Original Signature of Person Authorized to Submit Application	, no copies or stamps
CLARE-LANIE MACARAEG	11/62/18
Print Name of Authorized Person	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.

Ye Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	es	No
physical condition that would impair your ability to perform the essential functions of your license?		図
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		X
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		×
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		×
If you marked YES to any of the numbered questions above, please include the following information	nc	
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)
- 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.

Wed	11/02/18
Signature	Date

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

2	Date
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#### **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		PHARM	ACY		
FGL-C LLC db	a ETERNITY CARE	Nature of Phar INFUSION PHARM	rmacy or Wholesaler ACY 6725 S EAST	ERN AVE STE 8,	LAS VEGAS NV 89119
			nich Designated Representa		
		If applicable, Name Un	der Which It Is Now Operat	ed	
1. PERSONA	L INFORMATION:				
Last NameMACAI	RAEG	First Nam	ne CLARE-LANIE	Middle Name G	UERRERO
Alias(es, Nicknames	s, Maiden Name, Other Na	me Changes, Legal or O	therwise)		
Present Residence	Address-Street or RFD	SLEEPY MOON AVE	TIENDERSON	State/Zi	P NV/89012
Present Business A	ddress 70 E HORIZON RI	Dates 2000 - PR DGE PKWY STE 140	City HENDERSON	State/Zi	p NV/89002
STAFF PHARMACIS	T .	Dates 2018 - PR	ESENT		
Present Position wi	th the Pharmacy or Wholes	aler		Phone: Residence	The state of
		GUAM, USA			50-0475
Date of Birth	-	Place of Birth (City,	County, State)	*	The state of the s
24					FEMALE
Age	Socia	al Security Number			Sex
BROWN	BROWN	TAN	110 lb		5'2"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos o	or distinguishing mark	s and/or characteris	tics_N/A		
Are you a citize	n of the United State	s? Yes 💢 No 🗆	If alien, registration N	lo	
If naturalized, o	ertificate No		Date		
Place			(If naturalize	ed, document mus	st be verified.)
2. MARITAL	INFORMATION:				
Single X N	¶arried □ Separa	ted   Divorce	d □ Widowed □	Engaged □	
				Applicant's initial	$\sim$
					Page 1

۹.	Current Marria	geN/A				
		Dat	e N/A	City. C	ounty and State	
			Place of Bi			
	Nesident addres	Street		City St	ate Zip	
	Telephone: Re	sidence N	/A Bu	siness N/A		***************************************
			Oc			
	Address of emp	loyer N/A Street		City St	ate Zip	, , , , , , , , , , , , , , , , , , ,
B. F	Previous Marriage	es: If ever legally se	eparated, divorced, or an		ow:	
Name	e of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and S	ate
N/A	or opeace	01 200.00	or warrage	7.00.011	oodinty dira o	
14// \						
		4 Mari - Service				
			***************************************			
			telephone numbers of p			
N/A	Name	Street	City	State	Zip Teleph	one
IN/A						
				<del></del>	1400 ± 1000 \$780 4000 1000	
3. F A.	AMILY INFORMA Children and D					
	List all chil	<u>dren, including step</u>	o-children and adopted c			ation:
	Name	Birth Date	Birth Place	Resid	ence Address	
N/A	(A), 1091 H				200.64	
B.	Child Support Please	Information: mark the appropria	te response:			
	🔀 I am	not subject to a co	ourt order for the support	of child.		
	plan	approved by the d	order for the support of c istrict attorney or other p rsuant to the order; or			
	□ Iam		order for the support of c			
			roved by the district attor mount owed pursuant to	the order.	nt's initial	^

Die	FORMATION-Continue trict attorney or public a		nsible for enfo	orcina the	child support order	
	NI/A				a foreign and the	
	. ΝΙ/Λ					
	ntact person N/A					••••••
	rents:				,	
	names, residence addı	resses, date	s of birth and	most rece	nt occupations of pare	ents, step-parents,
oarents- in-la	aw or legal guardian. If	retired or de	eceased. list la	st addres	s and occupation.	
	ne (Maiden)	Birth Date	Addr			Occupation
ather				CLE	EPY MOON AVE	PHARMACY TECHNIC
NELSON	LOPEZ MACARAE	G			RSON, NV 89012	
Mother				9	LEEPY MOON A	VF
AYLANI (	GUERRERO MACA	RAEG			DERSON, NV 890	
ather-in-Law						
= 7/0				9.		
Mother-in-Law						
					2	
D. Bro	others and Sisters:					
		resses, date	es of birth and	most rece	nt occupations of bro	others and sisters and of
	ir respective spouses. ne (Maiden)	Birth D	ate Addı	·ess		Occupation
	N GUERRERO MACAF	DAEC	3		EEPY MOON AVE	STUDENT
Spouse N/		VAEG	<u> </u>	HENDE	RSON, NV 89012	
19//	4			SLEE	PY MOON AVE	CTUDENT
KADEN GU	ERRERO MACARAEG				SON, NV 89012	STUDENT
Spouse	N/A					
Spouse						
Spouse						
	ATION.					
4. EDUC	ATION:				***	
4. EDUC			1			O-adv-ta
	Name of School		Location	Dates	Attended	Graduate
Grammar School	Name of School	001				Graduate  Yes □ No □
Grammar School High School	Name of School FOOTHILL HIGH SCH		HENDERSON	I, NV	2008-2011	
Grammar School High	Name of School  FOOTHILL HIGH SCH SOUTHWESTERN COI	LLEGE	HENDERSON CHULA VIST	N, NV A, CA	2008-2011 2011-2012	Yes 🗆 No 🗆
Grammar School High School College	Name of School FOOTHILL HIGH SCH	LLEGE	HENDERSON	N, NV A, CA	2008-2011	Yes No No
Grammar School High School College University	Name of School  FOOTHILL HIGH SCH SOUTHWESTERN COI ROSEMAN UNIVERITHEALTH SCIENCES	LLEGE TY OF	HENDERSON CHULA VIST HENDERSO	N, NV TA, CA DN, NV	2008-2011 2011-2012	Yes No C
Grammar School High School College University Other	Name of School  FOOTHILL HIGH SCH SOUTHWESTERN COI ROSEMAN UNIVERITHEALTH SCIENCES gree obtained, if any	LLEGE IY OF ASSOCIAT	HENDERSON CHULA VIST HENDERSO	A, CA DN, NV ARTS	2008-2011 2011-2012 2013-2016	Yes No C  Yes No C  Yes No C  Yes No C  PHARMD/MBA
Grammar School High School College University Other	Name of School  FOOTHILL HIGH SCH SOUTHWESTERN COI ROSEMAN UNIVERITHEALTH SCIENCES	LLEGE IY OF ASSOCIAT	HENDERSON CHULA VIST HENDERSO	A, CA DN, NV ARTS	2008-2011 2011-2012 2013-2016	Yes No C Yes No C Yes No C
Grammar School High School College University Other	Name of School  FOOTHILL HIGH SCH SOUTHWESTERN COI ROSEMAN UNIVERITHEALTH SCIENCES gree obtained, if any	LLEGE IY OF ASSOCIAT	HENDERSON CHULA VIST HENDERSO	A, CA DN, NV ARTS	2008-2011 2011-2012 2013-2016	Yes No D Yes No D Yes No D PHARMD/MBA OSEMAN UNIVERSITY

#### **5 MILITARY INFORMATION:**

A.	Have you ever served in any armed forces?	Yes □ No 💢			
	BranchDate of entry-active service				
	Date of separation	Type of discharge			
	Rating at separation	Serial number			
		red for an offense which resulted in summary action, a trial or No $\Box$ If yes, furnish details on page 10. (List all incidents nestic.)			
B.	Have you registered for the draft? Yes $\ \square$	No 💢			
	CountyState_	Date registered			
6. Al		BITRATIONS: (Include those arrests in which you were			
A.		, indicted or summoned to answer for any criminal offense or of the disposition of the event? (Except minor traffic citations.) ded below. List all cases without exception.			
Date of	f Arrest Age Charge Location-	City and State Deposition/Date Arresting Agency			
N/A					
В.	arrested or in which you were named as an unin	int ever been returned against you, but for which you were not dicted co-party? Yes □ No ☒If yes. furnish details on			
C.		a city, state, federal or law enforcement agency, commission			
D.	or committee? Yes □ No ☒ Have you ever been subpoenaed to appear or to commission? Yes □ No ☒	estify before a federal, state or county grand jury, board or			
E.	Have you ever been subpoenaed to testify for an Yes ☐ No 🗡	ny civil, criminal or administrative proceeding or hearing?			
F.	Have you ever had a civil or criminal record expo	unged or sealed by a court order? Yes  No  No			
G.		osecution for any criminal offense? Yes 🛭 No 💢			
H.	If yes when? Has any member of your family or of your spous If you answer to any of the above questions (B t	e's family ever been convicted of a felony? Yes 🗌 No 💢			
Name	Relationship	Charge Location Date			
	The second secon				
		Applicant's initial			
		Page 4			

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

ntiff/Defendant or	Court and Case	07. 0	Discontinue (Date
mant/Respondent D	ate Filed Number	City, County and State	Disposition/Date
associated with it	partnership, business venture, sole pass an owner, officer, director or part yes, complete the following:	proprietorship or closely hel ner) been a party to a laws	ld corporation (while you we uit, arbitration or bankruptc
		Approxin	nate Date(s) of
Name of Entity	Type of Entity	Lawsuit/	Arbitration/Bankruptcy
			The most
RESIDENCES:			
	ve had for the last 25 years:	e	
all residences you ha			
th and Year rom-To)	Street and Number	City	State or County
all residences you hat th and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you ha	Street and Number		•
all residences you hat th and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you hat th and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you ha h and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you hat h and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you hat h and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you hat h and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you hat h and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you hat th and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV
all residences you ha h and Year rom-To) 00 - PRESENT	Street and Number SLEEPY MOON AVE	HENDERSON	NV

#### 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 Em	plover/Business	Reason for Leaving
05/00/10 5000000		70 E HORIZON RIDGE PKWY STI	9
05/2018-PRESENT Title	THE INFUSION PHARMACY  Description of Duties	HENDERSON, NV 89002	Name of Course
			Name of Supervisor
STAFF PHARMACIST	PHARMACIST		LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Em	, ,	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	Cl	LARE-LANIE MACARAEG
Month and Year	Name/Mailing Address of Em		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	2 10 120, 10, 111 00 100	Name of Supervisor
PHARM INTERN STAFF PHARMACIST	PHARMACIST		LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Em	plover/Business	Reason for Leaving
10/2014-08/2016	WALGREENS	9300 W SAHARA AVE LAS VEGAS, NV 89117	JOB OPPORTUNITY
Title	Description of Duties	LAG VLGAG, NV GST17	Name of Supervisor
PHARM INTERN	PHARMACY INTERN		ERI BEJITO
Month and Year	Name/Mailing Address of Em	ployer/Business	Reason for Leaving
Title	Description of Duties		Name of Supervisor
Month and Year	Name/Mailing Address of Em	ployer/Business	Reason for Leaving
Title	Description of Duties		Name of Supervisor
Month and Year	Name/Mailing Address of Em	ployer/Business	Reason for Leaving
Title	Description of Duties		Name of Supervisor
Month and Year	Name/Mailing Address of Em	ployer/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 ALEC HUTSON S GIBSON RD APT 2323, HENDERSON, NV 89012 Name Home PARAMOUNT MEDICAL BILLER Business Employe 961 N SMITH DR., PRICE, UT 84501 'TRIPLE CROWN ST, HENDERSON, NV 89015 18 **GILBERT BUCO** Name Home TRONOX 245 4TH ST, HENDERSON, NV 89015 **Business** Employer MCCAIN VALLEY CT, CHULA VISTA, CA 91913 7 6 MARY ANN RAQUEL Name Home Employer HOUSE WIFE **Business GARY LIBAN** OLD JANAL RANCH, CHULA VISTA, CA 91915 23 Home US RETIRED NAVY Business CHARLIE PALOMO VARNEY DR, SAN DIEGO, CA 92114 23 Home Name Business Employer Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Race horse/race dog owner Securities dealer Insurance Lawyer Gaming Real estate broker or salesman Barber/Cosmetologist Doctor Contractor Trainer or manager Accountant Pilot Sports promoter Educator Yes 💢 No 🛚 If yes, state type, where and years held REAL ESTATE SALESMAN, NEVADA, 2017-PRESENT 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. 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_	C~~ Page 7

	14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related finding suitability?		° 🔀
,	15.	Have you or any person with whom you have been a participant in any group been the su administrative action or proceeding relating to the pharmaceutical industry?	Yes □ N	• ×
	16.	Have you or any person with whom you have been a participant in any group ever been f guilty or entered a plea of nolo contendere to any offense, federal or state, related to pres controlled substances?		ugs and/or
	17.	Have you or any person with whom you have been a participant in any group ever surrent permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise upon voluntary close of a wholesaler	dered a lic herwise (ot Yes □ N	her than
	18.	Do you have any relatives within the fourth degree of consanguinity associated with or er pharmaceutical or drug related industry?	Yes 🗆 N	the
			***************************************	•••••
	19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes 🔀 N	
1	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 X N	lo 🗆
		Date of photograph [1]	0218	
		Applicant's initial.		Page 8
				rage 8

Applicant's initial \_\_\_\_\_

Page 9

(seal)

STATE OF NEVADA	29
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	s contained herein are true and correct and
contain a full and true account of the information requested; that I execu	ited this statement with the knowledge that
misrepresentation or failure to reveal information requested may be dee	emed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with	h full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application of any personal	son for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certificate, certification	on, license or permit by the filing of an
application, or any record, affidavit or other information in support there	of, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Phar	macists 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 Sta	ate of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoe	ver which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agenc	cy and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the Star	te of Nevada.
	Original Signature of Applicant
Subscribed and Sworn to before me this day of	ELIZABETH BUENO
NOVEMBEY 2018 ESTABLENO Notary Public	NOTARY PUBLIC STATE OF NEVADA My Commission Expires: 03-25-2020 Certificate No: 16-3652-1
,	

#### ADDITIONAL INFORMATION

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Applicant's initial Page 10

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

௺Date
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#### **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		PHARMA	CY		
		Nature of Lic IFUSION PHARMACY	cense 6725 S EASTE	RN AVE STE 8, LA	AS VEGAS NV 89
	Name	and Address of Establishment f	for Which License Is I	·	
		If applicable, Name Under WI	hich It Is Now Operate	ed	,
1. PERSONAL INFO	ORMATION:				
Last Name		First Name		Middle Name	
MACARAEG	on Nama, Other Na	LAYLANI me Changes, Legal or Otherwis	eal	GUERRERO	
Alias(es, Nicknames, Maide	en Name, Omer Na	ine Changes, Legal of Otherwis	36)		
N/A					N. ((00040
Present Residence Address	s-Street or RFD	SLEEPY MOON AVE City	HENDERSON	State/Zip	NV/89012
		Dates 2000 - PRESENT			h !! ((00000
Present Business Address	70 E HORIZON I	RIDGE PKWY STE 140 City	HENDERSON	State/Zip	NV/89002
PHARMACIST-IN-CHARGE		Dates 2018 - PRESE	NT		
Occupation				Phone: Residence	
				Pusings 702-750	-0475
		PHILIPPINES		Business 702-750	
Date of Birth		Place of Birth (City, Count	y, State)		E#
46					FEMALE
Age	Socia	al Security Number			Sex
			400 1 5		EIO!!
BROWN	BROWN Color of Hair	TAN Complexion	160 LB Weight	Build	5'2" Height
Color of Eyes	Color of Hall	Complexion	vveignt	Build	ricigit
6 (11 ) 11 11 11			N/A		
Scars, tattoos or disti	nguisning mark	s and/or characteristics	1977		
Are you a citizen of th	ne United State	s? Yes⊠ No □ If ali	en, registration N	lo	
			a . 12/20	/1008	
If naturalized, certification	ate No		Date12/29	7 1 9 9 0	
Place US DISTRIC	T COURT SAI	N DIEGO, CA	(If naturalize	ed. document must	be verified.)
					,
2. MARITAL INFO	RMATION:				
Cinale - Merries	d M Sonore	ated □ Divorced □	Widowed	Engaged □	
Single   Married	и д оерага	ated   Divorced	v vidoved	Lilgageu 🗆	20
				Applicant's initial_	41
				•	P

A.	Current Marriage	08/06/1993			GUAM, USA	
	Spouse's full name (M	Date			y, County and Sta	
	Date of Birth	,				
						0040
	Resident address	SLEEPY MO	ON AVE HI	ENDERSON City	NV 8 State Zir	9012
				•	,	
	Telephone: Residence					
	Spouse's employer_L	GCM LLC	0	ccupation PHAR	MACY TECHNI	CIAN
	Address of employer	70 E HORIZON RI Street	DGE PKWY STE 140	HENDERSON City	NV 890 State Zip	02
B. Pı	revious Marriages: If e	ever legally sepa	arated, divorced, or a	nnulled, indicate	below:	
		of Order	Date of Place	Nature of	City	and Chaka
Name	of Spouse or	Decree	of Marriage	Action	County	and State
N/A						
	-					
	List of names, current	address and te	lephone numbers of City		: <u>S:</u> Zip	Telephone
M/A						
		p				
3. F	AMILY INFORMATION	:				
A.	Children and Depen	dents:	hildren and adopted	shildren and aive	the following	information:
	List all children, Name		hildren and adopted of Birth Place	nligren and give R	esidence Address	inionnation.
CLARE	-LANIE GUERRERO MACAR	AEG	GUAM, USA	SLEEPY N	MOON AVE, HEN	DERSON, NV 89012
	OVANI CLIEDDEDO MACADAS		HENDERSON, NV	. SI FEPY I	MOON AVE HEN	DERSON, NV 89012
	RYAN GUERRERO MACARAE					
KADEN	I GUERRERO MACARAEG		HENDERSON, NV	SLEEPY	MOON AVE, HEN	DERSON, NV 89012
В.	Child Support Infor					
	Please mark	the appropriate	response:			
	I am not s	subject to a cour	t order for the suppor	t of child.		
	plan appr	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				
	the order	or a plan approv	der for the support of yed by the district atto ount owed pursuant to	orney or other pu the order.		
				• • •	•	Page 2

	District attorney or public agency responsions  Name N/A			
	NI/A			
	NI/A			
	Parents:			
	List names, residence addresses, date	s of birth and most i	ecent occupations of p	parents, step-parents,
arents-	<u>in-law or legal guardian.  If retired or d</u>	eceased. list last add	dress and occupation.	
	Name (Maiden) Birth Date	Address		Occupation
ather S	ATURNINO TIBAR GUERRERO	MANILA, P	HILIPPINES	BUSINESS MAN
Mother E	LINITA NAGA GUERRERO	MANILA, F	HILIPPINES	BUSINESS WOMAN
ather-in-	Law PHILLIP NERI MACARAEG		TH ST ACH, CA 90805	RETIRED
Mother-in	-Law CORAZON LOPEZ MACARAEG		4TH ST EACH, CA 90805	NURSE ASSISTANT
D.	Brothers and Sisters: List names, residence addresses, date their respective spouses.		recent occupations of b	
	Name (Maiden) Birth D	ate Address		Occupation
	TTACHMENT			
Spouse				
Spouse				
Spouse				
Spouse				
4. ED	UCATION:			
	Name of School	Location I	Dates Attended	Graduate
Gramma School				Yes ☐ No ☐
High School	DMMHS	PHILIPPINES	1982-1987	Yes ☒ No □
College	PHILIPPINE WOMEN UNIVERSTY (PW	U) PHILIPPINES	1987-1991	Yes ☑ No □
Universit	NON TRADITIONAL PHARMD PROGRA	M HENDERSON	. NV 2000-2001	
Other	MIDWESTERN UNIVERSITY		,	Yes L No L
Type o	f degree obtained, if any BACHELOR	OF PHARMACY 1991	ASSO	CIATE OF SCIENCE NURSING
Colloge	e or university where obtained PWU		SOL	JTHERSTERN COLLEGE
College				
College	,		Applicant'	s initial

# 5 MILITARY INFORMATION:

A.	Have you eve	r served i	n any armed forc	es?	Yes □ No	×		
	Branch			Date	e of entry-active	e service		
	Date of separa	ation		Тур	e of discharge			
	Rating at sepa	aration			Serial num	ber	************	
	special or gen	eral cour	rvice were you ev t martial? ey occurred-forei	Yes □ No	☐ If yes, furn	hich resulted in su ish details on page	mmary ac e 10. (List	tion, a trial or all incidents
B.	Have you regi	stered fo	r the draft?	Yes □ No	×			
	County		State		Da	ate registered		
6. Al			, LITIGATIONS	AND ARBITE	RATIONS: (Inc	clude those arrest	s in whicl	n you were
A.	not convicted Have you eve	r been ar	rested, detained,	charged, inc	licted or summo	oned to answer for	any crimir	nal offense or
	violation for a	ny reasor	n whatsoever, reg	gardless of th	e disposition of	f the event? (Excercases without exce	ot minor tra	affic citations.)
Date of	Arrest	Age	Charge	Location-City a	and State	Deposition/Date	Arrestin	g Agency
		3000						
B. C. D. E.	arrested or in page 10. Have you ever or committee Have you ever commission? Have you ever \( \sigma \) No \( \) Have you ever \( \sigma \)	which your been query Yes  Yes  Yes  Yes  Er been su Yes  Ar been su Ar been ad a cer had a cer	uwere named as uestioned or deported in No 又 ubpoenaed to app No 这 ubpoenaed to testivil or criminal re	s an unindictors an unindictors active sets or testify for any control or cord expungers.	ed co-party? Your state, federal or before a federal vil, criminal or a federal or sealed by	ned against you, but so I no I	es. furnish on agency, grand jury seeding or	details on commission , board or hearing?
G.	Have you eve	er receive	d a pardon or de	ferred prosed	cution for any c	riminal offense? Ye	es 🗆 No	×
H.	Has any men	nber of yo	our family or of yo	our spouse's i	family ever bee	tate en convicted of a fe urnish details on pa	lony? Yes	□ No 💢
Name	19		Relationship		Charge	Lo	cation	Date
					VIII 6 -			
							/	
· · · · ·						A	A S	
						Applicant's initi	ial 8	

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a lawsuit Yes □ No 🕱	as either a plaintiff or defer (Other than divorces)	artnership, or owner, director or off ndant or an arbitration as either a c hout exception, including bankrupt	claimant or respondent?
Plaintiff/Defendant or Claimant/Respondent	Court and Ca  Date Filed Number	city, County and State	Disposition/Date
associated with	I partnership, business ven it as an owner, officer, dire If yes, complete the followi	ture, sole proprietorship or closely ctor or partner) been a party to a la	held corporation (while you we awsuit, arbitration or bankrupto
Name of Entity	Type of Entit	• • • • • • • • • • • • • • • • • • • •	roximate Date(s) of suit/Arbitration/Bankruptcy
7. RESIDENCES: List all residences you l	nave had for the last 25 yea	ars:	State or County
2000-PRESENT	SLEEPY MOON	N AVE HENDERSON	NV
2000-PRESENT	i ATWATER ST	CHULA VISTA	CA
1996-2000	1629 - D MIRA COST	TA 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 SUBDI	VISION QUEZON CITY	PHILIPPINES

Applicant's initial \( \sum\_{\text{\lambda}} \) 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 1: THE INFUSION PHARMACY HENDERSON, NV 89002	40
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY OWNER/MANAGER	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2013-05/2018	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	CLINCAL 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 MANA	GER 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	NEM JOB
Title	Description of Duties	Name of Supervisor
	PHARMACY TECHNICIAN	RON

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

Applicant's initial\_\_\_\_

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### 9. CHARACTER REFERENCES:

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

ame of	employer or emplo Where Employed	yees. Street	City State	Zip	Telephone		Years Kn	own
	AILEEN DIAZ	Home			VENS, WA 9825		3 18	
	EVERETT PUBLIC SCHOOL		3900 BROADWAY, E					
	LBERT BUCO	Home_	1 TRIPLE CROWN	ST. HENDER	SON. NV 89015		18	-
			245 4TH ST, HEND					
	TRONOX	Business				2	3	6
41110	MARY ANN RAQUEL	Home	5 MCCAIN VALLEY	CI, CHOLA	VISTA, CA 91910		3	
	r HOUSEWIFE	Business					-	
	GARY LIBAN	Home	OLD JANAL RAN	CH, CHULA	VISTA, CA 9191	5	-	23
nploye	RETIRED US NAVY	Business					2	
ame	CHARLIE PALOMO	Home	VARNEY DR, SAI	N DIEGO, CA	92114			23
nploye	RETIRED US NAVY	Business						
	person's depositor If yes, complete t	he follow	ing:					
	nber or Type of Deposito	ry	Location	City and Sta	ate	Authorized Users		3
ox Num								
11.	Have you ever he the following: Liquor Land Doctor Control Accountant Pour North No	awyer ontractor ilot	Race horse/ra Real estate b Sports promo	ace dog owr roker or sale	ner	any state, includes Securities dea Barber/Cosme	aler etologist	Insurance Gaming
	Have you ever he the following: Liquor La Doctor C Accountant P	awyer ontractor ilot	Race horse/ra Real estate b Sports promo	ace dog owr roker or sale	ner	Securities dea Barber/Cosme	aler etologist	Insurance
11.	Have you ever he the following: Liquor Land Doctor Control Accountant Pour North No	awyer ontractor ilot where and	Race horse/ra Real estate b Sports promo	ace dog owr roker or sale ter	ner	Securities dea Barber/Cosme	aler etologist	Insurance Gaming
11.	Have you ever he the following: Liquor Land Doctor Control Con	awyer ontractor ilot where and NEVADA, NEVADA, plied for a sed busine when and ad	Race horse/ra Real estate b Sports promo I years held 2008-2011 & 2017-i	ece dog owr roker or sale ter PRESENT te business TSIDE the Sames and lo	ner esman , venture or ind State of Nevada ocations of the	Securities dea Barber/Cosmo Trainer or ma	aler etologist nager  r held a fi	Insurance Gaming Educator
11.	Have you ever he the following: Liquor La Doctor C Accountant P Yes X No I If yes, state type,  ESTATE SALESMAN  Have you ever ap interest in a licens If yes, state type, involved, the nam	awyer ontractor ilot where and NEVADA, NEVADA, plied for a sed busine when and ad	Race horse/ra Real estate b Sports promo  years held  2008-2011 & 2017-f  city, county of states or industry OU where and give no	ece dog owr roker or sale ter PRESENT te business TSIDE the Sames and lo	ner esman , venture or ind State of Nevada ocations of the	Securities dea Barber/Cosmo Trainer or ma	aler etologist nager  r held a fi	Insurance Gaming Educator

Applicant's initial X0 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 ⊠
-	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No ☒
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ▷
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  Yes □ No ☒
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer  Yes □ No ▼
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐
	Date of photograph 11 02118  Applicant's initial
	Page

STATE OF NEVADA ss.	
COUNTY OF CLARK	
I, LAYLANI GUERRERO MACARAEG , being	g duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statement	s contained herein are true and correct and
contain a full and true account of the information requested; that I execu	uted this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deep	emed 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	f any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certific	cate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support	thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada State	utes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Ne	evada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,	
I hereby expressly waive, release and forever discharge the Sta	ate of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoe	ever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agend	cy and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	
	Au J
······································	Original Signature of Applicant
Subscribed and Sworn to before me this 6 day of	
a al Pinalous 2018	ELIZABETH BUENO NOTARY PUBLIC
1/0/C/ 10C/ 1010	STATE OF NEVADA
Notary Public	My Commission Expires: 03-25-2020 Certificate No: 16-3852-1
	(seal)

Applicant's initial Page 9

### ADDITIONAL INFORMATION

#### ITEM 8. EMPLOYMENT

01/1993-09/1994	PACIFIC HEALTHCARE PHARMACY, GUAM, USA	MOVED TO SAN DIEGO
PHARM TECH	PHARMACY TECHNICIAN	DORIS QURIMIT
04/1992-12/1992	BLISS PHARMACY, MANILA, PHILIPPINES	MOVED TO GUAM, USA
PHARMACY OWNER	PHARMACY MANAGER	SELF
05/1991-03/1992	MERCURY DRUG, MANILA, PHILIPPINES	STARTED OWN BUSINESS
PHARMACIST	STAFE PHARMACIST	
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Applicant's initial Page 10

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

		NAME	BIRTH DATE	ADDRES	OCCUPATION
1	SIBLING	Eduardo Guerrero	7	Galbadon, Philippines	deceased
	SPOUSE	Letlet Guerrero		Galbadon, Philippines	Housewife
2	SIBLING	Olivia Monteclavo	\$	Galbadon, Philippines	Housewife
	SPOUSE	Tomas Monteclavo	7	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	1	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	ï	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	(-7 )	Manila, Philippines	Hostess

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

≨ Date
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#### **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		PHARMA	CY		
EGLC LLC dba ET		Mature of I	License 6725 S EASTERN	I AVE STE 8, LAS V	EGAS NV 89119
	Name and	Address of Establishmen			
	If	applicable, Name Under V	Which It Is Now Oper	ated	
4 DEDOCMAL INC	ODMATION				
1. PERSONAL INF	ORMATION:				
Last Name MACARAEG		First Name	CLARE-LANIE	Middle Name	GUERRERO
Alias(es, Nicknames, Maid	en Name, Other Name	Changes, Legal or Otherv	vise)		
N/A					
Present Residence Addres	s-Street or RFD	SLEEPY MOON AVE City	HENDERSON	State/Z	Zip NV/89012
		Dates 2000 - PRESENT			
Present Business Address	70 E HORIZON RID	GE PKWY STE 140 City	HENDERSON	State/Z	Zip NV/89002
OWNER/STAFF PHARMAG	CIST	Dates 2018 - PRESENT			1700
Occupation				Phone: Residence	
				Business 702-	-750-0475
		GUAM, USA		Dusiness	
Date of Birth		Place of Birth (City, Cou	nty, State)		
24					FEMALE
Age	Social S	ecurity Number			Sex
BROWN	BROWN	TAN	110 lb		5'2"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
			NI/A		
Scars, tattoos or disti	nguishing marks a	and/or characteristics			
Are you a citizen of the	ne United States?	Yes ⊠ No □ If a	ilien, registration	No	
If naturalized, certific	ate No		Date		
Place			(If naturaliz	zed, document mu	st be verified.)
2. MARITAL INFO	RMATION:				
Single 🔀 Married	d □ Separate	d □ Divorced □	☐ Widowed I	□ Engaged □	]
3 🗡					$P_{\alpha}$
				Applicant's initia	Pa
					га

A. Current Ma	rriage <u>N/A</u>				
Spouse's ful	Date I name (Maiden) N/A		City, 0 S.S	County and State . NoN/A	······
Date of Birth	N/A	Place of Bir	th N/A		P gan
Resident ad	dress N/A Street		City S		
Telephone:	Residence N/A	Bu	siness N/A		
Spouse's en	nployer N/A	Occ	cupation N/A		
Address of e	employer N/A Street	270	City S	tate Zip	
B. Previous Marri	iages: If ever legally sep	parated, divorced, or anr	nulled, indicate be	elow:	
Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County a	nd State
N/A	0. 00.00		7,51,511	<u> </u>	
- Ap					
<u>List of name</u>		elephone numbers of processing control of pr	revious spouses: State	Zip T	elephone
N/A					
321					-
	nd Dependents: children, including step-	children and adopted ch Birth Place		e following in dence Address	formation:
1977					
	ort Information: ase mark the appropriate	e response:			
×	I am not subject to a cou	urt order for the support o	of child.		
1		rder for the support of or strict attorney or other pu suant to the order; or			
1	the order or a plan appro	order for the support of or oved by the district attorn	ey or other public		
1	the repayment of the am	ount owed pursuant to t		ant's initial	Page 2

	District attorney or public age	ency responsible for enforci	ng the child support or	rder:
	Name_N/A			
				••••••
	Contact person N/A			***************************************
C.	Parents: List names, residence addre			
arents-	_			
	<u>in-law or legal guardian. If re</u> Name (Maiden)	etired or deceased, list last a Birth Date Address		Occupation
ather				
	N LOPEZ MACARAEG	·	EPY MOON AVE	REMANUFACTURER TECHNIC PHARMACY TECHNICIAN
other	IN LOPEZ WACARAEG	HENDER	SON, NV 89012	RETIRED US NAVY
	.NI GUERRERO MACARAE		EEPY MOON AVE ERSON, NV 89012	PHARMACIST
ather-in-		.6	110011, 111 00012	
N/A				
other-in-	-Law			
N/A				
	Brothers and Sisters: List names, residence addre	sses, dates of birth and mo	st recent occupations	of brothers and sisters and of
	their respective spouses.  Name (Maiden)	Birth Date A ss	-	Occupation
		SL	EEPY MOON AVE	
YLE RY	YAN GUERRERO MACARAEG	HENDI	ERSON, NV 89012	STUDENT
	N/A			
KADEN	GUERRERO MACARAEG		SLEEPY MOON AVE DERSON, NV 89012	STUDENT
pouse	N/A	TILIN	DENGON, NV 03012	
pouse				
pouse				
pouse				
4. ED	UCATION:			
Frammar	Name of School	Location	Dates Attended	Graduate
chool				Yes □ No □
igh chool	FOOTHILL HIGH SCHOOL	HENDERSON, NV	2008-2011	Yes ☑ No □
ollege niversity	SOUTHWESTERN COLLEGE	CHULA VISTA, CA	2011-2012	Yes X No □
	ROSEMAN UNIVERITY OF	LIENDEDO ON ANY	2013-2016	= =
		HEMILEDGUM KILL		
ther	HEALTH SCIENCES	HENDERSON, NV	2013-2010	Yes 💢 No 🗆
ther			2010-2010	Yes X No ☐ PHARMD/MBA

Applicant's initial Page 3

#### '5 MILITARY INFORMATION:

		Have you ever served in any armed forces? Yes ☐ No 💢							
Br	ranch	Date of entry-active service							
Da	ate of separation	Type of discharge							
Ra	ating at separation	Serial number							
sp	hile in the military service were you e becial or general court martial? gardless of where they occurred-fore	ever arrested for an offense which resulted in summary action, a trial or Yes   No  If yes, furnish details on page 10. (List all incidents sign or domestic.)							
B. Ha	ave you registered for the draft?	Yes □ No 🕱							
C	ountyState	Date registered							
		AND ARBITRATIONS: (Include those arrests in which you were							
A. H	olation for any reason whatsoever, re	d, charged, indicted or summoned to answer for any criminal offense or egardless of the disposition of the event? (Except minor traffic citations.) ace provided below. List all cases without exception.							
ate of Arre	st Age Charge	Location-City and State Deposition/Date Arresting Agency							
N/A									
aı		or complaint ever been returned against you, but for which you were no as an unindicted co-party? Yes □ No  If yes. furnish details on							
C. H		posed by a city, state, federal or law enforcement agency, commission							
D. H		opear or testify before a federal, state or county grand jury, board or							
E. H		estify for any civil, criminal or administrative proceeding or hearing?							
F. H	lave you ever had a civil or criminal re	ecord expunged or sealed by a court order? Yes  No							
G. H	lave vou ever received a pardon or de	city, county and state eferred prosecution for any criminal offense? Yes □ No 🕱							
If H. H If	yes when? las any member of your family or of y you answer to any of the above que	city, county and state  rour spouse's family ever been convicted of a felony? Yes  No  stions (B through H) is yes, furnish details on page 10.							
Name	Relationshi	p Charge Location Date							
	(314 500 )								
		*							
		Applicant's initial							
		Applicant's initial Page							

#### 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 part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes □ No 泫 (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies:							
It ye	es, give de	etails below. I	list all cases without exce	eption, including bankrupt	cies:		
Plaintiff/Defend Claimant/Resp		Date Filed	Court and Case Number	City, County and State		Disposition/Date	
ass	ociated wi	th it as an ow		e proprietorship or closely artner) been a party to a la			
Nam	Name of Entity T		Type of Entity		Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy		
				-			
	dences you	u have had fo	r the last 25 years:				
Month and Ye (From-To)	ar	Str	eet and Number	City	State or	County	
2000 - PRE	ESENT		SLEEPY MOON AVE	HENDERSON	NV	····	
2000 - PRESENT			TWATER ST	CHULA VISTA	CA		
,							
		_					
	<del>- Ero</del>				and a state of the		
	*			Applio	ant's initial	C~~	

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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 Em	ployer/Business	Reason for Leaving
	· ·	70 E HORIZON RIDGE PKWY STE	
05/2018-PRESENT	THE INFUSION PHARMACY  Description of Duties	HENDERSON, NV 89002	Name of Supervisor
ritie			Name of Supervisor
STAFF PHARMACIST	PHARMACIST		LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Em		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	CLA	ARE-LANIE MACARAEG
Month and Year	Name/Mailing Address of Em	plover/Business	Reason for Leaving
04/2014 - 06/2017	QUALITY HOME INFUSION	801 S. RANCHO DR. STE E7 LAS VEGAS, NV 89106	NEW JOB POSITION
04/2014 - 06/2017 Title	Description of Duties	LAS VEGAS, IVV 89100	Name of Supervisor
PHARM INTERN	PHARMACIST		LAYLANI MACARAEG
STAFF PHARMACIST			EATE AND TO TO TEC
Month and Year	Name/Mailing Address of Em	ployer/Business	Reason for Leaving
10/2014-08/2016	WALGREENS	9300 W SAHARA AVE LAS VEGAS, NV 89117	JOB OPPORTUNITY
Title	Description of Duties	2.6 (26.6,100)	Name of Supervisor
PHARM INTERN	PHARMACY INTERN		ERI BEJITO
Month and Year	Name/Mailing Address of Err	ployer/Business	Reason for Leaving
Title	Description of Duties		Name of Supervisor
Month and Year	Name/Mailing Address of Em	nployer/Business	Reason for Leaving
Title	Description of Duties		Name of Supervisor
Month and Year	Name/Mailing Address of En	nployer/Business	Reason for Leaving
Title	Description of Duties		Name of Supervisor
Month and Year	Name/Mailing Address of En	nployer/Business	Reason for Leaving
Title	Description of Duties		Name of Supervisor

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

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• • •	Page 6

# '9. CHARACTER REFERENCES:

	List five characte		no have know	w you five yea	rs or more. D	o not include	relatives, pre	esent
Vame of	Where Employed	Street	City Sta	ate Zip	Teleph	one	Years Kr	nown
141110	ALEC HUTSON  ARAMOUNT MEDICAL I	BILLER		2323, HENDER		, , , =======	11	
Employe	r	Business 96		R., PRICE, UT				
Name	GILBERT BUCO	Home	TRIPLE CRO	WN ST, HEND	ERSON, NV 890	115		18
Employe	r TRONOX	Business 2	45 4TH ST, H	ENDERSON, N	IV 89015			
Name	MARY ANN RAQUEL	Hon. MCC	AIN VALLEY C	T, CHULA VISTA	A, CA 91913	9	6	
Employe	HOUSE WIFE	Business						
Name	GARY LIBAN	Home	OLD JANA	RANCH, CHU	LA VISTA, CA 9	1915		23
Employe	US RETIRED NA	VY Business						-
Name	CHARLIE PALOMO	) Home	VARNEY D	R, SAN DIEGO	, CA 92114			23
Employe	r US RETIRED NA	VY Business						
10.	Do you have an person's deposi <b>If yes, complet</b>	tory? Yes 🛘 I	Vo 汉	such deposit	ory, access to	any depositor	y or do you ı	use any other
Box Nun	ber or Type of Depos	itory	Location	City and	State	Authorized Us	sers	
11.	Have you ever he following:	neld a privilege	•	nal or professe/race dog o		n any state, in		not limited to
	Doctor Accountant Yes ⋈ No □	Contractor Pilot	Real estat	te broker or somoter	alesman	Barber/Cos Trainer or	smetologist manager	Gaming Educator
	If yes, state type	e, where and y	ears held					
REA	L ESTATE SAL	ESMAN, NEV	ADA, 2017-	PRESENT		8		
12.	Have you ever a interest in a lice If yes, state type involved, the na venture or indus	ensed business e, when and wh ames and addre	or industry here and giv	OUTSIDE the e names and	State of Nevalocations of the	ida? Yes □ <b>!</b> e businesses	No 💢 in which yoι	ı were

Applicant's initial Page 7

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?  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?  17. Have you or any person with whom you have been a participant in any group ever been found guilty, ple guilty or entered a plea of noto contendere to any offense, federal or state, related to prescription drugs controlled substances?  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 upon voluntary close of a manufacturer  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  10. Do you have any relative in the pharmaceutical or drug related industry?	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 ⊠
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?  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?  17. Have you or any person with whom you have been a participant in any group ever been found guilty, ple guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs controlled substances?  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 upon voluntary close of a manufacturer  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  10. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  10. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?	14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ⊠
participant in any group which has been denied a business or industry license or related finding of suitability?  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?  17. Have you or any person with whom you have been a participant in any group ever been found guilty, ple guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs controlled substances?  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 upon voluntary close of a manufacturer  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  10. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  10. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  11. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  11. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  12. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?	If yes t	
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, ple guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs 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 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 □ □ O № □	15.	participant in any group which has been denied a business or industry license or related finding of
guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs controlled substances?  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 upon voluntary close of a manufacturer  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  10. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  10. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  10. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  10. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical or drug related industry?  11. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the Pharmaceutical industry voluntarily or otherwise (other industry) in the Pharmaceutical industry voluntarily or otherwise (other industry) in the Pharmaceutical industry voluntarily or otherwise (other industry) in the Pharmaceutical industry voluntarily or otherwise (other industry) in the Pharmaceutical industry voluntarily or otherwise (other industry) in the Pharmaceutical industry voluntarily or otherwise (other industry) in the Pharmaceutical industry voluntarily or otherwise (other industry) in th	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     Yes □ No     Yes □ No
permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other upon voluntary close of a manufacturer  19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  Yes X No D  Date of photograph  II   0 2   IV	17.	guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/o
pharmaceutical or drug related industry?  Yes ⋈ No □  Date of photograph	18.	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than
	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 10 21 18  Applicant's initial Page

STATE OF NEVADA	
SS.	
COUNTY OF CLARK	
I, CLARE-LANIE GUERRERO MACARAEG , being duly sworn, depose and say I have read the	e
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 filling	ng
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and	
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and t	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 thei	ir
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	ng
for a manufacturer license in the State of Nevada.	
Original Signature of Applicant	
Subscribed and Sworn to before me this 06 day of  NOTARY PUBLIC STATE OF NEVADA My Commission Expires: 03-25-2020 Certificate No: 16-3652-1	

(seal)

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### ADDITIONAL INFORMATION

<u></u>

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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 <u>box</u> 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: No.	vada Zip Code: 89113							
Telephone: 702-960-5991 (current office) Fax: 702-832-1128 (current office)								
Toll Free Number: <u>866-586-1472</u> E-m	ail: alison.bartko@htcnv.org							
Website: www.htcnv.org								
Managing Pharmacist: Alison Bartko R.Ph License Number: 14735								
TYPE OF PHARMACY AND	SERVICES PROVIDED							
TYPE OF PHARMACY AND	SERVICES PROVIDED							
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No							
TYPE OF PHARMACY AND  Yes/No  □ ☑ Retail	SERVICES PROVIDED  Yes/No  ☐ ☑ Off-site Cognitive Services							
TYPE OF PHARMACY AND  Yes/No  □ ☑ Retail □ ☑ Hospital (# beds)	SERVICES PROVIDED  Yes/No  □ ☑ Off-site Cognitive Services □ ☑ Parenteral							
TYPE OF PHARMACY AND  Yes/No  □ ☑ Retail □ ☑ Hospital (# beds) □ ☑ Internet	SERVICES PROVIDED  Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral □ □ Parenteral (outpatient)							
TYPE OF PHARMACY AND  Yes/No  □ ☑ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	Yes/No  ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge							
TYPE OF PHARMACY AND  Yes/No  □ ☑ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ Mail Service							
TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet  Nuclear  Ambulatory Surgery Center  Community	SERVICES PROVIDED  Yes/No  □ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service □ ☑ Long Term Care							
TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet  Nuclear  Ambulatory Surgery Center  Community	Yes/No  ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☑ Mail Service ☐ ☑ Long Term Care ☐ ☑ Sterile Compounding							
TYPE OF PHARMACY AND  Yes/No  □ ☑ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center □ ☑ Community ☑ Other: Specialty 340B non-profit	Yes/No  ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ☐ ☐ Non Sterile Compounding							

### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	the last five (5) years:		
1)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a fel- misdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No ☑
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce registration?		Yes □ No ☑
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative as site fine or proceeding relating to the pharmaceutical	ction, board citation,	Yes □ No ☑
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	l a plea of nolo	Yes □ No ☑
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary clo	ate of registration	Yes ☐ No ☑
Copie	answer to question 1 through 5 is "yes", a signed state is of any documents that identify the circumstance or consition may be required.	ement of explanation montain an order, agree	nust be attached. ement, or other
corre	by certify that the answers given in this application and ct. I understand that any infraction of the laws of the S tion of an authorized pharmacy may be grounds for th	State of Nevada regula	ting the
under correct emplo backs	e read all questions, answers and statements and known penalty of perjury, that the information furnished on the ct. I hereby authorize the Nevada State Board of Pharbyees, to conduct any investigation(s) of the business, ground, qualification and reputation, as it may deem not be the conduct of the business.	nis application are true rmacy, its agents, serv professional, social an ecessary, proper or de	, accurate and ants and ants and moral sirable.
Origin	nal Signature of Person Authorized to Submit Applicati	on, no copies or stamp	)S
	n Bartko R.Ph Name of Authorized Person	1/09/2019 Date	
Board	i Use Only Date Processed:	Amount: 500.0	20

### APPLICATION FOR NEVADA PHARMACY LICENSE

# OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada	
Parent Company if any: Hemostasis and Thro	ombosis Center of NV
Mailing Address: 778 Starr Apple Lane	
City: Las Vegas State	e: <u>NV</u> Zip: <u>89178</u>
Telephone: 702-960-5991 (current office)	Fax: 702-832-1128 (current office)
Contact Person: Alison Bartko R.Ph	
For any corporation non publicly traded, disclo	se the following:
1) List top 4 persons to whom the shares v	were issued by the corporation?
a) N/A	
Name	Business Address
b)_N/A	
Name	Business Address
c) N/A	<u> </u>
Name	Business Address
d) N/A	Business Address
Name	
<ol><li>Provide the number of shares issued by</li></ol>	y the corporation. N/A
3) What was the price paid per share?	I/A
List any physician shareholders and percentag	ge 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 ampm
Sunday PRN ampm	24 Hours On-call PRN
A Nevada business license is not required, ho	wever if the pharmacy has a Nevada business

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

I, Alison Bartko R.PI	n	
Responsible Person of	The Hemostasis and Thrombosis Co	enter
hereby acknowledge and	understand that in addition to the	e corporation's, any owner(s),
shareholder(s) or partner(	(s) responsibilities, may be respo	nsible for any violations of pharmacy la
that may occur in a pharm	nacy owned or operated by said o	corporation.
		oration's, any owner(s), shareholder(s)
	ed in any action taken by the Nev perated by said corporation.	rada State Board of Pharmacý against a
p	, <b></b>	
		oration's, any owner(s), shareholder(s)
	ral laws or regulations pertaining	said pharmacy to violate any provision to the practice of pharmacy.
or any local, state or local	Tar laws or regulations persaming	To the presence of present of
<b>2</b>		
alison	Bartko RPL	
Original Signature of Pers	son Authorized to Submit Applica	tion, no copies or stamps
Alison Bartko R.Ph		1/9/2019
Print Name of Authorized	Person	Date

Case #: \_\_\_\_\_

Case #: \_\_\_\_\_

# **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 reference	ed pharmacy, I understand within 48 hours after I				
report for duty as the managing pharmacist, I shall caus	e an inventory of all controlled substances of the				
pharmacy according to the method prescribed by the pro-	vision 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	m responsible for compliance by the pharmacy				
and its personnel with all state and federal laws and reg	lations 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 knowing	gly violated in the pharmacy in which I am				
managing pharmacist.					
I understand that if I cease to be managing phar	nacist of the above named pharmacy I will jointly,				
with the new managing pharmacist, take an inventory of	all controlled substances.				
7					
	Yes No				
Been diagnosed or treated for any mental illness, include physical condition that would impair your ability to perform	m the essential functions of your license?				
1. been charged, arrested or convicted of a felony or m	sdemeanor in any state?				
<ol><li>been the subject of a board citation or an administration any state?</li></ol>	ive action whether completed or pending  □				
3. had your license subjected to any discipline for violat state?	on of pharmacy or drug laws in any				

Page 11a

Court:

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

State: \_\_\_\_\_

Board Administrative Action: State: \_\_\_\_\_

County

And/or Criminal Action:

# 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.

alism Baitko RPL	1/9/2019	
Signature	Date	





# 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.

Ballons K. Cegerske

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 Perlongo -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

⅓ Date	12/27/2018	
\$ 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 Specia	lty 340B Pharma	су			
Hemostasis and Thi		Nature of Pharmacy of NV Pharmacy, 8352	W. Warm Springs		
	Name and Addres	s of Business for Which Desi	gnated Representativ	e Is Requeste	ed
	If a	applicable, Name Under Whic	ch It is Now Operated		
1. PERSONAL INFO	RMATION:				
Last Name Bartko		First Name Alison		Middle Nam Bartko	е
Alias(es, Nicknames, Maider	Name, Other Name	Changes, Legal or Otherwise	)		
Alison Bozick					
Present Residence Address-	Street or RFD	City		Si	tate/Zip
Purple Wisteria St		Dates 12/2015 - present	Las Vegas,	NV 89131	
Present Business Address		City		S	tate/Zip
6450 Medical Center Street		Dates 12/2018 - present	Las Vegas	NV 89148	
Present Position with the Ph	armacy or Wholesaler			Phone:	
340B Coordinator					702-960-5991
				Business .	
Date of Birth		Place of Birth (City, County,	State)		
		Youngstown, Mahoning, Ohi	io		*
Age	Social Se	curity Number			Sex
43					Female
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	Medium	190	Medium	5'6"
Scars, tattoos or distin	guishing marks a	nd/or characteristics No	one		181
Are you a citizen of the	United States?	Yes ⊠ No □ If alier	n, registration No		
If naturalized, certificat	e No		Date		
Place			(If naturalized	document	must be verified.)
2. MARITAL INFOR	MATION:				
Single □ Married		☐ Divorced ☐	Widowed □	Engaged	d 🗆 🐧
	, , ,		А	pplicant's i	$\sim m(b)$

A.	<b>Current N</b>	larriage	02/19/2000				oungstown	, Mahoning, Ohio
	Snouse's	iull name (M	Date	oseph Bartko			City, Count	v and State
	Date of Bi	th		Place o	of Birth	Cleveland	I, OH	
	Resident a	address	Purple Wisteria	Street	Las Veg	as	NV	89131
		*****	Street	***********	City	y	State	Zip
	Telephone	: Residenc	e	•••••	Busine	ss	•••••	
	Spouse's	employer_ <sup>Opt</sup>	um Services Inc. @ Mou	ntain's Edge Hospital	Occupa	ationP	narmacist	
	Address o	f employer <u></u> 8	3656 W. Patrick La	ne	Las Ve	egas	NV	89148
			Street		City	у	State	Zip
B. Pr	evious Ma	rriages: If e	ver legally sepa	arated, divorced, o	r annulle	ed, indicat	e below:	
	<u> </u>	Date o	of Order	Date of Place		Nature o	of C	Dity
Name o	of Spouse		Decree					County and State
N/A								
					***************************************			
				V <sub>1</sub> , i				
		<u>nes, current</u> me		lephone numbers City	of previous	OUS SPOUS State		ip Telephone
				<u> </u>		0.0.0		10100110110
					10			
			· · · · · · · · · · · · · · · · · · ·	<u> </u>				
3. FA A.		RMATION: and Depend	lonte:					
Α.				hildren and adopte	d childre	en and giv	e the foll	owing information:
		me		Birth Place	awitemi ata-a		Residence	
Abiga	il Bartko			Las Vegas, N	1V	3	Purple	Wisteria, LV NV 89131
Fmily	Bartko			Las Vegas, N	IV			
								<u>Wisteria, LV, NV 89</u> 131
Aaror	John Ba	rtko	E W =	Las Vegas, N	NV		Purple	Wisteria, LV, NV 8913
В.	Child Sur	port Inform	ation:					
ъ.	-	-	ne appropriate	response:				
	X	I am not su	biect to a court	t order for the supp	ort of ch	nild		
				ii				
		plan approv	ed by the distr	ler for the support of the storm of the storm of the order; or the storm of the	er public	r more ch agency e	ildren and nforcing f	d am in compliance with a the order for the repayment
	, 0	the order o	r a plan approv	der for the support red by the district a unt owed pursuant	ttorney o	or other porder.	ublic age	d NOT in compliance with ncy enforcing the order for
						Αp	olicant's i	nitial ( ) / ( M′ )

	INFORMATION-Continued District attorney or public age	ncv responsible for er	nforcing the child support order:	328
		1 (4) ( 3)		
C. I	Parents:		d most recent occupations of pare	
parents-				,
	n-law or legal guardian. If ret Name (Maiden)		last address and occupation.	Occupation
Father				action and the re-
Robert Bo	zick		Donald Nelson Ave, Las Vegas, NV 89131	Welder/pipe fitter
Mother			Developed Ave. Ave. Av. March	, dt.=5
	iktavy) Bozick	174 578	Donald Nelson Ave., Las Vegas, NV 89131	Cashier, Walgreens
Father-in-L	_aw			
James L.			5 Mallo Place, Parma Hts., OH 44130	Machinist, USG Corp
Mother-in-l Marianne	Law (Hawran) Bartko (Deceased)		Mallo Place, Parma Hts., OH 44130	Secretary, Elks Lodge
	their respective spouses. Name (Maiden)		ddress	Occupation
Robert Bozi	ick	В	ernard Ave., Venice CA 90291	Unknown
Spouse N/A				
Spouse		<u> </u>		<del></del>
				100
Spouse				
-				
Spouse	=			
		* =		
4. EDU	JCATION:			
0	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Joseph's	Austintown, OH	1981-1989	Yes X No □
High School	Ursuline High School	Youngstown, Ol	1989-1993	Yes X No □
College University	University of Toledo	Toledo, OH	1993-1997	Yes X No □
Other				Yes □ No □
Type of	degree obtained, if any B	S of Pharmacy		
	or university where obtained			
90	a. aa. a		······	

Applicant's initial Page 3

Have you ever served	in any armed for	rces?	Yes □ No ☒		
Branch		Date of	entry-active serv	rice	
Date of separation		Type of	discharge	***************************************	***************************************
Rating at separation			Serial number		
special or general cou	rt martial?	Yes □ No □	n offense which i If yes, furnish de	resulted in sumr etails on page 10	nary action, a trial or 0. (List all incidents
Have you registered for	or the draft?	Yes □ No 🛛			
County	State		Date re	gistered	
not convicted.) Have you ever been a violation for any reaso	rrested, detained on whatsoever, re	d, charged, indicte	ed or summoned sposition of the e	to answer for an event? (Except n	ny criminal offense or ninor traffic citations.
Arrest Age	Charge	Location-City and S	State D	eposition/Date	Arresting Agency
					<del>8 - 1 - 1 - 1 - 1</del> )
			×300 000 000 00000000000000000000000000		
arrested or in which ye					
Have you ever been o		posed by a city, st	ate, federal or lav	w enforcement a	agency, commission
Have you ever been s	subpoenaed to ap	opear or testify be	fore a federal, sta	ate or county gra	and jury, board or
Have you ever been s		estify for any civil,	criminal or admin	istrative procee	ding or hearing?
Have you ever had a	civil or criminal re	ecord expunged o	r sealed by a cou	ırt order? Yes	□ No 🛛
Have you ever receive	ed a pardon or de	eferred prosecution	n for any crimina	l offense? Yes	□ No 🛭
Has any member of y	our family or of y	rour spouse's fam stions (B through	ily ever been con  H) is yes, furnish	victed of a felon details on page	y? Yes □ No 🛭 10.
	Relationship	0	Charge	Locati	ion Date
		****			4-76-4-76-4-76-4-76-4-76-4-76-4-76-4-76
	Branch	Branch	Rating at separation	Branch	Date of entry-active service

Plaintiff/Defendant or	Court and Case		
Claimant/Respondent	Date Filed Number	City, County and State	Disposition/Date
associated wit	ral partnership, business venture, sole pro h it as an owner, officer, director or partne		
Yes ⊔ No 🛚	If yes, complete the following:	Appro	ximate Date(s) of
Name of Entity	Type of Entity		it/Arbitration/Bankruptcy
5 5 1 2 2 2 4 1			
	2 Co. g		
		NA	
7. RESIDENCES:			
	have had for the last 25 years:		
	have had for the last 25 years:  Street and Number	City	State or County
List all residences you	-	City Las Vegas	State or County
List all residences you  Month and Year  (From-To)	Street and Number	-	
List all residences you  Month and Year (From-To)  12/2015-present	Street and Number Purple Wisteria St	Las Vegas	NV
List all residences you  Month and Year (From-To)  12/2015-present  7/2014-12/2015  7/2004-7/2014	Street and Number Purple Wisteria St 7708 Natures Song St.	Las Vegas Las Vegas	NV NV
List all residences you  Month and Year (From-To)  12/2015-present  7/2014-12/2015	Street and Number Purple Wisteria St 7708 Natures Song St. 8908 Glenistar Gate Ave	Las Vegas Las Vegas Las Vegas	NV NV NV
List all residences you  Month and Year (From-To)  12/2015-present  7/2014-12/2015  7/2004-7/2014  11/2000-7/2004  7/1999-11/2000	Purple Wisteria St 7708 Natures Song St. 8908 Glenistar Gate Ave 1564 Ivygate Ave	Las Vegas Las Vegas Las Vegas Las Vegas Henderson	NV NV NV
List all residences you Month and Year (From-To)  12/2015-present  7/2014-12/2015  7/2004-7/2014  11/2000-7/2004  7/1999-11/2000  12/1998-7/1999	Purple Wisteria St 7708 Natures Song St. 8908 Glenistar Gate Ave 1564 Ivygate Ave 80 S. Gibson Ave #1616	Las Vegas Las Vegas Las Vegas Las Vegas Henderson	NV NV NV NV
List all residences you  Month and Year (From-To)  12/2015-present  7/2014-12/2015  7/2004-7/2014  11/2000-7/2004	Purple Wisteria St  7708 Natures Song St.  8908 Glenistar Gate Ave  1564 Ivygate Ave  80 S. Gibson Ave #1616  27011 Oakwood Circle Apt 208S	Las Vegas Las Vegas Las Vegas Las Vegas Henderson Olmsted Twp.	NV NV NV NV OH

Applicant's initial

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
10/13 - 12/18	Accredo, 1335 E Sunset., Ste J, LV,NV 89113	10,000 +
Title	Description of Duties	Name of Supervisor
Pharmacist	Order entry, filling, checking & packing prescrition orders. Counseling patients & caregivers on medications. Working with providers and their staff to initiate specialty theraples for patients.	Adam Portik
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/09 - 10/13	Express Scripts (formerly Medco), 6255 Annie Oakley Dr, LV, NV 891	20 8000 +
Title	Description of Duties	Name of Supervisor
Pharmacist	Counseling patients & caregivers on their mail order prescriptions. Process verbal orders from provders.	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
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Vame of V	employer or emp Where Employed	loyees. Street	City	State	Zip	Teleg	hone	Years Kn	nown
Name S	tephen Wright	Home						10	)
Employer	Accredo	Business1	335 Eas	t Sunset	t Rd., LV	NV 89119	702-895-8990		
Name C	Carol Rajchel	Home •	Leys	Burnett	, LV NV	89044 7		1	8
Employer	Dignity Health	Business	4-4-	Type text	here	3   9 = 2		1	1551 4
Name	Jill Hecker	Home ;	W 95th	St, Apt 8	BEF, NY	NY 10025		29	9
Employer	N/A	Business							
Name	Jeff Bossio	Home	Kirkton	St., Hend	lerson, N	V 89012			7
Employer	Express Script	S Business		er gelli k					1177 II.
Name E	Erin Reissig	Home	Spear	nead Dr.,	Brecksvi	lle, OH 4414	1 ,	2	23
Employer	NI/A	Business							
10.	Doctor (	Lawyer Contractor Pilot	Race Real Sport	horse/ra estate br ts promot	ce dog o	wner	in any state, incl Securities de Barber/Cosn Trainer or m	ealer netologist	not limited to Insurance Gaming Educator
11.	Have you ever applied interest in a licent of the second o	sed busines when and whee and whee whee whee was with the work whee will be with the world with the world will be	s or indu where an	stry OUT d give na	SIDE the	State of Nev locations of the	ada? Yes □ No ne businesses in	v∭ which you	were
12.	Have you ever a any reason what				agency o	similar autho	ority in or outside	the State	of Nevada fo
13.	Have you ever be or professional a				, permit,	certificate or r	egistration for a	privileged,	occupational
If yes to	the above, state	where, whe	n and for	what rea	ason:				

Applicant's initial

14.	Have you ever peen rerused a pusiness or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ I	333
15.	Have you or any person with whom you have been a participant in any group been the sadministrative action or proceeding relating to the pharmaceutical industry?	Yes □ I	
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to precontrolled substances?	escription d Yes 🗆	rugs and/or
17.	Have you or any person with whom you have been a participant in any group ever surre permit or certificate of registration relating to the pharmaceutical industry voluntarily or o upon voluntary close of a wholesaler	therwise (d Yes □ I	other than No ⊠
18.	Do you have any relatives within the fourth degree of consanguinity associated with or epharmaceutical or drug related industry?	Yes 🗆	No 🛚
10	AAGU var ba activaly involved in and average of the daily expection of the mhormooy or		
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 □
		Annual and and and an annual and an annual and an annual an annual and an annual and an annual and an annual an annual and annual and annual and annual and annual and annual ann	
	Date of photograph 12.[2	3/18	
	Bate of photograph		)

Applicant's initial

COUNTY OF CLASK

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of

December 2018

Notary Public

QUINTON A. BROWN
Notary Public State of Nevada
(Seal) County of Clark
APPT. NO. 18-1598My App. Expires March 8, 2022

Applicant's initial

**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 Check box below for type of ownership and complet Corporation or Partnership. ☐ Publicly Traded Corporation — Pages 1,2,3,10,11 ➤ Non Publicly Traded Corporation — Pages 1,2,4,1  GENERAL INFORMATION to be completed by	e all required forms. **If LLC use Non Public  a&b ☐ Partnership - Pages 1,2,6,10,11a&b  0,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b					
	y all types of ownership					
Pharmacy Name: PharmaScript, Inc.						
Physical Address: 6170 N. Durango Drive, Suite 250						
City: Las Vegas State: 702-701-8781	Nevada Zip Code: 89149					
Telephone: <del>702-701-7741</del> Fax: _	702-101-8782					
Toll Free Number: (844) 635-3221	E-mail: mike@pharma-script.com					
Website: www.pharma-script.co						
Managing Pharmacist: Pending Gregory B	ackburn License Number: 11281					
TYPE OF PHARMACY AND	SERVICES PROVIDED					
Yes/No Yes/No						
Yes/No	Yes/No					
Yes/No ⊠ □ Retail	Yes/No  ☐ ☑ Off-site Cognitive Services					
<b>⊠</b> □ Retail	☐					
⊠ □ Retail □ ☑ Hospital (# beds)	☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral					
⊠ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet	□ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient)					
⊠ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	□ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient) ☑ Outpatient/Discharge					
☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	□ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient) ☑ Outpatient/Discharge □ ☑ Mail Service					
☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community	□ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient) ☑ Outpatient/Discharge □ ☑ Mail Service □ ☑ Long Term Care					
☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community	☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral ☐ ☒ Parenteral (outpatient) ☒ ☐ Outpatient/Discharge ☐ ☒ Mail Service ☐ ☒ Long Term Care ☐ ☒ Sterile Compounding					
☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community ☐ ☐ Other:	☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral ☐ ☒ Parenteral (outpatient) ☒ ☐ Outpatient/Discharge ☐ ☒ Mail Service ☐ ☒ Long Term Care ☐ ☒ Sterile Compounding ☐ ☒ Non Sterile Compounding					

# 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 🗷				
Copie	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.					
correc	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.						
7 C	al Signature of Derson Authorized to Submit Application as a size or discovery					
	al Signature of Person Authorized to Submit Application, no copies or stamp					
	Name of Authorized Person  Date 1/31/2019	?				
Board	Use Only Date Processed: Amount: 500.0	00				

### APPLICATION FOR NEVADA PHARMACY LICENSE

# **OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation:	Illinois
Parent Company if any:	Premier Point Home Health, Inc.
	4701 N. Sheridan Road
	Chicago State: Illinois Zip: 60640
	75-8390 Fax: 773-275-8395
Contact Person: Lanre	Shomade
For any corporation non p	publicly traded, disclose the following:
1) List top 4 persons	to whom the shares were issued by the corporation?
a) Premier Poi	nt Home Health, Inc. 4701 N. Sheridan Road, Chicago, IL
Name	Business Address 60640
b)Name	Business Address
c)Name	Business Address
d)	
Name	Business Address
2) Provide the number	er of shares issued by the corporation. One (1)
3) What was the price	e paid per share?Unknown
List any physician shareh	olders and percentage of ownership.
Name: N/A	%:
Name:	<b>%:</b>
Hours of Operation for t	he pharmacy:
Monday thru Friday 9:00	<u>Dam 1:00 pm</u> Saturday closed ampm
Sunday closed	1_ampm 24 Hours
A Nevada business licens	se is not required, however if the pharmacy has a Nevada business

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

, 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
-1/21/22/9
Lanre Shomade Print Name of Authorized Person  Date

Date

TI D51-032909

### **Managing Pharmacist**

Pharmacist Name:	Gragory John	Black bunn	License #: NV 1/2 8 1
Pharmacy 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.

·	es	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?		M
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		×
2. been the subject of a board citation or an administrative action whether completed or pending in any state?		M
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		R
If you marked YES to any of the numbered questions above, please include the following information	on	
Board Administrative Action: State: Date: Case #:		<u> </u>
And/or Criminal Action: State: Date: Case #:		_

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

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

J Karklun

Signature

Date

Pag11b

# 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



#### Commercial Recordings Division

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

**Job:**C20190124-2886 January 24, 2019

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

### **Special Handling Instructions:**

Charges

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

**Payments** 

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

Credit Balance: \$0.00

#### **Job Contents:**

Web Certificate of Good Standing 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, **PHARMASCRIPT**, **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 Secretary of State

Barbara K. Cegarske

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

PHARMASCRIPT 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 .

Authentication #: 1902402312 verifiable until 01/24/2020 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

# 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 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	************									
PharmaScri	pt, Inc.	6170 N	7. E	urango	e of Lic Dri	ive	, Sui	ite á	150. La		
	N/A	Name and A	ddres	s of Establish	ment fo	or Wh	nich Licen	se Is R	equested	!	
		If ap	plicab	le, Name Un	der Wh	ich It	Is Now C	 Operated	d	•••••••	*******
1 DEDCOMAI	LINEODMATIC							70	_		
	LINFORMATIC Lanre A	אי:									
Last Name	Junio A			First Nam	ne				Middle Nam	e	
None Alias(es, Nicknames	Maiden Name Of	her Name Ch	22220	. Local ar O	thonuin	-\					
						•					
Present Residence	Fairfield					[L	60645	5			
		UZ	2/20		City				S	tate/Zip	
Present Business Ad	Sheridan	Road D	ates			LL	60640	)			
Adminis					City				S	tate/Zip	
Occupation	CIGCOL	D	ates	05/200	/-br	es	ent		Dhanai		
									Phone: Residence		
				Lagos,	Nig	jer:	ia		Business	773-275	-8390
Date of Birth		PI	lace of	Birth (City, 0	County,	State	e)				
56										Male	
Age		Social Secu	rity Nu	ımber						Sex	
Brown	Bald		Bro	wn		24	40lbs			6'4"	
Color of Eyes	Color of F	lair	Comp	lexion			eight		Build	Height	<del></del>
Scars, tattoos or	distinguishing r	marks and/	or ch	naracteristi	cs	No	one				
Are you a citizen		*************	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • •	•••••	•••••••		******************		*******
			00 4.4	110 🗀 1	ii diloi	1, 10	gioti atic	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******************	
f naturalized, ce	rtificate No	•••••••		••••••		Da	ate O	ctob	per 28,	1998	
Place	C	hicago	, I	L		(li	f natura	lized,	document	must be veri	fied.)
2. MARITAL IN				280							
Single 🛭 Ma	rried  Se	parated [		Divorced		Wi	dowed		Engaged		
								An	nlicant's in	tial UNS	
								, τρ	phodite 3 III	uai	Page 1

	Spouse's						
		full name (Maio	len)		S	ity, County and S.S. No	State
	Date of B	irth		Place of E	3irth		************************
	Resident	address					
				C			
	Address	or employer	Street	••••••	City	State	Zip
B. Pr	revious Ma	a <b>rriages</b> : If eve	r legally sep	arated, divorced, or a	nnulled, indicate	below:	
Name o	of Spouse	Date of 0 or Dec		Date of Place of Marriage	Nature of Action		ty and State
			dress and te	lephone numbers of City	previous spouse State	es; Zip	Telephone
<del>1</del>					***************************************	V	
A.	Children List	ame E		nildren and adopted of Birth Place	R	esidence Addre	988
A.	Children List	and Depender all children, incliance	uding step-c	nildren and adopted of Birth Place	R	esidence Addre Fairfie]	ld Avenue
A.	Children List N e N. Sh Child Su	and Depender all children, inclidante nomade  pport Informative seems of the content of the cont	uding step-c Birth Date  on: appropriate	Birth Place  Chicago, IL	R N. Chicago,	esidence Addre Fairfie]	ld Avenue
A. Amore	Children List N e N. Sh Child Su	and Depender all children, inclidante nomade  pport Informative seems of the content of the cont	uding step-c Birth Date  on: appropriate	Birth Place  Chicago, IL	R N. Chicago,	esidence Addre Fairfie]	ld Avenue
A. Amore	Children List N e N. Sh Child Su	and Depender all children, incliame  nomade  pport Informati Please mark the I am not subject to plan approved	on: appropriate ect to a court o a court ord	Birth Place  Chicago, IL	Chicago,  cof child.	Fairfiel IL 6064	in compliance with

	Name			
	Address	9111		
C.	Parents:	resses, dates of birth and most re		
parents		resses, dates of bifti and most re	scent occupations of p	arents, step-parents,
	in-law or legal guardian. If Name (Maiden)	retired or deceased, list last add Birth Date Address	ress and occupation.	Occupation
	Trainio (Medestr)	Zinar Dato Address		Occupation
Father				
Mother	iru Adio Shomade	April 1931		Deceased
Father-in-	Mary Shomade	January 1937 Ni	geria	Retired
i allici-ili	-Law			
Mother-in	n-Law			
A D.	Brothers and Sisters:		-	
	List names, residence add their respective spouses.	resses, dates of birth and most re	ecent occupations of b	rothers and sisters and o
	Name (Maiden)	Birth Date Address		Occupation
Spouse				
Casusa				
Spouse				
Spouse				
-				
Spouse				
4. ED	UCATION:			
Grammar	Name of School	Location Da	tes Attended	Graduate
School High				Yes 🗌 No 🗌
School College	Dell'es II-i-		00.4000	Yes 🗆 No 🗆
College	DeVry University	Chicago, IL 19	90-1994	Yes 🗷 No 🗌
University	Keller Graduate	ent Chicago, IL 20	05-2006	
•	chool of Manageme			Yes DKI Nin I I
Other S	(%)			Yes ☒ No ☐
Other S	(%)	S. Computer Informat		
Other S Type of	degree obtained, if any B.		ion Systems ar	d MBA

### **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	•••••
		rested for an offense which resulted in summary ac □ No □ If yes, furnish details on page 10. (List domestic.)	
B.	Have you registered for the draft? Yes	□ No 🕱	
	CountyState	Date registered	
6. <b>A</b> F	not convicted.) Have you ever been arrested, detained, charge violation for any reason whatsoever, regardle	ARBITRATIONS: (Include those arrests in which ged, indicted or summoned to answer for any criminals of the disposition of the event? (Except minor traditional below. List all cases without exception.	nal offense or
ate of A	Arrest Age Charge Locat	ion-City and State Deposition/Date Arrestin	g Agency
<ul><li>B.</li><li>C.</li><li>D.</li><li>E.</li><li>F.</li><li>G.</li></ul>	arrested or in which you were named as an upage 10. Have you ever been questioned or deposed bor committee? Yes \( \) No \( \) Have you ever been subpoenaed to appear of commission? Yes \( \) No \( \) Have you ever been subpoenaed to testify for Yes \( \) No \( \) Have you ever had a civil or criminal record elf yes, when? Have you ever received a pardon or deferred	plaint ever been returned against you, but for which nindicted co-party? Yes  No  If yes. furnish only a city, state, federal or law enforcement agency, or testify before a federal, state or county grand jury any civil, criminal or administrative proceeding or expunged or sealed by a court order? Yes  No  prosecution for any criminal offense? Yes  No	details on commission , board or hearing?
1.	If yes when?  Has any member of your family or of your spo	city, county and state convicted of a felony? Yes B through H) is yes, furnish details on page 10.	
lame	Relationship	Charge Location	Date
-l. Name	If yes when?  Has any member of your family or of your spo If you answer to any of the above questions (	city, county and state ouse's family ever been convicted of a felony? Yes B through H) is yes, furnish details on page 10.	□ No 🎾
		Applicant's initial LMS	Pag

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

	part to a law Yes □ No	suit as either a p	plaintiff or defendan divorces)	rship, or owner, director or off t or an arbitration as either a c exception, including bankrupt	and the state of t
	efendant or Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
	associated v	vith it as an own	, business venture, er, officer, director of lete the following:	sole proprietorship or closely or partner) been a party to a la	held corporation (while you we awsuit, arbitration or bankruptcy
	Name of Entity		Type of Entity		oximate Date(s) of suit/Arbitration/Bankruptcy
				da	
	d Year		the last 25 years:	City	State or County
				#216, Chicago, IL	State or County  Cook Cty
2018- <sub>E</sub>	present			nue, Chicago, IL	Cook Cty
		7-20-			
				A APPLICATION	
		<del></del>			

#### 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 Premier Point Home Health, Inc.	Reason for Leaving
Mav	2007	4701 N. Sheridan Rd., Chicago, IL	Currently employed
Title		Description of Duties	Name of Supervisor
Adm	inistra	•	•
14	17/	AL., (SA-III., A.I.)	
	and Year	Name/Mailing Address of Employer/Business Resurrection Health Care	Reason for Leaving
	<u>il 2006</u>	Chicago, IL	To start home health company
Title		Description of Duties	Name of Supervisor
Pro	ject Co	ordinator Analyze data for CEO/EV	/P John Walton
Month	and Year	Name/Mailing Address of Employer/Business Bankers Life 7 Casualty Co.	Reason for Leaving
199	8	Bankers Life 7 Casualty Co. Chicago, IL	·
Title		Description of Duties	Company downsizing  Name of Supervisor
Pro	grammer	Analyst Application Development	• 1
		The state of the s	OIM Dummers
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	, <u>, , , , , , , , , , , , , , , , , , </u>	Description of Duties	Name of Supervisor
Month	and Year	Name/Malling 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:

	employer or em	ployees.	ho have know you f				
	Where Employed	Street  Street	City State 2	Chicago.	Telephone	Years H	11yrs.
	Self-emplo	1 1 40	, iv. Hoody,	Chicago,	II 00000		
	ea Burrack	Home					10yrs.
	Ins. Broke		525 Thornfie	eld Ln.,	#8, Rosel	le, IL 6041	_
	im Alexande		Green Brian				8yrs.
	Consultant			17 11 11 1	65		1
Name <b>T</b> €	ed McGinn	Home					
Employe	Attorney	Business 1	933 N. Meach	nam Rd.,#	600,Schaw	mburg,IL	
Name B1	renda Pisor	ne <sub>Home</sub>			100		[5yrs.
Employe	Consultant	t Business 2	71 Snowhill	Ave., Ke	ttering,	он 45429	
10.	Do you have ar person's depos If yes, comple	itory? Yes 🗆		depository, ac	cess to any de	pository or do you	use any other
Box Num	ber or Type of Depo	sitory	Location	City and State	Auth	orized Users	
11.	Have you ever the following: Liquor Doctor Accountant Yes □ No 🎗 If yes, state typ	Lawyer Contractor Pilot	ed, occupational or Race horse/race Real estate brok Sports promoter ears held	e dog owner der or salesma	Sec n Bar	state, including but curities dealer ber/Cosmetologist iner or manager	Insurance
Pha	interest in a lice If yes, state type involved, the naventure or industrance rmascript, Pharmacy I mier Point	ensed business be, when and wames and addr stry. Inc., 54 License by Home Hea	ty, county of state to or industry OUTSI here and give name ess of all partners at 37 N. Broadwithe IL DPFF. 1th, Inc. 4	IDE the State es and locatio and the agence way Ave., or DME liaton N. S	of Nevada? You not not the busing y responsible Chicago, cense by heridan F	es 🕱 No 🗆 nesses in which yo for licensing said b	u were
					Applica	ant's initial UNS	Page 7

10.	any reason whatsoever? Yes □ No 🗗	in similar authority in or outside the otate of Nevada for
14.	Have you ever been denied a personal license, permit, or professional activity? Yes □ No 🏋	certificate or registration for a privileged, occupational
•	o the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry lice participant in any group which has been denied a busin suitability?	
16.	Have you or any person with whom you have been a paradministrative action or proceeding relating to the pharm	
17.	Have you or any person with whom you have been a paguilty or entered a plea of nolo contendere to any offens controlled substances?	articipant in any group ever been found guilty, plead se, federal or state, related to prescription drugs and/or Yes ☐ No ൂ️
18.	Have you or any person with whom you have been a papermit or certificate of registration relating to the pharmatic upon voluntary close of a manufacturer	
19.	pharmaceutical or drug related industry?	onsanguinity associated with or employed in the Yes ☐ No 🙀
******		
••••••		
••••••		
		Date of photograph 01/29/2019
		Applicant's initial LTS
		Page

STATE OF ILIMA'S ss.	
COUNTY OF Cook	
I. Lanre Shomade , being du foregoing application and know the contents thereof; that the statements contain a full and true account of the information requested; that I executed misrepresentation or failure to reveal information requested may be deeme a manufacturer license; that I am voluntarily submitting this application with Statutes 639.210 (10) provides denial or revocation of the application of any registration or permit if the holder or applicant "Has obtained any certificate of an application, or any record, affidavit or other information in support the further, that I have familiarized myself with the contents of Nevada Statutes Controlled Substances Act, as amended, and the Regulations of the Nevada promulgated thereunder and agree, if licensed, to abide thereby,	Intained herein are true and correct and this statement with the knowledge that d sufficient case for denial or revocation of full knowledge that Nevada Revised y person for a certificate, license, certification, license or permit by the filing reof, which is false of fraudulent," and son Pharmacists and Manufacturer and the la State Board of Manufacturer as
I hereby expressly waive, release and forever discharge the State of agents from any and all manner of action and causes of action whatsoever	
can, shall or may have against the State of Nevada, the licensing agency a for a manufacturer license in the State of Nevada.	nd their agents, as a result of my applying
Subscribed and Sworn to before me this 30 day of  Sanuary, 2019  Marilu Minn  Notary Public	OFFICIAL SEAL MARICELA KIM NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:06/27/22
	(seal)

Applicant's initial Page 9

### ADDITIONAL INFORMATION

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Page 10

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

ØDate 01	31	20	19	

### **GENERAL INSTRUCTIONS**

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

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

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

Application for	Pharmacy						
PharmaScri	pt, Inc. 6	Address of Bu	Nature of Pharmacy  OUTANGO DE  Isiness for Which De	or Wholesaler L <b>ve, Suit</b> esignated Repres	e 25 entative	0, Las Vec	as, NV 89149
*****************	N/A	If annlina	ble, Name Under W	high It le Now On	orstod		
		ii appiica	Die, Name Officer W	nicit it is 140w Op	relateu		
	L INFORMATION		10-0-1			7.1.	
Last Name	, , , , , , , , , , , , , , , , , , ,		irst Name			Middle Name	
	s, Maiden Name, Other	Name Change	es, Legal of Otherwi	se)		pr	
December 1	Address Observation DED		Ola.			04-4-77	
Present Residence	Address-Street or RFD	Detec	City			State/Zip	
Present Business A		p't.	City			State/Zip	
Present Position will	the Pharmacy or Wh	olesaler	~ ~ _			Phone:	
						Residence 4	W.L.WW
Date of Birth	-/-	Moli	of Birth (City, Count	Is land	Ca	Business Z	linois
65	•	riace	or Birat (Oity, Course	y, State)			
Age	S	ocial Security N	Number				Sex
Blue	Color of Ha	/Gmax	Whi	b 27	15	Stock,	, 60
Color of Eyes	Color of Ha	96ir	plexion	Weight		Build /	Height
Scars	Right	fone	arm +	Appa	M C	lex	
Scars, tattoos o	or distinguishing ma	arks and/or	characteristics	NIA			
Are you a citize	n of the United Sta	ites? Yes	হু′ No □ If ali	en, registratio	n No		
If naturalized, c	ertificate No			Date			••••
Place		E-45		(If natura	lized.	document must	be verified.)
	INFORMATION:	· · · · · · · · · · · · · · · · · · ·					•
	farried □ Sepa	arated	Divorced M	Widowed		Engaged 🗆	
g.+ IV	2 20р		Z5.554 A			plicant's initial	CB
					Λþ	Pilodiil 3 Il IIIIdi	Page

A.	Current Marriage	Oh. Oarsh and Olsk
		Oate City, County and State S.S. No
	Date of Birth	Place of Birth
	Resident addressStreet	City State Zip
	Telephone: Residence	Business
	Spouse's employer	Occupation
	Address of employer	City State Zip
В. І		separated, divorced, or annulled, indicate below:
Name	Date of Order or Decree	Date of Place Nature of City of Marriage Action County and State
	na K. Black be	
4.16	no no allery	
		6 a las bung, 7 / 2/14/1983
	List of names, current address an	nd telephone numbers of previous spouses:
-	Name Street	City State Zip Telephone
7 1	ata Dugan Um	Kown Devenport, Ia52807 Unknow
• •		· · · · · · · · · · · · · · · · · · ·
-		• • • • • • • • • • • • • • • • • • •
3. I	FAMILY INFORMATION: Children and Dependents:	
	List all children, including ste	ep-children and adopted children and give the following information:
Ĺ	Name Birth Date	Birth Place  Residence Address  Fring Cree K D  Hing data I) Rattandor
Ku	VT Blackbury	Hinsdala, 6) Rattandone
Sol	n Blackburn	Silvas. TIR. Handens, Za 5,29
. <del>-H</del>		Silver T) W. Rusell R.
MI	and Coming	Las Vagas, NV 89113
B.	Child Support Information:  Please mark the appropr	
	am not subject to a	court order for the support of child.
	plan approved by the	rt order for the support of one or more children and am in compliance with a district attorney or other public agency enforcing the order for the repayment oursuant to the order; or
	the order or a plan ap	rt order for the support of one or more children and NOT in compliance with proved by the district attorney or other public agency enforcing the order for amount owed pursuant to the order.
	, ,	Applicant's initial Page 2

	Address
	Contact person
C.	Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,
parent	s- in-law or legal guardian. If retired or deceased, list last address and occupation.
	Name (Maiden) Birth Date Address Occupation
ather	December 1
Mother	1-2nds+ Moline I) 61265
<u> </u>	ne Le Blackbury. Moling II. Housewife
Father-in	and Lazzari ? Dangel Rotind
Mother-i	Campbell ? Deceased Retired
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
کمر	Flouida Retinas
Spouse	in Blackburn . SW 5+ 5+ # Bosa Raton Flo
[= <del>5</del> ;	Sand Blackburn Unk 1956 Gray Lako Ratina 334
Spouse	
L	Docessed 324 Banbury Los Graylake, Il 60030
Spouse	Donasad 324 Banbury Los Graylaka, II 60030
Spouse	Donasad 324 Banbury Los Graylaka, II 60030
Spouse	
Spouse	
Spouse	
Spouse  4. E	DUCATION:  Name of School Location Dates Attended Graduate
Spouse  4. El  Gramma School High School	DUCATION:  Name of School Location Dates Attended Graduate
Spouse  4. E	DUCATION:  Name of School  Location  Dates Attended  Graduate  The form of School  Moline Se High  Moline Se H
Spouse  4. El  Gramma School High School College Univers Other	DUCATION:  Name of School  Location  Dates Attended  Graduate  Alice In Maline In 1950 - 1964 Yes M No  Maline Se High  Maline Se High  Maline In 1968 - 1971 Yes No   Yes No  Y

### **5 MILITARY INFORMATION:**

A.	mave you ever served in any armed forces?
	Branch Av Date of entry-active service 9/24/1972
	Date of separation 9/23/1975) Type of discharge Honors
	Rating at separation 5p 4 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 \( \Bar{\text{No}} \Bar{\text{No}} \Bar{\text{If yes, furnish details on page 10.}} \) (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 197)
6. Al	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
A.	not convicted.) 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 \( \subseteq \text{No.} \( \frac{1}{12} \) 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
No	
VO	na
B. C. D. E. . F. G.	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.  Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No  Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No  Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No  Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  Have you ever received a pardon or deferred prosecution for any criminal offense?
Varra	Date in the Character of the Character o
Name	Relationship Charge Location Date
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### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

If yes, give details be	)					
aintiff/Defendant or aimant/Respondent Date	Filed	Court and Case Number	City, Count	y and State	Dispo	sition/Date
J. Has any general par associated with it as Yes □ No □ If yes	an owner,	officer, director o				
Name of Entity		Type of Entity		Approxii Lawsuit	mate Date(s) of Arbitration/Bankr	uptcv
ian Bruptey		5-15		Non	201	×
7. RESIDENCES:						
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
ist all residences you have	had for the	last 25 years:				
ist all residences you have		last 25 years: d Number	City		State or County	
onth and Year (From-To)		d Number	15	45 L	State or County	- 1NV
ist all residences you have	Street an	d Number	15	45 L	State or County	اللوقة
ist all residences you have	Street an	d Number	15	45 L	State or County  State or County	الاوت
ist all residences you have	Street an	d Number	15	car	8911. 27 L	الاو تـ م م معراحه
ist all residences you have lonth and Year (From-To)	Street an	d Number  Pronk	ness Po	Car N	8911 27 2	1 1 2/17
st all residences you have onth and Year (From-To)	Street an	d Number  Pronk	ness Po	cer No Blu	8911 27 2	1 1 2/17
st all residences you have onth and Year (From-To)	Street an	d Number  Pronk	ness Po	car No Blu	8911 27 2	الاو تـ م م معراحه
ist all residences you have lonth and Year (From-To)	Street an	d Number  Pronk	ness Po	car No Blu	8911 27 2	1 1 2/17
01/- 20/5 01/- 20/5	Street and 2/0(	d Number  Pronk	ladugas OZ	Car No Blu	8911 27 2	1 1 2/17
ist all residences you have lonth and Year (From-To)  2. /922-201  01/- 20/5	Street and 2/0(	d Number  Pronk	ness Po	Fire (	8911 27 2	1 7 2/17
ist all residences you have  onth and Year (From-To)  22220  0115-2018	Street and 2/0(	d Number  Pronk	ladugas OZ	Fire (	8911 27 2	1 7 2/17
ist all residences you have onth and Year (From-To)	Street and 2/0(	d Number  Pronk	ladugas OZ	car No Blv	8911 27 2 27 Bi	1 7 2/17

#### 8. EMPLOYMENT:

	de the following information to document your hours	
Month and Year	2015 Loval Saurce Name/Malling Address of Employer/Business	Orlando, Fl 40 ffe 3282 Number of Employed Hours
harmanst	Innetion	
itle	Description of Duties	Name of Supervisor
Club Sto	\$7mg 5901 Broken Sou	nd Thuy NW Boca Kat
onth and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
-2015-4	- August 2015	Named Superior
ide	Description of Duties	Name of Supervisor
Ionth and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
-1998 +	March 2014 Vatera	2 ASSURB 40 Ft.
itle	Description of Duties	Name of Supervisor
- 900 Nor	ith Rucos Ka Nauth Lus	= Vagas, NV 8908 (4
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
SUMARINE	Description of Duties	
Title		Name of Supervisor
In pution	T Supervisor & Clin	eco) [harmazis]
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title ·	Description of Duties	Name of Supervisor
	ь	•
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
World and Tour		

Applicant's initial

Page 6

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

## 9. CHARACTER REFERENCES: Attached on Bock

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

Name	Vhere Employed	Street	City	State	Zip	Telephor	ne Years K	nown
		Home			•	- 4 5	[1973	
Employer		Business	٠.	•	1	Ξ		la la
Name		Home				· a		
Employer		Business						
Name		Home	•	g.		*		et len
Employer		Business						
Name		Home					30 t	
Employer		Business						
Name		Home					4 111 11	
Employer		Business						
	the following: Liquor Doctor Accountant Yes 2 No If yes, state typ	Lawyer Contractor Pilot	Race Real Sport	horse/ra estate br s promot	ce dog owne	er	any state, including but Securities dealer Barber/Cosmetologist Trainer or manager	Insurance
	Have you ever						dustry license or held a f	inancial
	If yes, state typ	e, when and w ames and addr	here and	d give na	mes and loc	ations of the	businesses in which you sible for licensing said b	ı were
	If yes, state typ involved, the naventure or indu	pe, when and warmes and addristry.	here and ess of a	d give na	mes and loo s and the ag	ations of the ency respons	businesses in which you	u were usiness,
12.	If yes, state typinvolved, the naventure or indu-	appeared befor atsoever? Yes been denied a activity? Yes	re any li	censing a	mes and loo s and the ag agency or si	ations of the ency respons	businesses in which you sible for licensing said b	of Nevada for occupations

Applicant's initial Page 7

Frank McCoy RPH

Co-Worker

Attn: Pharmacy

301 Fisher Street

Keesler AFB, MS 39534

Ç

Roland Mullins RPH

Co-Worker

Attn: Pharmacy301 Fisher Street

Keesler AFB, MS 39534

Atya McNeal RPH

Co-Worker

Attn: Pharmacy301 Fisher Street

Keesler AFB, MS 39534

J

Gary Carter

Friend

Lemoyne Blvd.

Biloxi, Ms 39535

Vicki Miller

Friend

2 US Highway 67

Milan, Il. 61265

		Have you ever been refused a business or industry lic participant in any group which has been denied a bus suitability?		
•••	15.	Have you or any person with whom you have been a administrative action or proceeding relating to the pha		subject of an Yes □ No
•••	16.	Have you or any person with whom you have been a guilty or entered a plea of nolo contendere to any offe controlled substances?		
	17.	Have you or any person with whom you have been a permit or certificate of registration relating to the phanupon voluntary close of a wholesaler		
E Sy	18.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?  Black busy  Black busy	consanguinity associated with or	employed in the Yes No
	19.	Will you be actively involved in and aware of the daily wholesaler? Will you be employed fulltime with the pharmacy or w		Yes □ No 🎞
	21.	Will you be present at the site of the pharmacy or who operating hours?	olesaler during its normal	Yes No 🗆
•••			CHI CHE LEWIS CO.	
•••			Date of photograph 1/2.	7/2019
			Applicant's initia	
				1 490 0

COUNTY OF Class

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 29 th

day of

VALERIE A. VENTURA
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 20-2020
Castificate Nev 98-40998-1

Notary Public

(seal)

Applicant's initial....

Page 9

## ADDITIONAL INFORMATION

Loxad Source + Club Staffing provided  Inputions Phormacist et Kreslad AFB At  +502 M St. Bilox, Ms 39530 Active Dut  managed the contract Inpution + Phormacist  Loft position Managed 25, 2018 to another
Inputions Phoneson sciol at Kaslod AFB AT
45 BZ M St. BILON, M & 39530 Active Dut,
managod the contract Inpatient Pharmais
Lost position March 15, 2018 to another
Tab 0770
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Applicant's initial GB Page 10

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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 Check box below for type of ownership and complete Corporation or Partnership. □ Publicly Traded Corporation – Pages 1,2,3,10,11a Non Publicly Traded Corporation – Pages 1,2,4,10 GENERAL INFORMATION to be completed by	&b ☐ Partnership - Pages 1,2,6,10,11a&b ,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b					
Pharmacy Name: PREFERRED	PHARMACY					
Physical Address: 2202 W. CHARLESTON BLVD # 13						
City: LAS VEGAS State:	NV Zip Code: 89102					
Telephone: 702 384 3784 Fax: _						
Toll Free Number: N/A E	-mail: SARIF. CHOR @ YAHOO. COM					
Website: N/A	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Managing Pharmacist: LALBHAI PA	TEL License Number: \6527					
TYPE OF PHARMACY AND	SERVICES PROVIDED					
Yes/No	Yes/No					
<b>⋈</b> , □ Retail	□					
□ ₩ Uponitel /# bode \						
□ 🛛 Hospital (# beds)	□ 🛛 Parenteral					
☐ 🗷 Internet	☐ ☒ Parenteral (outpatient)					
	. `					
□ 🗷 Internet	□ 🗵 Parenteral (outpatient)					
□ ☒ Internet □ ☒ Nuclear	□ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge					
□ ☒ Internet □ ☒ Nuclear □ ☒ Ambulatory Surgery Center	□ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service					
□ ☒ Internet □ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community	□ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge □ ☒ Mail Service ☒ □ Long Term Care					
□ ☒ Internet □ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community	□ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge □ ☒ Mail Service ☒ □ Long Term Care □ ☒ Sterile Compounding					
□ ☒ Internet □ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community □ ☒ Other:	□ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service ☑ Long Term Care □ ☑ Sterile Compounding ☑ Non Sterile Compounding					

## **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	<b>\</b>
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	X
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	<b>X</b>
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mess of any documents that identify the circumstance or contain an order, agreestition may be required.				
correc	by certify that the answers given in this application and attached documental t. I understand that any infraction of the laws of the State of Nevada regulat tion of an authorized pharmacy may be grounds for the revocation of this pe	ting th		rue :	and
under correct emplo	read all questions, answers and statements and know the contents thereof, penalty of perjury, that the information furnished on this application are true, it. I hereby authorize the Nevada State Board of Pharmacy, its agents, serve yees, to conduct any investigation(s) of the business, professional, social arround, qualification and reputation, as it may deem necessary, proper or des	, accu ants a nd mo	rate nd ral		_
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	)S	•		
Print N	ALBHAI PATEL 131 2019 Name of Authorized Person Date		-		
Board	Use Only Date Processed: Amount: 500.00	رد			

## APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATI	ON
---	----

State	e of Incorporation: NEVADA	
Parer	nt Company if any:	
Mailir	ng Address: 3525 S. FORT APACHE # 165	
City:	LAS VEGAS State: NV Zip: 89147	
Telep	phone: 702 233 2010 Fax: 702 233 2009	
Conta	act Person: LALBHAI PATEL	
For a	any corporation non publicly traded, disclose the following:	
1)	List top 4 persons to whom the shares were issued by the corporation?	89106
	a) LALBHAI PATEL 2208 S. NELLIS #5A LASV	/egas
	Name Business Address NV S	89147
	b) SHIVANI PATEL 3525 S. FORT APACHE #165	LA9 VI
	Name Business Address	
	C)Name Business Address	
	Name Business Address	
	d) Name Business Address	
0)		
2)	Provide the number of shares issued by the corporation.	
3)	What was the price paid per share?	
List a	any physician shareholders and percentage of ownership.	
Name	ne:%:	
Name		
INAIII	/o	
<u>Hour</u>	rs of Operation for the pharmacy:	
Mono		om <sub>,</sub>
	Sunday am pm 24 Hours	
	evada business license is not required, however if the pharmacy has a Nevada business are please provide the number:	

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

1, LALBHAI PATEL
Responsible Person of JAY MATAJI INC OBA PREFERRED PHARMAC
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
LALBHAT PATEL 131 2019 Print Name of Authorized Person Date

#### **Managing Pharmacist**

Pharmacist Name:	LALBHAI	PATEL	License #: 16527
Pharmacy Name: _	PREFERRED	PHARMACT	

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.

·	'es	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?				
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		ĸ		
<ol><li>been the subject of a board citation or an administrative action whether completed or pending in any state?</li></ol>				
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		K		
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)
- 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

butell

Date

Pag11b

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

∀Date	31	2019
∑ Date	21	1

#### **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#13LAS VEGAS NV 89102
Name and Address of Business for Which Designated Representative Is Requested
If applicable, Name Under Which It Is Now Operated
1. PERSONAL INFORMATION: LALBHAI NATVARLAL
Last Name Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
DESERT DAISY CT LAS VEGAS NV 89178
Present Residence Address-Street or RFD 4 5 A City State/Zip
2208 S. NELLIS Dates LAS VEGAS NV 89104
Present Business Address City State/Zip
PHARMACY MANAGERDates 3/8/2014 - PRESENT
Present Position with the Pharmacy or Wholesaler Phone:
INDIA Residence
KADI GULARAT Business 702 701 8943
Date of Birth Place of Birth (City, County, State)
40 MALE
Age Social Security Number Sex
BLACK BLACK FAIR 170 LBS MEDIUM 5 10"
Color of Eyes Color of Hair Complexion Weight Build Height
Scars, tattoos or distinguishing marks and/or characteristics SKIN TAG ON LEFT JAU
Are you a citizen of the United States? Yes X No □ If alien, registration No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If naturalized, certificate No. Date 6 19 2003
Place BOSTON MASSACHUSETTS(If naturalized, document must be verified.)
2. MARITAL INFORMATION:
Single □ Married 🛱 Separated □ Divorced □ Widowed □ Engaged □
10
Applicant's initial Page 1

, MARIT	AL INFORMATION-Continued			375
A.		LAS	VEGAS C	LARIL NV
Α.	Current Marriage 6 23 200 F Spouse's full name (Maiden) SHIVANI	PATE INDRAYADAN	L City, County and State S.S. No	
	Date of Rirth	Place of Right	DZARIA	NDIA
	Resident address DESERT	T DAISY CT	LAS VEGAS State Zip	NV 89178
	Telephone: Residence			
	Spouse's employer TRUE CARE	PHARMAS dcupation	PHARMACY	MANAGER
	Address of employer 3525 S. Fol	RT APACHE #	165 LAS VE	9AS NV 89147
B. Pı	revious Marriages: If ever legally separated, di	ivorced, or annulled, inc	licate below:	
Name			re of City tion County and	State
	N1/2	7.0	Jon Journa	-
	N/A			
	List of names, current address and telephone	numbers of provious or		- 2027
	Name Street	City State		phone
	NIX			
	100000			
	MILY INFORMATION:			
A.	Children and Dependents:  List all children, including step-children ar			mation:
<i></i>	Name Birth Date Birth P		Residence Address  DES El	ET DAISY CT
SIYA	1 *	AS VEGAS, NV	LAS VEGA	NV 89178 SERT DAISY CT
SAI	- PATEL	LAS VEGAS, N	LAS VEGAS	5 NV 89178
В.	Child Support Information:  Please mark the appropriate response			
	💢 I am not subject to a court order fo	r the support of child.		
	<ul> <li>I am subject to a court order for the plan approved by the district attorn of the amount owed pursuant to the</li> </ul>	ey or other public agend		
	<ul> <li>I am subject to a court order for the the order or a plan approved by the the repayment of the amount owed</li> </ul>	e district attorney or other	er public agency enforci	ompliance with ng the order for
			Applicant's initial	Page 2

	FAMIL	INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:	
		Name	
		Address V/A	
		Contact person	
	C.	Parents:	
	parents	List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	
		n-law or legal guardian. If retired or deceased, list last address and occupation.  Name (Maiden) Birth Date Address Occupation	
		Name (Maiden) Birth Date Address Occupation	
NAT	Father VARI	AL PATEL DECEASED	
(41)	Mother	DECEPT DATES	, T
MAI	VIBE	N PATEL LAS VEGAS NV 89178 WIF	っし
	Father-in	aw 1.1ADNAINIGTE O AJE	
IND	12AV	DAN PATEL LAS VEGAS NV 89178 RETI	とし
TVA	Mother-in	WARMINSTER AVE HOU	
370	TSAN	A PATEL LAS VEGAS NV 89178 WIF	E
NILESI KAMIN KUMU FNILK (USU) FIIRISI PRATI	Spouse DBEN Spouse VMA MBEN Spouse HBHI	PATEL LAS VEGAS NV B9113 TECH-IN-TRAINI PATEL LAS VEGAS NV 89148 THREADER PATEL LAS VEGAS NV 89148 TECH-IN-TRAIN MORENO MOUNTAIN AVE HOUSE WIF	E
TUSH	•	PATEL LAS VEGAS NV 89178 CLERK	ESK
,		JCATION:  Name of School  Location  Dates Attended  Graduate	
	Gramma School	KUMARSHALA, KADI, INDIA 06 1984 - 03 1991 Yes & NO [	
	High School	5. V. HIGH 9CHOOL KADI, INDIA 06/1991 - 03/1996 Yes X NO [	
	College	MASSACHURSETTS	
		OLIEGE DE PHADMACY BOSION MA "5/2001	
		degree obtained, if any PHARM - D	
	College	or university where obtained MASSACHUSETTS COLLEGE OF PHARMA	+4
		Applicant's initial Page 3	

## 5 MILITARY INFORMATION:

A.	Have you ever served in any armed forces?  Yes  No  X
	Branch N/A Date of entry-active service N/A
	Date of separation $N/A$ Type of discharge $N/A$
	Rating at separation
	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 $\square$ No $\square$ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)
B.	Have you registered for the draft? Yes □ No 🂢
	County N/A State N/A Date registered N/A
6. AF	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
A.	not convicted.) 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  Yes, give details in space provided below. List all cases without exception.
Date of A	Arrest Age Charge Location-City and State Deposition/Date Arresting Agency
	N/A
-144	
B. C. D. E. F. G.	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  \Boxedox No \Boxedox If yes. furnish details on page 10.  Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  \Boxedox No \Boxedox A  Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  \Boxedox No \Boxedox A  Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  \Boxedox No \Boxedox A  Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  \Boxedox No \Boxedox A  If yes, when? \Boxedox No \Boxedox A  If yes wh
Name	Relationship Charge Location Date
	N/A
	. (17)
	Applicant's initialPage 4

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Plaintiff/Defendant or Claimant/Respondent			Court and Case	)			
	t/Respondent	Date Filed	Number		ty, County and State	Disposi	tion/Date
	N/A	tini ta Kapin ne ya		<u> </u>			
J.	associated with	it as an own		or or partner)	etorship or closely been a party to a la		
-	Name of Entity		Type of Entity		Appr	oximate Date(s) of suit/Arbitration/Bankrup	tov
	W/A		Type of Endig		Laws	sulv Albiti attori) bariki ub	icy
	ESIDENCES:	nave had for	the last 25 years	:			
Month a		Stre	et and Number		City	State or County	
	SURRENT		^	A194 CT	LAS VE	•	89178
04 -	07/2009	5567	ALEMAN	AR	LASVEGA	g NV	89 113
000 -	05/2004	2B	HORABAN	WAY	ROXBURY	MA	02120
199	-05/2000	UNI	JERGITY	OF UTA	H DORMS	SALT L	AILE CITY
196 -	- 08/1999		1 ALEMA		LAS VEG	AS NV	89113
H -	06 1996	BHAI	DPURA K	LOTHIVAL	O VAS,	KADI	ALLUI
					,		
<u> </u>							
7	E					*****	

## 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  TRUE CARE PHARMACY	Number of Employed Hours	9440
Title	TRUE CARE PHARMACY 2208 S. NELLIS BLVD # 5A Description of Duties	Name of Supervisor	
RMACT MANAG		LALI3HA1	PATEL
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours	
12 - 10/2013	Name/Mailing Address of Employer/Business  WALMART @ DECATUR & CHAR	LESTON	2880 H
Title	Description of Duties	Name of Supervisor	
KMACT MAN	LAGER MANAGING PHARMAU	<u> </u>	MOOD
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	10-20-70
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours	<del></del>
Title	Description of Duties	Name of Supervisor	<u> </u>

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.	
HEENA	Name of Where Employed Street City State Zip Telephone Years Known	1 RS
<u> </u>	Name Home PISCATA WAY NJ 08854 (	
DHAVA	L CHOKSHI HOME WINDSOR CT 06074	Y RS
	WALAR EENS  Business  N/A	4
BHAVI	Name Home EC CENTRU CA 7243	16 YRS
MICHE	Employer Business 10 ( A)	004//
<u>[</u>	CIRCL'S CIRCL'S	20765
MANI	Business N/A  GARDEN LANE Home 1.31/ E TOTAL NAME	16 YRS
	CV3 Employer Business N/A  Employer Business N/A	,
	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	
	PHARMACY - NEVADA 2011 10 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.	
	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:	
	Applicant's initialPage	<del></del> 7

	14.	Have you ever been refused a business or industry license or rela participant in any group which has been denied a business or indusuitability?			:
	15.	Have you or any person with whom you have been a participant in administrative action or proceeding relating to the pharmaceutical	industry?	Yes □	an No 🎾
	16.	Have you or any person with whom you have been a participant in guilty or entered a plea of nolo contendere to any offense, federal controlled substances?	any group ever been or state, related to pre	found gui scription Yes □	drugs and/or
	17.	Have you or any person with whom you have been a participant in permit or certificate of registration relating to the pharmaceutical ir upon voluntary close of a wholesaler	ndustry voluntarily or of	therwise ( Yes □	other than No ⊠
•	18.	Do you have any relatives within the fourth degree of consanguinit pharmaceutical or drug related industry?		mployed Yes □	in the
-	19.	Will you be actively involved in and aware of the daily operation of wholesaler?	f the pharmacy or	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 operating hours?	ng its normal	Yes Ď <b>(</b>	No □
-		Date of p	photograph 1/3	1 201	9
		Date of p	Applicant's initial_		>
				31	Page 8

STATE OF NEYADA ss.	
COUNTY OF CLARK	
1, LALBHAI PATEL	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the state	ements 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 applic	cation with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the applica	ition 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 su	upport thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevad	a 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 to	the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action when	natsoever 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.	
	Local C
<del></del>	Original Signature of Applicant
Subscribed and Sworn to before me this day of	
Feb   2019 A Partol Notary Public	PRINESHA PATEL Notary Public State of Nevada No. 12-7230-1 My Appt. Exp. August 9, 2020
	(seal)

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Applicant's initial Page 9

#### **ADDITIONAL INFORMATION**

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Applicant's initial Page 10

## PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

₩Date	31	2019
& Date	91	1 20 1 1

### **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.

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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_	PREFER W. CHARL	RED PH	ARMACT			
2202	W. CHARL	ESTON Natur	e of License 13LF	HS VEGIAS	NV	89102
	Name and	a Address of Establish	iment for Winich Licens	e is Requested		
		annlicable Name Un	S PHAR der Which It Is Now Op	101 AC		
	"	applicable, Name on	der willen it is 140w Op	Jeraleu 1		
	L INFORMATION:	LALBH	AI	NATVAR	LAL	
Last Name	JA	First Nam	ne	Middle Name		
Alias(es, Nickname	es, Maiden Name, Other Name	Changes, Legal or O	therwise)			
1 D	ESERT DAIS	Y CT	LAS VEGA	s NV	891	78
Present Residence	Address-Street or RFD		City	State		
2208 3.	NELLIS \$5A	Dates LA	5 VEGAS	NV	8910	)4
Present Business A	Address	1	City	State	e/Zip	<del></del>
PHARMAC	7 MANAGER	Dates 030	8 2014 -	PRESENT		
Occupation				Phone:	, , ,	-
1		1	NDIA	Residence		
, ,	KAI	01, 601	DRAT	Business +	02 701	8943
Date of Birth	, , (2)	Place of Birth (City,				
		r lace of Birth (Oity,	County, Ctate)		- 1 A A	
40	~ _	V 1 8 1 1	•	-	MALE	
Age	Social S	ecurity Number			Sex	1)
BLACK	BIACK	FAIR	170 LBS	MEDIUM	5	10
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	_
Coorn tottoon	or distinguishing marks a		SKIN	TAG AN	1 FGT	ΤΔ1.)
CLOSE	TO LEF	ind/or characterisi r EAR	ilcs	1779 014	<u> </u>	<u> </u>
				. 1		
Are you a citize	en of the United States?	Yes 💢 No 🗆	If alien, registration	on No N / E	9	
	.161			06 19 2	003	
If naturalized, c	ertificate No		Date	0611112	00.5	
Place Bo	STON, MASSI	CHUSETI	(If natura	lized, document m	ust be verifie	d.)
2. MARITAL	INFORMATION:					
Cinala 🗆 🐧	Annahari M Oranii (		1 (C) 1471 1 C		-	
Single □ M	riamed A Separated	ı 🗆 Divorced	I □ Widowed	□ Engaged		
				Applicant's init	ial	
				ppcom.com.c		Page 1

7	MARIT	AL INFORMA	ATION-Con	tinued								385	
•	A.	Current Ma	rriage	06 2	3 2005	5	AS VE	GAS,	CLAR	<u>د</u>	NEV	ADA	
		Current Marriage 06 23 2005 LAS VEGAS CLARIC, NEVADA  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											
		Resident ad	dress	Street	ESERT	DAIS"	CT City	LAS S	VEGAS rate Zip	NV	89	178	
		Telephone:	Residence	e	6		Business	702	233	2011	D		
		Spouse's er	nployer	RUE C	ARE P	HARMAC	Occupation	n PH	ARMAC	7 1	1AN	4G Er	
									LASVE				
	B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:												
		- 6 0		f Order		e of Place		ture of	City				
	<u>Name</u>	of Spouse	or D	ecree	OT	Marriage		Action	County a	nd State			
	-	N/A											
		4-26-8			****								
				<del></del> -			**************************************			2::-			
		List of name	es, current a	address an Street	nd telephone	numbers of	of previous Sta		Zip T	elephone			
		N/A			11 Tr. 6 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
			-						W				
	3 EA	MILY INFOR	MATION:	• • • • • • • • • • • • • • • • • • • •							<del></del>		
	A.	Children ar	nd Depend										
		LIST All Nam		Birth Date		and adopted Place	l children ai		following inf				
	AYIE	PATEL			LA	3 VEGA	S, NV	11	BESI 3 VECA	=12T ;	AIST	8917	
	SAI	PATEL	- "		LA	S VEGA	s, NV	, -	. AES	SERT			
			,					LA	3 VEGA	SERT S N	V 9	39178	
	R	Child Supp	ort Inform	ation:	·			A second of the		NOTE:			
	υ.	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.											
								Applicar	nt's initial		Pag	e 2	

ž	FAMIL	Y INFORMATION-Continue. District attorney or public a		for enforcing t	he child suppo	rt order:		TOTAL STATE
		Name						•••••
		•	4	144			-5-	
		Contact person					- 4 20	·····
	C.	Parents: List names, residence addr	esses, dates of bi	rth and most re	cent occupation	ons of parents	, step-parents,	
	parents	s- <u>in-law or legal guardian. If</u>	retired or decease	ed. list last addı	ess and occur	pation.		
		Name (Maiden)	Birth Date	Address			Occupation	
IATVAI	Father RLAL	PATEL	1 - 1 7 -		DECEAS	ED		
	Mother	0 -		4	AESEN	DAISY	T	HOUSE
MANI			1 ,	LAS	VEGAS	NV	89178	WIFE
INDR		DAN PATEL	-,	LAS	WAR VEGAS	MINSTER NV 8	2 AVE	RETIRED
JYOT	Mother-in	^	1 -1	LÀS	WARMIN VEGAS		AVE 89178	HOUSE WIFI
	D.	Brothers and Sisters: List names, residence address their respective spouses.	esses, dates of b	irth and most re	cent occupation	ons of brothers	s and sisters a	nd of
		Name (Maiden)	Birth Date	Address	PAIST CT		Occupation	
JILES		ATEL 3	_ ITAL VE	DESERT MAS A	DAIST CT IV 891=		PHARM	TECH.
LAMIN	Spouse	ATEL	1 Da VE	ESERT A	4157 GAIT	V		RY THERAPIST
KUMU	BBEI	N PATEL	1 AS VEG	DIABLE	DR 89113	EY	EBROW .	THREADER
fNIL (<)	Spouse JM AR	PATEL	LAS VE	J. DIABLO	DR 8911	3 TEC	H-1N. T	RAINING
4050		1 1	,/ LAS V	PROUD	STATUE	AVE EYE	EBROW T	HREADER
511218	Spouse	AI PATEL .	1 A-5 V	PROUD S	TATUFAIL	٥	CH - IN-	TRAINING
PRAT			LAS \	MORENO	I (VI COM)	N AVE	HOUSE	WIFE
TUSH	Spouse AR	PATEL	l	MOR VECTAS	ENO MOL	ONTAIN 178		FRONT DESK CLERK
	4. E	DUCATION:						
	Gramma	Name of School	Loca		tes Attended		Graduate	
	School High	FUMAR SHALK,			1	3/1991	Yes 🛛 No 🗆	
	School College	S.V. HIGH SCH		I, INDIA			6 Yes 🕱 No 🗆	<u></u>
	Universi	ty MASSACTOSE	1.	BOSTON, M	A 0612		Yes 🗷 No □	]
	Other	COLLEGE OF PH	AILMACY		190	2004	Yes □ No □	1
	Type o	of degree obtained, if any	PHARM	- D		•••••		
	Colleg	e or university where obtaine	ed MASSACI	HUSSETT	5 201	LEGE	OF PH	AIZMACT
					Арр	olicant's initial	را	
								Page 3

### **5 MILITARY INFORMATION:**

Λ.	Trave you ever served in any affined forces:	
	Branch X/A Date of entry-active service X/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 special or general court martial? Yes □ No □ If yes, furnish details on page 10. (List all incident regardless of where they occurred-foreign or domestic.)	trial or
B.	Have you registered for the draft? Yes □ No 🂢	
	County N/A State N/A Date registered N/A	
6. <b>A</b> F	ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you we not convicted.)  Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offer violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic cital Yes   No   for yes, give details in space provided below. List all cases without exception.	nse or
Date of /	of Arrest Age Charge Location-City and State Deposition/Date Arresting Agency	
	M/A	
C. D. E. F. G.	or committee? Yes □ No 凶 Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board commission? Yes □ No 凶 Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing Yes □ No 凶 Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No 섭 If yes, when?	or ?
Name	Relationship Charge Location Date	
	N/A	
		_
	Applicant's initial	Page 4

aintiff/Defendant or	Court and (			Diagon	14 ID - 4 -
N / A	ate Filed Number	City, Cour	nty and State	Dispos	sition/Date
associated with it	partnership, business ve as an owner, officer, dir yes, complete the follow	enture, sole proprietorshi rector or partner) been a ving:	ip or closely he	ld corporation suit, arbitration	(while you wer
Name of Entity	Type of En	tity		nate Date(s) of Arbitration/Bankru	ptcy
7. RESIDENCES:					
ist all residences you have onth and Year (From-To)	ve had for the last 25 ye	ears:	-1 -	State or County	
12009 - CURRENT			SVEGAS	ΝV	89178
2004-07/2009	5567 ALEMA		S VEGAS	NV	89113
200 420 112001	2B HORAD	AN WAY RO	XBURY	MĄ	72120
· ·		ACTITAL DODA	IS CALT	LAKECITY	UT 8°
2000-05/2004	UNIVERSITY	OF CIAH IDURIS	17 2461		
1999-05/2004					89113
2000-05 2004  1999-05 2000  1996-08 1999  TH-06 1996	5599 ALEM	AN DR LA	SVEGAS	NV	<u>ENDIA</u>
2000-05 2004 1999-05 2000 1996-08 1999	5599 ALEM	AN DR LA	SVEGAS	NV	
2000-05 2004 1999-05 2000 1996-08 1999	5599 ALEM	AN DR LA	SVEGAS	NV	
2000-05 2004 1999-05 2000 1996-08 1999	5599 ALEM	AN DR LA	SVEGAS	NV	

#### 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.

Title		
Month and Year	Name/Mailing Address of Employer/Business  Description of Duties	Reason for Leaving  Name of Supervisor
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
STOCKER	ORDERED & STOCKED STUFF AND	MALS MICHELLE ME
Title	Description of Duties	Name of Supervisor
11/1996-08/1999	CIRCUS CIRCUS HOTEL & CASINO	SCHOOL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
THE SIL	IDENT SCHOOLING	NIA
FULL TIME STL		
Title	UN EMPLOYED  Description of Duties	Name of Supervisor
Month and Year 8 1999-6 2000	Name/Mailing Address of Employer/Business	Reason for Leaving
HARMACY INTE	EN PHARMACH INTERN DUTY	LINDA LONDON
Title	Description of Duties	Name of Supervisor
06 2000 -05 201	04 WALGREENS IN NEEDHAM, MASSA	CHUSEETS
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving GRADUATE
MAKINACT INANA	GER MANAGING PHARMACT	HOLLY PRIEVO
	Description of Duties	Name of Supervisor
Title	WALGREENS @ TROPICANA &	NEEDED A CHANGE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
HARMACY MANA	GER MANAGING PHARMACT	SHANIQUA MOODY
Title	Description of Duties	Name of Supervisor
Month and Year 04)2012 - 10 2013	Name/Mailing Address of Employer/Business WALMART @ DECATUR & CHARLES TON	Reason for Leaving OPENED MY OWN PHA
	Tep-vole of Time Time Solites	
HARMACY MANAG	ER RANGE OF PHARMACIST DUTIES	NIA
Title	Description of Duties	Name of Supervisor
3/2014-PRESEN	TRUE CARE PHÁRMACY	EGAS, NV 89104 N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Applicant's initial.....

Page 6

### 9. CHARACTER REFERENCES:

List five character reference who have know you five years or m	ore. Do not include relatives, present
amployer or amployees	

	employer or emp								=
	Where Employed	Street	City State  DUFFLE PL	Zip A C.F	Telephor	10	Years Kn	- 24	
Name		Home P	SCATAWAY	7 7	08854 (			13	7YR
WA\ Employer	LGREENS	Business	NIA						
DHA		HI :	SALTER		BOUTH			. 1	164R
Name WAL	GREENS	Home v	NIA	C.T	06074				_
Employer BHAV		Business	3 ROBEA	٢٦ ٦	PORTER	DO.			_
Name	of Durania	Home (-	L CENTRO						_ 16 41
PREFI	ERED PHAR	MACY Business	NIA						
MI CHE Name	LLE MEDEL		3 COUNT LAS VEGA		INE CT 89129				2041
CIR Employer	CUS CIRCUS	Business	NIA						
MAN			GARDEN	J LAN	JE SIGGE	arm (			16
Name	RGET	Home W	AKE FIEL	0 MC	01880	· · · · · · · · · · · · · · · · · · ·			_
Employer		Business	AIA			<u> </u>			
10.	Do you have any person's deposite if yes, complete	ory? Yes 🔀 the followin	No □	h deposito	ry, access to a	ny depository o	r do you ι	ise any	other
Box Num	ber or Type of Deposit	tory	Location	City and S	tate	Authorized Users		1 80	
353	NEVADA	STATE	BANK	LAS	VEGAS	NV	-ALBHA SHIVA		
		_		2000.7 1 23	. 6 4.13				PATEL
356	NEVADA	STAT	E BANK	LAS	VEGAS	NV	SHIVE	INI P	ATEL
619	N 10://000	C- 0	00.44	inc	VEGAS	NV	LALB		PATEL
	NEVADA	STATE	BANK	LF15	VEG-13		SHIV	FROI	PATEL
11.	Have you ever he the following: Liquor	eld a privilege _awyer	ed, occupational o			any state, inclu Securities dea		not limite Insura	
	Doctor (Accountant F	Contractor Pilot	Real estate br Sports promot	oker or sal		Barber/Cosm Trainer or ma		Gamir Educa	_
	Yes ⊠ No □		املم ما مسم						
	If yes, state type,	, wnere and y	ears neid						
(	HARMAC	1 - N	EVADA	2-1	D11 - CU	RRENT			
					······································				•••
									•••
12.		nsed business , when and w nes and addr	or industry OUT here and give na	SIDE the smes and lo	State of Nevadocations of the	a? Yes □ No businesses in v	区 which you	were	
	NIA								
					Α	pplicant's initia	$\forall$		
									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 口 No 这、
If yes t	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 口 No 风
	Date of photograph 1/31/2019
	Applicant's initial Page 8

STATE OF NEVADA
SS.
COUNTY OF CLARK  I, LALBHAT 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 of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,  I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.  Original Signature of Applicant
Subscribed and Sworn to before me this day of  Feb 1 2019  PRINESHA PATEL Notary Public State of Nevada  My Appt. Erg. August 2, 2020  Notary Public
(seal)

Applicant's initial Page 9

### ADDITIONAL INFORMATION

Applicant's initial Page 10

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 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 f	REFERRE	D PHP	IRMACY	************************	
	· CHARLES	Nature of STON BLVT	TICENSE	EGAS N	V 89102
	Name ar	d Address of Establishm	ent for Which License Is	Requested	
		KENS If applicable, Name Unde	PHARMAC	<u> </u>	
		ii applicable, Name Unde	r which it is now Opera	atea	
1. PERSONAL IN	VEORMATION:				
PATEL		SHIVA	NI	LALB	HAI
Last Name		First Name		Middle Name	
NIA		· · · · · · · · · · · · · · · · · · ·			
Alias(es, Nicknames, Ma	aiden Name, Other Nam	e Changes, Legal or Othe	erwise)		
DE	SERT DA	154 CT L	AS VEGAS	NV	89178
Present Residence Add	ress-Street or RFD				
35 25 S. FOR	RT APACHE	H 165	S VEGAS	NV	89147
Present Business Addre		# 165 LA	ty	State	e/Zip
PHARMACY	MANAGED	Dates		005	
Occupation	MANAGE	Dates 1113	2011 10	Phone:	ENT
особранон				Residence	
= 4			INDIA		
	90	ZARIA-GUI	ALAT	Business	102-233-2010
Date of Birth		ZARIA - GUT Place of Birth (City, Co	unty, State)		· · · · · · · · · · · · · · · · · · ·
4					_
36	1	9			FEMALE
Age	Social S	Security Number			Sex
BLACK	BLACK Color of Hair	FAIR Complexion	175	M	51611
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or dis	stinguishing marks a	and/or characteristic	s NIA		1 6
			******************************		
Are you a citizen of	the United States?	Yes ⊠ No □ if	alien, registration N	NO NIA	
If naturalized, certif	icate No		Date (1	13/200	9
DI	45555				
Place LIAS	VEGAS, N	EVADA	(If naturalize	ed, document m	ust be verified.)
2. MARITAL INF	ORMATION:				
Single   Marri	ed 🔼 Separate	d □ Divorced	□ Widowed □	Engaged	
				A	
				Applicant's initi	al <i>5</i> 1
					Page

MARITAL INFORMATION-Conti	nued
---------------------------	------

A.	Current Mar	riage 6 23	2005	LAS VEGAS	CLARK, NEI	IADA
	Spouse's full	Date	L LALBHAI N	City. C	County and State	
	Date of Birth		Place of Bi	rth KADI	INDIA	•••
	Resident add	ress 1 DESE Street	RT DAISY COU		S NEVADA 891 tate Zip	.78
	Telephone:	Residence	Bı	isiness 702-	701-8943	•••
	Spouse's emp	ployer TRUE CAR	G PHARMACY OC	cupation <u>오</u> HF	HRMACIST	•••
	Address of er	nployer 22.0% S.N.	ELLIS BLVD STE		AS NEVADA 891	104
B. Pı	evious Marria		parated, divorced, or an	•	_ <b>-</b> ,	
		Date of Order	Date of Place	Nature of	City	_
Name	of Spouse	or Decree	of Marriage	Action	County and State	
NI	A					_
					**************************************	_
						-
			elephone numbers of p			
N	Name_	Street	City	State	Zip Telephone	
						_
		-				<u>·</u>
						-
3. FA A.		Dependents:				
	List all ch Name	nildren, including step-o Birth Date	hildren and adopted chi Birth Place		following information:	=
SIYA	LALBHAI P	ATEL	LASVEGAS	ı Desi	ERT DAISY (T. LAS	S VEGAR
_	LALBHAI (		LAS VEGAS	NEVI	ADA 89178	
2		, , , ,	2113 10413	N G	ERT DAISY CT, EVADA 89178	_D42 Acd
В.	Child Suppor	rt Information:				
В,		e mark the appropriate	response:			
	⊠la	m not subject to a cour	t order for the support o	f child.		
	pla	m subject to a court or an approved by the dist the amount owed pursu	rict attorney or other pul	e or more children blic agency enforci	and am in compliance wit ing the order for the repay	th a ment
	the	e order or a plan appro\	der for the support of on yed by the district attorn ount owed pursuant to the	ey or other public a ne order.	and NOT in compliance vagency enforcing the orde	r for
				Applican	t's initial <u>&amp;</u>	 Page 2

FAMI		RMATION-C		ancy roenonei	blo for onfo	rcing the child s	ummont oudou		* 10 <sub>1</sub> iya =
		N	1 10						
	Contact	person		•••••••••	******************			***************************************	***************************************
C.	Parents	s:							
paran	List nan	nes, resider	nce addre	sses, dates of	birth and n	nost recent occu	pations of pa	rents, step-pare	ents,
paren		r legal guar	dian. If re	etired or decea	ased. list las	st address and o	occupation.		
	Name (M	aiden)		Birth Date	Addre			Occupatio	n
Father					<u> </u>	VARMINSTE	R AVE		
INDI	RAVADA	IN PATE	L '		LAS	VEGAS, NV	89178	UNEMPLO	OJED
Mother						WARMINS	TER AVE		
	rsana	PATEL			LAS	VEGAS, NV	89178	HOUSE -	WIFE
Father-		00==	, Design			0.005=0	0	(	
	VARLAL	_ PATE	<u>l</u>			PHSSED	PAWAY	CEXPIR	ED)
Mother-		0			1 -7		TDAISY		
MAI	NIBEN	PATEL		)^,	L1	AS VEGAS,	NV 8917	18 Housi	E-MIFE
D.	List nan their res	spective spo	ce addre			nost recent occu	pations of bro	others and siste	ers and of
<u> </u>	Name (Ma	PATEL		Birth Date	Addre	WARMING	750 AV	Occupatio	
		111166			LAS	VEGAS , N			NICIAN
Spouse		MA							
SHE	ENA 1	PATEL		- 1	(		USTER AV		MPLDYED
Spouse		20==			\	LAS <u>VEGAS</u> . ELLEN	JOALE F		
TAK	ANG 1	PATEL			Lo	s HNGELE	5 CA 9	0007	TUDENT
<u>C</u>		1 1							
Spouse			- 5 -						
			is						
Spouse									
4. E	DUCATIO	N:							in the state of th
Gramm	ar	Name of Scho	ool	Lo	cation	Dates Attended		Graduate	
School	"ST. K	ABIR	AHME	DABADI	INDIA	6/1986	, -6/1993	Yes DYN	lo 🗆
High School	NIR. H	19H SCH	OOL A	HMEDABA	DIINDI	A 6/190	17-6/19	99 Yes 🖳 N	vo □
College	S. K	PATEL		VUE		VDIA 9/1			
Other	NOVA	SOUTHE	NSTERN	J UNIVERS	SITY F	LOPUDAJUS	A 7/200L	you TV	do []
							-11	2006	10 11
	_		•	HARM			•••••		
Colleg	je or unive	ersity where	obtained <sub>.</sub>	NOVA	SOUT	HEASTER	N NVIN	FRSITY	
							Applicant's ir	nitial <b>SP</b>	Page 3
									-3-

## **5 MILITARY INFORMATION:**

	- hila
	Branch NIA Date of entry-active service NIA
	Date of separation NIA Type of discharge NIA
	Rating at separation NIA Serial number NIA
	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 ເ≰
	County N/A State N/A Date registered N/A
6. AF	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
A.	not convicted.) 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 \( \subseteq \text{No } \subseteq \text{Y} \) If yes, give details in space provided below. List all cases without exception.
ate 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
C. D. E. F. G.	page 10.  Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes □ No ☒ Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No ☒ Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes □ No ☒ Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No ☒ If yes, when? N I A city, county and state N I A Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No ☒ If yes when? N I A city, county and state N I A Has any member of your family or of your spouse's family ever been convicted of a felony? Yes □ No ☒
D. E. F. G.	Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes \( \) No \( \) Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes \( \) No \( \) Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes \( \) No \( \) Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \( \) No \( \) If yes, when? \( \) \
D. E. F.	page 10.  Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes □ No ☒ Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No ☒ Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes □ No ☒ Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No ☒ If yes, when? N I A city, county and state N I A Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No ☒ If yes when? N I A city, county and state N I A Has any member of your family or of your spouse's family ever been convicted of a felony? Yes □ No ☒

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part t Yes	o a lawsuit as e □ No 🖄 (Othe	ither a plaintifi er than divorce	er of a partnershi f or defendant or es) ases without exc	an arbitration as	either a claim	ant or respon	n. ever been a dent?
Plaintiff/Defenda	nt or	Co	ourt and Case				
Claimant/Respor	ndent Date	riled	Number	City, County a	and State	Disposi	tion/Date
						.5	
asso	any general parl ciated with it as □ No ⊠ If yes	an owner, offi	ness venture, solo cer, director or pa e following:	e proprietorship o artner) been a pa	or closely helo arty to a lawsu	l corporation ( it, arbitration o	while you were or bankruptcy?
Name	of Entity	Tv	pe of Entity		Approxima	ate Date(s) of	tcv
N			50 of Entry		Lawsulva	Dit attory barki up	ioy
Month and Year (From-To) 7/2009 - F	RESENT	Street and N  DESE		IVE LAS	VEGAS	State or County  NEVA  NEV	
01/2004-	12 2003	1 RICHA 14/B VA	ARDS ROA ASANT VIHA IRT-2	D HOPE AR SOCIETY			GUJARA
					1		
					Applicant's	initial	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
12/2011-PRESENT	TRUE CARE 3525 S. FORT APACHE PHARMACY LV, NV 89178	RD #165 N/A
Title	Description of Duties PERFORMED A FULL RANGE OF	Name of Supervisor
PHARMACIST	PHARMACIST DUTIES	SHIVANI
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/2010 -11/2011	UNEMPLOYED	NIA
Title	Description of Duties	Name of Supervisor
NIA	NIA	NIA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2009 - 3/2010	FOOD 4   3250 E FLAMINGO PO LESS / LU, NY 89121	COMPANY CLOSED
Title	Description of Duties	Name of Supervisor
PHARMACIST	PERFORMED A FULL RANGE OF PHARMACIST DUTIES	YONOH KIM
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2008-3/2009	CUS/100 5 HWY 160	LONG COMMUTE
Title	Description of Duties	Name of Supervisor
PHARMACIST	PERFORMED A FULL RANGE OF PHARMACIST DUTIES	MATT BOUCHARD
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2008-8/2008	TOOK TIME OFF TO STUD	Y FOR NAPLEX/NV LAW EXAL
Title	Description of Duties	Name of Supervisor
NA	NIA	W   V
Month and Year (03   2007 - 1   2008	Name/Mailing Address of Employer/Business  RITE AID   5675 5 RAINBOW PHARMACY   LV, NV 89113	BLVD Reason for Leaving COMPANY CLOSED
Title PHARMACY INTERN	Description of Duties PERFORMED FULL RANGE OF PHA DUTIES UNDER PHARMACIST'S SUI	HRMACIST DERICK BLEDSOE PERVISION
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving FERRERO JR BLVD GRADUATED
01/2005-11/2006	NOVA SOUTHGASTERN 3100 KMY UNIVERSITY   CORT LAUD	GENTLE FL 33314 CRADUATED
Title COMPUTER LAB	Description of Duties	Name of Supervisor
TECHNICIAN	MONITOR COMPUTER LAB ASSISTED RTUDENTS WITH COMP	UTER USE JOSUE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/1999-12/200	4 UNEMPLOYED / FULL T	IME STUDENT
Title	Description of Duties	Name of Supervisor
NIA	NIA	NIA
•		

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

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### 9. CHARACTER REFERENCES:

	List five charac employer or em		who have know	v you five years or m	ore. Do not	include relative	s, present	
Name of	Where Employed	Street	City Sta	te Zip	Telephone	Ye	ars Known	
Name	TAN PATEL	Home I	QUARTER H LAS VEGAS	NV 89178			12 4R	-
KASH	JALGREENS HMIRA PATI	こし		PROSPECT CT			124R	- -
Name	1.1A1 C.O.E.	Home	NIA	, NV 69178				-
	WALGREEN			END MOUNTAIN	AVE		1.0	-
Name	SHAR PATE	Home	LAS VEGA	5, NV 89178			12	YR.
Employer		Business	NIA					
Name S	SVANT PAT	EL Home	HOPATCONO		.3		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3 YR -
Employer H E En	NA PATEL	Business	DUFFLE	PLACE				
Name	VALGREENS	Home	PISCATAL	SO EN YAL	854		-	124R
Employe	r	Business	NIN					=
10.	Do you have an person's depos if yes, comple	itory? Yes 5	☑ No □	such depository, acc	cess to any c	lepository or do	you use any o	ther
Box Num	ber or Type of Depo	sitory	Location	City and State	Au	thorized Users		-
353	NEVAD	A STAT	E BANK	LASVEGAS	NV	SHIVANI	PATELL	ALBHAIPA
356	NEVADA	STATE	BANK	LAS VEGAS	NV	SHIVANI	PATEL PATEL	
619						SHIVANI	PATEL	-
	NEVADA	STATE	BANK	LAS VEGAS	NV_	LALBHAI	PATEL	=
11.	Have you ever the following: Liquor Doctor Accountant Yes 🖾 No 🗀 If yes, state typ	Lawyer Contractor Pilot	Race horse Real estate Sports pro	nal or professional li e/race dog owner e broker or salesma moter	Se n Ba	state, including ecurities dealer arber/Cosmetolo ainer or manage	Insuran ogist Gaming	ce I
	ρļ	HARMA	C7 '	NEVADA	20	)   TO	WRR	ENT
12.	interest in a lice If yes, state typ	ensed busine be, when and ames and ad	ess or industry ( where and give	state business, vent DUTSIDE the State of a names and location mers and the agency	of Nevada? \ ns of the bus	res □ No 匝 inesses in whicl	n you were	
	NA							
*************								
					Appli	cant's initial		 age 7

13.	. Have you ever appeared before any licensing agency or simany reason whatsoever? Yes □ No 区	ilar authority in or outside the State of Nevada for 401
	. Have you ever been denied a personal license, permit, certif or professional activity? Yes □ No 区	
If yes t	to the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry license o participant in any group which has been denied a business o suitability?	
16.	. Have you or any person with whom you have been a particip administrative action or proceeding relating to the pharmace	ant in any group been the subject of an utical industry? Yes □ No া
17.	Have you or any person with whom you have been a particip guilty or entered a plea of nolo contendere to any offense, fe controlled substances?	eant in any group ever been found guilty, plead deral or state, related to prescription drugs and/or Yes □ No 区
18.	. Have you or any person with whom you have been a particip permit or certificate of registration relating to the pharmaceut upon voluntary close of a manufacturer	ant in any group ever surrendered a license, ical industry voluntarily or otherwise (other than Yes 口 No 区
19.	. Do you have any relatives within the fourth degree of consan pharmaceutical or drug related industry?	guinity associated with or employed in the Yes ß No □
		te of photograph 1/15/2019
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STATE OF MOUNDA ss.
COUNTY OF C/WK
I, SHIVANI PATEL heigh being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,  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 day of  RAUDEL MARQUEZ Notary Public  RAUDEL MARQUEZ Notary Public tate of Nevada No. 18-3781-1 My Appt. Exp. September 27, 2022

## ADDITIONAL INFORMATION

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