

7

7A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alto Pharmacy

Physical Address: 600 Pilot Road, Suite A

City: Las Vegas State: NV Zip Code: 89119 Telephone: (800) 874-5881

Fax: (415) 484-7780 Toll Free Number: (800) 874-5881

E-mail: compliance@alto.com

Website: www.alto.com

Managing Pharmacist: Rory Wright License Number: 14443

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral
☐ ☒ Parenteral (outpatient)
☒ ☐ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Matthew Gamache-Asselin

Print Name of Authorized Person

7/29/19
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Scriptdash Inc.

Mailing Address: 1400 Tennessee Street, Unit 2

City: San Francisco State: CA Zip: 94107

Telephone: (800) 874-5881 Fax: (415) 484-7780

Contact Person: Charles Aguilar

For any corporation non publicly traded, disclose the following:

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

a)	Mattieu Gamache-Asselin	1400 Tennessee Street, Unit 2, San Francisco, CA, 94107
	Name	Business Address

b)	James Karraker	1400 Tennessee Street, Unit 2, San Francisco, CA, 94107
	Name	Business Address

c) Greenoaks Capital Opportunities L.P	535 Pacific Avenue, 4th Floor, San Francisco, CA, 94133
Name	Business Address

d)	Jackson Square Ventures II, L.P.	2105 South Bascom Avenue, Suite 370, Campbell, CA, 95008
	Name	Business Address

- 2) Provide the number of shares issued by the corporation. 40,842,457

- 3) What was the price paid per share? 19.82

List any physician shareholders and percentage of ownership.

Name: _____ N/A %: _____ N/A

Name: _____ N/A %: _____ N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 10 am 6 pm

Sunday	10 am	6 pm	24 Hours	N/A
--------	-------	------	----------	-----

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

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

I, Mattieu Gamache - Asselin

Responsible Person of Alto Pharmacy

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

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

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



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

Mattieu Gamache - Asselin
Print Name of Authorized Person

7/29/19
Date

Managing Pharmacist

Pharmacist Name:

Rory Wright

License #:

14443

Pharmacy Name:

Alto Pharmacy

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

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

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

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

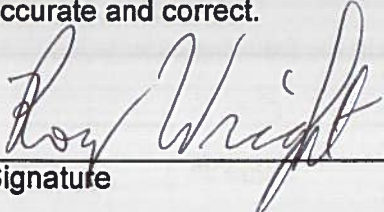
If you marked YES to any of the numbered questions above, please include the following information

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

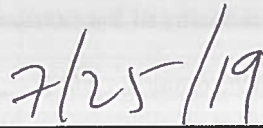
PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

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

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



Signature



Date

7/26/2019

Division of Corporations - Filing

Delaware.gov

Governor | General Assembly | Courts | Elected Officials | State Agencies

Department of State: Division of Corporations

[Allowable Characters](#)

HOME

[About Agency](#)
[Secretary's Letter](#)
[Newsroom](#)
[Frequent Questions](#)
[Related Links](#)
[Contact Us](#)
[Office Location](#)

SERVICES

[Pay Taxes](#)
[File UCC's](#)
[Delaware Laws Online](#)
[Name Reservation](#)
[Entity Search](#)
[Status](#)
[Validate Certificate](#)
[Customer Service Survey](#)

INFORMATION

[Corporate Forms](#)
[Corporate Fees](#)
[UCC Forms and Fees](#)
[Taxes](#)
[Expedited Services](#)
[Service of Process](#)
[Registered Agents](#)
[GetCorporate Status](#)
[Submitting a Request](#)
[How to Form a New Business Entity](#)
[Certifications, Apostilles & Authentication of Documents](#)

[View Search Results](#)

Entity Details

[File Number:](#) 5763030 **[Incorporation Date](#)** 6/9/2015
 [/ Formation Date:](#) (mm/dd/yyyy)

[Entity Name:](#) SCRIPTDASH INC.

[Entity Kind:](#) Corporation **[Entity Type:](#)** General

[Residency:](#) Domestic **State:** State:

[Status:](#) Good Standing **Status Date:** 6/10/2019

[REGISTERED AGENT INFORMATION](#)

Name: INCORP SERVICES, INC.

Address: 919 NORTH MARKET STREET, SUITE 950

City: WILMINGTON **County:** New Castle

State: DE **Postal Code:** 19801

Phone: 800-246-2677

[Back to Entity Search](#)[Email Status](#)

For help on a particular field click on the Field Tag to take you to the help area.

[site map](#) | [privacy](#) | [about this site](#) | [contact us](#) | [translate](#) | [delaware.gov](#)

**Alto Pharmacy**

1400 Tennessee Street Unit 2

San Francisco, CA ,94107

(800) 874-5881

List of Owners, Officers or Directors of the Pharmacy**Mattieu Gamache-Asselin****CEO/President**

: Alabama Street, Apt 5, San Francisco, CA, 94110

Date of Birth - 4/17/90

James Dylan Karraker**CTO**

: Oakwood Street, Apt 3, San Francisco, CA, 94110

Date of Birth - 6/20/89

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

 Date 7/25/19

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 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 Retail pharmacy
600 Pilot Road, Suite A, Las Vegas, NV 89119
 Name and Address of Business for Which Designated Representative Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Wright First Name Rory Middle Name Leonard
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A
 Present Residence Address-Street or RFD Woodwell street Unit A City Las Vegas State/Zip NV 89147
 Dates 2/2016 to current
 Present Business Address 600 Pilot Road, Suite A City Las Vegas State/Zip NV 89119
 Dates 7/2019
 Present Position with the Pharmacy or Wholesaler Pharmacist Phone:
 Residence 1-800-874-5881
 Business 1-800-874-5881
 Date of Birth 4/8 Place of Birth (City, County, State) Washington D.C.
 Age 48 Social Security Number Sex Male
 Color of Eyes black Color of Hair black Complexion brown Weight 198 Build Normal Height 5'11"
 Scars, tattoos or distinguishing marks and/or characteristics 2 scars on right ankle
 Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.
 If naturalized, certificate No. Date
 Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

 Applicant's initial PW

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/18/94 Omaha, Douglas, NE
 Spouse's full name (Maiden) Karen Peterson Date 1
 Date of Birth _____ Place of Birth Omaha, NE
 Resident address Woodwell Street Unit A Las Vegas, NV 89147
Street City State Zip
 Telephone: Residence _____ Business (702) 521-6406
 Spouse's employer Montevista Hospital Occupation Dietician
 Address of employer 5900 W. Rochelle Ave Las Vegas NV 89103
Street City State Zip

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

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

N/A

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

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

N/A

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

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

Name	Birth Date	Birth Place	Residence Address
Sebastian Wright		Henderson, NV	Woodwell Street Unit A LV NV 89147

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial km

FAMILY INFORMATION-Continued

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

Name N/A

Address N/A

Contact person N/A

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Leonard Wright	Deceased		
Mother			
Eleanor Wright	Retired	11 Tropicana Ave Las Vegas, NV 89147	retired
Father-in-Law			
Jackie Peterson	Deceased		
Mother-in-Law			
Sean Peterson	Deceased		

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Karman Wright		Tara Hills Dr. San Pablo, CA 94806	Administrative
Spouse		N/A	
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Caroline Wenzel	Sacramento, CA 1977-1983	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	John F. Kennedy	Sacramento, CA 1985-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Nebraska Medical Center	College of Pharmacy 1994-1998 Omaha, NE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Sacramento State University	Sacramento, CA 1990-1993	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained University of Nebraska Medical Center

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

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

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

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

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

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

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

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

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

Winifred Wright (Deceased) - Uncle child endangerment San Francisco, CA 2002

Jackie Peterson (Deceased) - father in law child endangerment Omaha, NE 2000

Applicant's initial _____

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

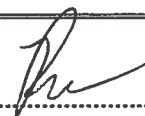
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2/2016 - Current	Woodwell Street Unit A	Las Vegas, NV	89147
7/2004 - 2/2016	1182 Azure Heights Pl	Las Vegas, NV	
1/99 - 7/2004	3060 Sierra Ridge Dr	Las Vegas, NV	
11/98 - 1/99	650 Whitney Ranch Dr. #2011	Las Vegas, NV	
6/98 - 11/98	1601 Burton Rd #1715	Redlands, CA	
5/94 - 6/98	535 S. 37th St.	Omaha, NE	
6/77 - 5/94	7072 Reno Way	Sacramento, CA	

Applicant's initial



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.

10/2015 - 7/1/19	Direct Scripts Mail (DSM) Pharmacy 71 N. Pecos Rd #104	40 hrs/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager/Director	- Management Services	Patrick Eide Miller
Title	Description of Duties	Name of Supervisor
2/2016 - 4/2018	Actua Prior Authorization (PBA) Link from home 4306 Woodward Street	40 hrs/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
PA Clinical Pharmacist	Renew Part D determinations	Renetia Artis
Title	Description of Duties	Name of Supervisor
6/14 - 12/2015	McLerron Pharmacy-Retail 5757 Wayne Newton	40 hrs/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Fill prescriptions/counsel patients	Merce Casal
Title	Description of Duties	Name of Supervisor
6/13 - 12/2015	Pharmacy Purchasing Consultants 4101 Wagon Trail	40 hrs/week
Month and Year	Name/Mailing Address of Employer/Business - Buying Group	Number of Employed Hours
Owner	Sales/operations/management	None
Title	Description of Duties	Name of Supervisor
1/07 - 5/2013	Catalyst/Catalan (PBA) 1650 Spring Gate Lane	40 hrs/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Director of Pharmacy Services	operations/management	Mark Naidone
Title	Description of Duties	Name of Supervisor
9/01 - 12/06	SNAHHS 6101 W Charleston - State Pharmacy	40 hrs/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager/Pharmacist	Fill Rx, counsel patients	Emmanuel Ebo
Title	Description of Duties	Name of Supervisor
7/98 - 8/04	Savon/CVS 6705 E. Lake Mead-Retail	40 hrs/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Fill Rx, counsel patients	Joe Berk
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial



9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Mark Depew</u>	Home	<u>1</u>	<u>Clewiston Ave</u>	<u>LV, NV</u>	<u>89131</u>	<u>>10 years</u>
Employer <u>Catagorian</u>	Business	<u>1650</u>	<u>Spring Gate Lane</u>	<u>LV, NV</u>	<u>89134</u>	
Name <u>Wendy Franco</u>	Home	<u>?</u>	<u>Barnstucket Ave</u>	<u>LV, NV</u>	<u>89147</u>	<u>>5 years</u>
Employer <u>Direct Scripts</u>	Business	<u>71</u>	<u>N. Pecos</u>	<u>LV, NV</u>	<u>89101</u>	
Name <u>Alex Becerra</u>	Home	<u>1</u>	<u>Noble Stand St.</u>	<u>Las Vegas, NV</u>	<u>89148</u>	<u>>10 yr</u>
Employer <u>Self-employed</u>	Business	<u>5897</u>	<u>Noble Stand St.</u>	<u>LV, NV</u>	<u>89148</u>	
Name <u>Derek Turner</u>	Home	<u>1</u>	<u>Scott Road</u>	<u>4D-1401</u>		<u>Murrieta, CA 92563</u> <u>>10 yrs</u>
Employer <u>Not employed</u>	Business	<u>N/A</u>				
Name <u>Stephane Trunk</u>	Home		<u>Day Lilly Ct.</u>	<u>Fairfax, VA</u>	<u>22031</u>	<u>10 yrs</u>
Employer <u>Arant Fox</u>	Business	<u>1717</u>	<u>K Street, NW</u>	<u>Washington D.C.</u>	<u>20036</u>	

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 <u>salesman</u>	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☐

If yes, state type, where and years held

Real estate salesman, Las Vegas, NV; 1 yr

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

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

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

North Carolina BOP in order to get a pharmacy license (approved)

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 Ph

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



Date of photograph 7/25/19

Applicant's initial [Signature]

STATE OF NEVADA

SS.

COUNTY OF Clark

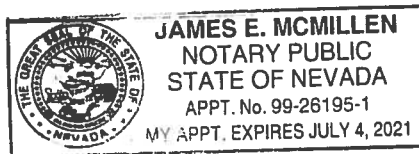
I, Rory Wright, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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

Rory Wright
Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of July 2019

James E. McMillen
Notary Public



(seal)

Applicant's initial

RW

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/29/19

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 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 License
 Nature of License
Alto Pharmacy 600 Pilot Road, Suite A, Las Vegas, NV, 89119
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Gamache-Asselin		First Name Mattieu		Middle Name N/A	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A					
Present Residence Address-Street or RFD Alabama St, APT 5		City San Francisco		State/Zip CA/94110	
Present Business Address 1400 Tennessee St, Unit 2		City San Francisco		State/Zip CA/94107	
Occupation CEO				Phone: Residence Business 650-580-0019	
Date of Birth		Place of Birth (City, County, State) Burlington, Ontario, Canada			
Age 29		Social Security Number		Sex Male	
Color of Eyes Hazel	Color of Hair Dark brown	Complexion Light	Weight 180lbs	Build average	Height 6'

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


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

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial  Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** n/a

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

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

Resident address N/A Street N/A City N/A State N/A Zip N/A

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A Street N/A City N/A State N/A Zip N/A

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>n/a</u>				

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

Name	Street	City	State	Zip	Telephone
<u>n/a</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>n/a</u>			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial 

FAMILY INFORMATION-Continued

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

Name n/a

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father		2 Leithridge Crescent Whitby, ON L1M 2N1 Canada	Commercial airline pilot Captain, A787, Air Canada (Retired)
Henri François Asselin			
Mother		Cartographe St Orléans, ON K4A 3N6 Canada	High school principal (Retired)
Christiane Manon Gamache			
Father-in-Law			
N/A			
Mother-in-Law			
N/A			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
François Gamache-Asselin		Nathalie St Rockland, ON K4K 1E5, Canada	Constable, Ontario Provincial Police
Spouse		Nathalie St Rockland, ON K4K 1E5, Canada	N/A
Anne-Marie Tourville			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ecole St Croix	351 Lafontaine Rd W, ON L9M 0H1, Canada	Sept 1993 - May 2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Ecole secondaire catholique Béatrice-Desloges	1999 Provence Ave, Orléans, ON K4A 3Y6, Canada	Sept 2003 - May 2007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Ottawa	75 Laurier Ave E, Ottawa, ON K1N 6N5, Canada	Sept 2008 - May 2012	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Applied Science in Software EngineeringCollege or university where obtained University of Ottawa

Applicant's initial



5 MILITARY INFORMATION:

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

Branch n/a Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

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

County n/a State _____ Date registered _____

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

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

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

n/a

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

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

n/a

Applicant's initial _____



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
07/2019-present	Alabama St, APT 5	San Francisco	CA
07/2017-07/2019	1221 Harrison St, Unit 17	San Francisco	CA
08/2015-07/2017	1 Polk St, APT 1204	San Francisco	CA
10/2012-08/2015	1001 National Ave, APT 422	San Bruno	CA
05/2012-10/2012	1201 Parkmoor Ave, APT 1311	San Jose	CA
07/2003-05/2012	213 Janet Way	Orleans	Ontario, Canada
1994 - 07/2003	1482 Chapman Rd.	Penetanguishene	Ontario, Canada

Applicant's initial



8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
September 2015 - Present	ScriptDash Inc, 1400 Tennessee St, San Francisco CA 94107	N/A
Title	Description of Duties	Name of Supervisor
CEO		Board of Directors
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2013 - Sept 2015	Facebook / 1 Hacker Way, Menlo Park, CA 94025	Start company
Title	Description of Duties	Name of Supervisor
Software Engineer	Write, develop, test and architect software programs	Kevin Lacker
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2012 - May 2013	Parse / 8 California St, San Francisco, CA 94111	Company acquired by Facebook
Title	Description of Duties	Name of Supervisor
Software Engineer	Write, develop, test and architect software programs	Kevin Lacker
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2011 - August 2011	Adobe / 601 Townsend St, San Francisco, CA 94103	End of internship
Title	Description of Duties	Name of Supervisor
Software Engineer Intern	Write, develop, test and architect software programs	Todd Rein
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2010 - August 2010	Adobe / 343 Preston St, Ottawa, Canada, K1S1N4	End of internship
Title	Description of Duties	Name of Supervisor
Software Engineer Intern	Write, develop, test and architect software programs	n/a
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2009 - August 2009	General Dynamics / 1941 Robertson Rd, Nepean, ON K2H 5B7, Canada	End of internship
Title	Description of Duties	Name of Supervisor
Software Engineer Intern	Write, develop, test and architect software programs	n/a
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial



9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Christophe Tauziet	Home	Indiana St,	San Francisco, CA	94107	+1 (7 years
Employer Uber	Business	1455 Market St #400,	San Francisco, CA	94103		
Name Kelly Phillips	Home	Alabama St, #5,	San Francisco, CA	94110		5 years
Employer Sephora	Business	425 Market St,	San Francisco, CA	94103		
Name Francis Davidson	Home	S Van Ness Ave,	San Francisco, CA	94110		2 years
Employer Sonder	Business	101 15th St,	San Francisco, CA	94103		
Name Justin Nathaniel Kan	Home	Belcher St,	San Francisco, CA	94110		2 years
Employer Atrium	Business	260 Townsend St #400,	San Francisco, CA	94107		
Name Dymimul Mao	Home	1 Percy St,	Ottawa, ON	K1R 6G2, Canada		11 years
Employer Trading Central	Business	301 Moodie Dr #200,	Nepean, ON	K2H 9C4, Canada		

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

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

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

Applicant's initial



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

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

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

N/A

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

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

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

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

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

N/A



Date of photograph 7/29/19

Applicant's initial


STATE OF California

ss.

COUNTY OF San Francisco

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of

July 2019

David S. O'Brien

Notary Public

OUD SAPPRASERT O'BRIEN



(seal)

Applicant's initial



Page 9

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/29/19

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 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 License
 _____ Nature of License
 _____ Alto Pharmacy 600 Pilot Road, Suite A, Las Vegas, NV, 89119
 _____ Name and Address of Establishment for Which License Is Requested
 _____ N/A
 _____ If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Karraker	First Name James	Middle Name Dylan
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) Jamie		
Present Residence Address-Street or RFD Oakwood St, Apt 3	City San Francisco	State/Zip CA 94110
Present Business Address 1400 Tennessee St, Unit 2	City San Francisco	State/Zip CA 94107
Occupation	Phone: Residence	Business
CTO	304-319-2266	
Date of Birth 11/2	Place of Birth (City, County, State) Denver, CO	
Age 30	Social Security Number	Sex Male
Color of Eyes Grey	Color of Hair Brown	Complexion Light
Weight 185	Build Average	Height 6'3"

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial OK Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** _____ N/A _____

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

S.S. No. _____ N/A _____

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

Resident address _____ N/A _____

Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ N/A _____ Business _____ N/A _____

Spouse's employer _____ N/A _____ Occupation _____ N/A _____

Address of employer _____ N/A _____

Street _____ City _____ State _____ Zip _____

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial OK

FAMILY INFORMATION-Continued

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

Name..... N/A

Address..... N/A

Contact person..... N/A

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Jon Karraker		1 Jackson Ave, Morgantown, WV 26501	Expert witness
Mother			
Katherine Richart		3 Jackson Ave, Morgantown, WV 26501	Associate Provost
Father-in-Law			
N/A			
Mother-in-Law			
N/A			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Katrina Karraker	2	4 E 21st St, New York, NY 10010	Recruiter
Spouse			
N/A			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Suncrest Middle School	Morgantown, WV	2000-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Morgantown High School	Morgantown, WV	2003-2006	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College				
University	Massachusetts Institute of Technology	Cambridge, MA	2008-2013	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Phillips Exeter Academy	Exeter, NH	2006-2008	
Other				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... BS, Computer Science, Physics; MEng, Computer Science

College or university where obtained..... Massachusetts Institute of Technology

Applicant's initial OK

5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

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

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

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

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

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

N/A

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

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

N/A

Applicant's initial OK Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
6/1989-6/2006	200 Jackson Ave	Morgantown	WV
6/2006-6/2008	17 Spring St	Exeter	NH
6/2008-6/2013	99 Bay State Rd	Boston	MA
6/2013-8/2014	662 Loma Verde Ave	Palo Alto	CA
8/2014-10/2015	40 Broderick St	San Francisco	CA
10/2015-11/2017	3546 22nd St	San Francisco	CA
11/2016-12/2018	342A Prospect Ave	San Francisco	CA
11/2018-present	Oakwood St, Apt 3	San Francisco	CA

Applicant's initial OK

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
6/2015-present	ScriptDash Inc / 1400 Tennessee St, San Francisco CA 94107	
Title	Description of Duties	Name of Supervisor
CTO	Manage product, engineering, design, security, and analytics teams	Mattieu Gamache-Asselin
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2013-6/2015	Facebook / 1 Hacker Way, Menlo Park, CA 94025	Started company
Title	Description of Duties	Name of Supervisor
Software engineer	Write, develop, test and architect software programs	Kevin Lacker
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial OK Page 6

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

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

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

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

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

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

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

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



Date of photograph 7/29/19

Applicant's initial OK

STATE OF California

ss.

COUNTY OF San Francisco

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of

July, 2019


Notary Public

OUD SAPPRASERT O'BRIEN



(seal)

Applicant's initial OK

Applicant's initial OK

7B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PAHRUMP WELLNESS PHARMACY and NUTRITION CENTER

Physical Address: 2780 Homestead RD

City: Pahrump State: NV Zip Code: 89048 Telephone: 702-960-8640

Fax: _____ Toll Free Number: _____

E-mail: Justin.pahrumpwp@gmail.com

Website: _____

Managing Pharmacist: Thomas Rogaski License Number: 10182

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

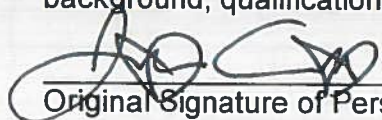
Within the last five (5) years:

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

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

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

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



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

Justin Curnutt
Print Name of Authorized Person

07/25/19
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: JUSTIN CURNUTT %: 80
 Name: ANNA CADIGAN %: 20
 Name: / %: /
 Name: / %: /

Partnership Name: CCDE, LLC

Mailing Address: PO Box 6380

City, State Zip Code: PAHRUMP, NV, 89041

Telephone Number: 702-960-8640 Fax Number: _____

Contact Person: JUSTIN CURNUTT

List any physician shareholders and percentage of ownership.

Name: / %: /
 Name: / %: /
 Name: / %: /

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 6 pm Saturday 10 am 2 pm
 Sunday 10 am 2 pm 24 Hours NA

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

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

I, Justin Curnutt

Responsible Person of CCDE, LLC and PAHump Wellness Pharmacy + Nutrition Center
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

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

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



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

JUSTIN CURNUTT

Print Name of Authorized Person

07/25/19

Date

Managing Pharmacist

Pharmacist Name: THOMAS ROGASKI

License #: 10182

Pharmacy Name: PAHRUMP Wellness Pharmacy and Nutrition Center

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

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

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

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

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

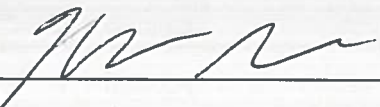
Board Administrative Action: State: NV Date: 8/27/02 Case #: 20020000000363
 And/or Criminal Action: State: _____ Date: _____ Case #: 02-043-S
 County: _____ Court: _____

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

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

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

Signature



Date

7/17/2019

Subject: **RE: Pharmacy records**
Date: 11/15/2018 8:57:57 AM Pacific Standard Time
From: shunting@pharmacy.nv.gov
To: silverearrings@aol.com

Thomas,

The following information is provided per your request:

Licensee Name: Thomas Rogaski
Nevada License No.: 10182
License Type: Pharmacist
License Status: Active – In Good Standing
1st License Date: 10/09/1989
License Expires: October 31, 2019
Discipline: Yes

The physical case file is over ten years old and no longer available. I have attached a screenshot from the discipline tracking system which provides a brief summary of the case.

Please contact me if you have any questions.

Shirley Hunting

Board Coordinator

Custodian of Records

Nevada State Board of Pharmacy

Phone: 775-850-1440

Fax: 775-850-1448

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential

[FAQ](#) | [Help](#) | [Sign Out](#)

VR Home	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
-------------------------	------------------------	-----------------------------	-------------------------	----------------------	----------------------	----------------------------	-----------------------------	------------------------

[Complaint Search Update](#) [Change Recording Public Case Info](#) [License Type](#) [Delete Complaint](#) [Mass Activity Update](#) [Mass Discipline Update](#) [Mass Status](#)

Domain **1 - Nevada Dept**Logged in as **shuntin**[VR Home](#) > [Case Search](#) > [Maintain Case](#)

Lic Type	1007 - Pharmacist	Status	80 Closed	Status Date	08/27/2002
Complaint #	200200000000363	Case Type	AAC All Actions Completed	Disposition Date	08/27/2002
Docket#		Respondent	ROGASKI, THOMAS	Responsible	Public Case

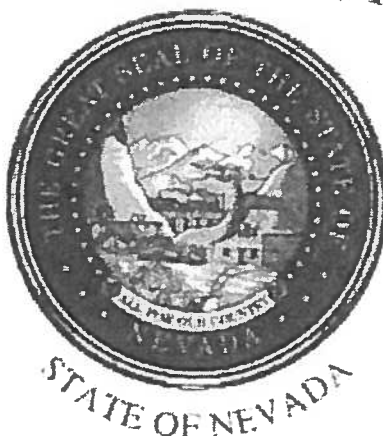
Complaint	Respondent	Complainant	Add'l Info
---------------------------	----------------------------	-----------------------------	----------------------------

Source	STFF - Board Staff	Security Level	1
Form	STND - Standard	Priority	1
Class'n		Complexity	
Security	NORM - Normal	Incident	
Region		Received	08/27/2002
Reference	02-043-S		
Entered	08/27/2002	Entered By	
Summary	CE Audit Action. \$100 fine/\$250 admin fees, due in 60 days (10/23/02), CE audit for next renewal, 60 CEs for next renewal.		
Updated	08/28/2008 16:23:20	By	jwalter

Parties	Activities
Allegations	Discipline
Violations	Compliance
Related	Disposition
Costs	
Time Tracking	
Attachments	History
Work Notes	Print Report

[Back](#)[Get Adobe Reader](#)

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, **CCDE LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 3, 2019, 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 July 10, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190710-0163

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

Date

7/26/2019

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

Retail Pharmacy + Non-Sterile Compounding

Nature of Pharmacy or Wholesaler

PAHRUMP Wellness Pharmacy and Nutrition Center

Name and Address of Business for Which Designated Representative Is Requested

2780 Homestead RD. #101, PAHRUMP, NV 89048

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name

MAGASKI

First Name

Thomas

Middle Name

N/A

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

Present Residence Address-Street or RFD

City

State/Zip

Mesa View Drive LV NV 89120

Present Business Address

Dates

City

State/Zip

Present Position with the Pharmacy or Wholesaler

Phone:

Residence

Business

Manhattan NYC NY

Date of Birth

59

Place of Birth (City, County, State)

Age

Social Security Number

Sex

M

Color of Eyes

Blue

Color of Hair

blonde/grey white

Complexion

Weight

170

Build

mesomorph

Height

5'4"

Scars, tattoos or distinguishing marks and/or characteristics

N/A

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

If naturalized, certificate No.

Date

Place

(If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial

TM

A. Current Marriage

Date 5/17/85
 Spouse's full name (Maiden) Mindy Sue Gebaude City, County and State Kings County Brooklyn NY
 S.S. No. _____
 Date of Birth _____ Place of Birth Kings County Brooklyn NY
 Resident address Mesa View Dr. LV NV 89120
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street City State Zip

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

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

N/A

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

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

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

N/A

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

Ⓢ

FAMILY INFORMATION-Continued

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

Name

Address

Contact person.....

C. Parents:

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

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

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

Father

N/A

Mother

Pauline Budnik

e 85th St. NYC NY 10010

Father-in-Law

N/A

Mother-in-Law

D. Brothers and Sisters:

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

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

Marie Nogaski

0152nd St NYC NY 10031 N/A

Spouse

N/A

Andrew Nogaski

e 85th St NYC NY 10010

Security Officer NYU

Spouse

N/A

John Nogaski

83 Huntington Beach Ca real estate management
* moved on 4/30/2019

Spouse

Tomo Nogaski

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School PSC61	NYC NY	9/65 - 6/74	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Seward Park HS		9/74 - 6/78	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Arnold & Marie Schwartz School of Pharmacy LIU	BRUNY NY	9/78 - 6/83	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Ph.D. in Pharmacy

College or university where obtained..... Arnold & Marie Schwartz School of Pharmacy LIU

Applicant's initial

Ⓟ

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

B. Have you registered for the draft?

Yes ☐ No ☒

County State Date registered

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

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

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

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

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

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


E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐ REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

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

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

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

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial 

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Personal Bankruptcy	2001	N/A	Las Vegas, NV / Clark city	Dismissed / dropped

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
10/89 - 12/00?	3020 Liberty Circle N	LV	NV
12/00 - 7/06	4255 E Tamaris #140	LV	NV
7/06 - current	1 Mesa View Drive	LV	NV

Applicant's initial

TR

86403

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	input, Rx Filling, counseling, verification	Brian Lee RPH

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
ON-CALL Pharmacist	Verification of Rx, counseling, MD interventions	Raymond RPH

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	4-point verification, visual verification, counseling, immunizations	16,640 Hours
Title	Description of Duties	Name of Supervisor
		Molly Harlow / Wes Campbell

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2001	Walgreens Pharmacy (various locations)	16,000 Hours

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Rx verification, input, counseling, technician supervision	Matt
Title	Description of Duties	Name of Supervisor

[illegible][illegible]

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

Title	Description of Duties	Name of Supervisor

Applicant's initial

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>MARC ALBAUM</u>	Home	<u>Grand St</u>	<u>New York, NY</u>	<u>1002</u>	<u>7</u>	<u>44 years</u>
Employer <u>Self-employed</u>	Business	<u>MARC ALBAUM CPA</u>	<u>260 E. Broadway</u>	<u>NY, NY 10002</u>	<u>212-674-2840</u>	
Name <u>HINH HUYNH RPH</u>	Home	<u>8 Tusculum Way</u>	<u>Durham, UT</u>	<u>84020</u>		<u>5 years +</u>
Employer <u>Walgreens Rx</u>	Business	<u>Walgreens #9974</u>	<u>4205 Main St</u>	<u>Springville UT 84663</u>	<u>801-853-1214</u>	
Name <u>Brian Nguyen RPH</u>	Home	<u>Dollar Pointe</u>	<u>Las Vegas, NV</u>	<u>89148</u>	<u>6</u>	<u>22 years</u>
Employer <u>Walmart Rx</u>	Business	<u>Walmart</u>	<u>3041 N. Rainbow Blvd</u>	<u>Las Vegas, NV 89108</u>	<u>702-656-7331</u>	
Name <u>Morris DuBia</u>	Home	<u>Cavas Way</u>	<u>Henderson, NV</u>	<u>89014</u>		<u>15 years</u>
Employer <u>Retired</u>	Business	<u>N/A</u>				
Name <u>Ugo Nnodim RPH</u>	Home	<u>Corista Dr</u>	<u>Henderson, NV</u>	<u>89053</u>		<u>7 years</u>
Employer <u>US Military</u>	Business	<u>N/A</u>				

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

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			

If yes, state type, where and years held

New York Pharmacist #035828 35 years
Arizona Pharmacist #5023888 Less than 1 year
Utah Pharmacist #11234258-1701, Utah controlled substances 11234258-8911 } Less than 1 year both

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

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

NEVADA Board of Pharmacy CE Audit / case 200200000000363 / case resolved + closed

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

AD

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

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

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

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

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

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

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

21. Will you be present at the site of the pharmacy or whc operating hours? Yes ☒ No ☐



APH
ST

Date of photograph 7/26/2019

Applicant's initial (Signature)

STATE OF Nevada

SS.

COUNTY OF Clark

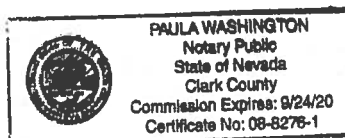
I, THOMAS ROGASKI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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

Thomas Rogaski
Original Signature of Applicant

Subscribed and Sworn to before me this 26th day of

July 2019
Paula Washington
Notary Public



(seal)

Applicant's initial TR

I stood before the State Board of pharmacy on
Due to a shortage of C.E. credits. I paid my fine, made
up my hours and it never happened again.

^{in addition to Nevada}
I currently hold active licenses in good standing ^{in pharmacy} in the
following states:

NY State State Board of pharmacy # 035828

State of Utah 11234258-1701

Pharmacist Controlled Substance State of Utah 11234258-18911

Arizona State State Board of Pharmacy # 5023888

* When I discovered in the past illegally written prescriptions
I followed protocol by contacting the police. When
charges were pressed against the illegal prescriber I
was subpoenaed against the arrested party by the
D.A. This occurred a number of times over the
years.

In reference to page 4 # C, D & E.

* In reference to page 5 # I
I filed for bankruptcy in 2001 but never pursued it.

Applicant's initial

A

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

398

Date 7-25-19

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 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 PAHRUMP Wellness Pharmacy and Nutrition Center
2780 Homestead Rd. #101, PAHRUMP, NV 89048
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Cadigan Anna Maria
 Last Name First Name Middle Name
Maiden name DiBenedetto / married name Christensen
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Loughlin Rd Pahrump NV 89048
 Present Residence Address-Street or RFD City State/Zip
2100 E Calaveras Blvd Pahrump NV 89048
 Present Business Address City State/Zip

Occupation _____ Dates _____ Phone: _____
 Residence _____
 Business 775-727-7959
Point Pleasant Ocean, NJ
 Date of Birth _____ Place of Birth (City, County, State)

57 F
 Age Social Security Number Sex
Hazel Brown white 140 small 5'5"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Scar Top of @ hand

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial ae

A. **Current Marriage** 05-07-2016 Pahrump Nye NV
Date City, County and State
 Spouse's full name (Maiden) Craig L Christensen S.S. No.
 Date of Birth Place of Birth Cedar City Utah
 Resident address Laughlin Rd Pahrump NV 89048
Street City State Zip
 Telephone: Residence Business 775-727-7959
 Spouse's employer Self Occupation Chiropractor
 Address of employer
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
James W Cadigan	12-16-2015	9-8-1982 Allamwood	Divorced	Pahrump Nye NV

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

Name	Street	City	State	Zip	Telephone
James W Cadigan	2 Lorilei	Pahrump	NV	89048	

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Amanda Cadigan		NV	60 Patricia LV NV 89148
James F Cadigan		NV	Kansas St Pahrump NV 89048
Steven Cadigan		NV	1 SE 142 place Summerfield Florida 34491

See Attached sheet (A)

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial ce

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

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

Father

Mario D. Benedetto

lasty heights

Mineral Bluff GA 30559 retired

Mother

Maria D. Benedetto

lasty heights

Mineral Bluff GA 30559 retired

Father-in-Law

Dale Christensen

Laughlin Rd Pahrump NV retired
89048

Mother-in-Law

Marjorie Christensen

Laughlin Rd Pahrump NV retired
89048**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
---------------	------------	---------	------------

Pasquale D. Benedetto

lasty heights

Mineral Bluff CA 30559 Builder

Spouse

Laura D. Benedetto

lasty heights

Mineral Bluff GA 30559 Post office

Mario D. Benedetto

Sawin St

Pahrump NV 89048 retired

Spouse

Teresa Hlem

Santiuido

Pahrump NV 89048 office manager

Spouse

Bill Hlem

Santiuido

Pahrump NV 89048 Supervisor

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Green Grove	Neptune	1967-1972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Neptune High	Neptune	1976-1980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

College or university where obtained

Applicant's initial ae

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

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

County _____ State _____ Date registered _____

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
7-14-2008	45	Interfering in law enforcement	Pahrump NV 89048	2009	Nye County

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

Name	Relationship	Charge	Location	Date
James Cadigan	Son	Marijuana	AZ	?

Applicant's initial re Page 4

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
10-1-1994	2690 Locelie	Pahrump	NV 89048 Nye
7-1-2015	Laughlin Rd	Pahrump	NV 89048 Nye

Applicant's initial *RL* 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
Title	Description of Duties	Name of Supervisor
7-1978	Woolworth Hwy 33 NJ	New Job
	Managed Garden center Sell - restock	
5-1980	Power Controls Redbank NJ	Having children
	Assembler Built computer Boards	John Dominico
1-2010	Pahrump Dermatology Pahrump NV	New Job
	MD - Marketing	Mike Roos
1-2012	LV Skin + Cancer	Business Closed 7-2015
	Lab Tech + MHA Patient care, assist in surgeries	
5-2016	Independent Wellness center	Closed
	Manager / Admin / HR	Craig Christensen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial ac 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
Roddy Fernandez Name	Home	1 Ravine ave Pahrump NV 89048				57 (11)
Nye County Emergency Employer	Business	management logistics office				
Scott Lewis Name	Home	1 Elderberry Pahrump NV 89048				3 (11)
Nye County Employer	Business	chief of fire department				
Justin Tull Name	Home	1 Hilliard Dr. Clarkston Washington 99903				(12)
Express Care Employer	Business					
Donna Corey Name	Home	Basin Rd Pahrump NV 89060				1 (5)
Pahrump Valley Employer	Business	Chamber of Commerce				
Jeff Charbonneau Name	Home	1 Treonah Pahrump NV 89048				
Self Employer	Business	General contractor.				(20)

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

Applicant's initial re Page 7

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

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

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

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

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

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

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

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



Date of photograph 7-25-19

Applicant's initial en

STATE OF Nevada

SS.

COUNTY OF NYE

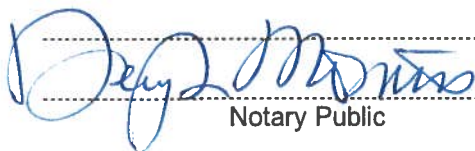
I, Mary Ann Morris Anna Cadigan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of July 2019



Notary Public

Applicant's initial ac

Page 9

Applicant's initial Page 10

Mitchel Cadigan

NJ

Step Children

Cooper Christensen

NV

Hunting Ridge
Trail

Granger IN 46530

Cayla Carrizal

CA

Brigwood Dr

Brea CA 92821

Chandy Christensen

CA

Laughlin Rd

Pahrump NV
89048

Torrence Christensen

CA

Frederia Dr

Las Vegas NV 89108

Afton Rodriguez

CA

Brarwood Dr

Brea CA 92821

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/24/19

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 PAHRUMP WELLNESS PHARMACY and NUTRITION Center
2780 Homestead RD. #101 PAHRUMP, NEVADA, 89048
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name CURNUTT First Name JUSTIN Middle Name DAINE
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A
 Present Residence Address-Street or RFD 10/15- Present City PAHRUMP State/Zip NV / 89060
N. Leslie St Dates
 Present Business Address 04/16- Present City PAHRUMP State/Zip NV / 89048
2341 E. Postal Road Dates
 Occupation owner of PAHRUMP WELLNESS Center and Educator Phone: 775-419-6338
of Therapeutic Lifestyle Changes! Residence
 Business
 Date of Birth _____ Place of Birth (City, County, State) LAS VEGAS, CLARK, NEVADA
 Age 33 Social Security Number _____ Sex MALE
 Color of Eyes Blue Color of Hair Brown Complexion White Weight 140 Build Petite Height 5'6"

Scars, tattoos or distinguishing marks and/or characteristics Scar in the middle of forehead
from Chickenpox that was scratched off as a child.

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial [Signature] Page 1

A. Current Marriage 11/17/07 Pocatello, Bannock, IDAHO
 Date City, County and State
 Spouse's full name (Maiden) ASHLEY LENAEE POOLE S.S. No. _____
 Date of Birth _____ Place of Birth Pocatello / Bannock County
 Resident address N. Leslie St. PAHRUMP, NV, 89060
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer Home MAKER Occupation Homemaker
 Address of employer N/A
 Street City State Zip

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

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

N/A

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

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

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Dominic CURNUTT</u>	<u>11/17/07</u>	<u>Blackfoot, IDAHO</u>	<u>N. Leslie St. PAHRUMP, NV 89060</u>
<u>Lenaee CURNUTT</u>	<u>11/17/07</u>	<u>Riverton, UTAH</u>	<u>Same as Above</u>
<u>Felicity CURNUTT</u>	<u>11/17/07</u>	<u>LAS Vegas, NEVADA</u>	<u>Same as Above</u>
<u>ADALINE CURNUTT</u>	<u>11/17/07</u>	<u>LAS Vegas, NEVADA</u>	<u>Same as Above</u>

B. Child Support Information:

Please mark the appropriate response:

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

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

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

Applicant's initial _____

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father TROY CURNUTT		Lois Lane Pocatello, ID 83201	Entrepreneur
Mother MIRIAM Jensen		Lois Lane Pocatello, ID 83201	Homemaker
Father-in-Law Brian POOLE		S. Fairway DR. Pocatello, ID 83201	Engineer
Mother-in-Law Melanie Moser		S. Fairway DR. Pocatello, ID 83201	Principal Secretary School District

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
Cameo CURNUTT		W. Bonneville Pocatello, ID 83204	STUDENT
Spouse N/A			
HANNAH CURNUTT		DOLBEER St unit B Pocatello, ID 83201	School Teacher
Spouse N/A			
IAN CURNUTT		Lois Lane Pocatello, ID 83201	STUDENT
Spouse N/A			

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Leid Middle School	Las Vegas, NV	97-99	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Centennial High School	Las Vegas, NV	00-04	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Roseman University of Health Sciences	Henderson, NV	09-12	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other IDaho STATE university	Pocatello, ID	07-09	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm.D.College or university where obtained Roseman University of Health SciencesApplicant's initial 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☒ No ☐County CLARK State NEVADA Date registered 2002**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
10/14 - CURRENT	N. LESLIE ST. PAHRUMP, NV 89060	PAHRUMP	NV / Nye
02/13 - 10/14	10 SPRUCE LN. PAHRUMP, NV 89048	PAHRUMP	NV / Nye
12/12 - 02/13	1636 CALICO CIR.	Pocatello	ID / Bannock
05/11 - 12/12	7324 Camden Pine Ave.	LV	NV / Clark
05/09 - 05/11	4097 W. 9475 S.	South Jordan	UT
05/08 - 05/09	29 1/2 Stanford Ave.	Pocatello	ID / Bannock
11/07 - 05/08	434 E. HALLIDAY	Pocatello	ID / Bannock
06/05 - 11/07	2861 Lois Ln.	Pocatello	ID / Bannock
06/05 - 06/196	8300 Spruce Meadows	LV	NV / Clark
03/86 - 06/96	5873 Monroe Ave	LV	NV / Clark

Applicant's initial



8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/16 - Current	PAHRUMP WELLNESS CENTER 2341 E. PASTAL RD. STE. B., PAHRUMP, NV 89048	Current
Title	Description of Duties	Name of Supervisor
OWNER	Everything	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/15 - 01/16	PARTELL SPECIALTY PHARMACY 5835 S. EASTERN AVE, LV, NV 89119	License Revocation
Title	Description of Duties	Name of Supervisor
STAFF RPH	DATA ENTRY, FILLING, COUNSELING, etc.	SCOT SILBER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/13 - 08/15	SMITH FOOD AND DRUG 601 S. NV-160, PAHRUMP, NV 89048	Fired
Title	Description of Duties	Name of Supervisor
STAFF RPH	DATA ENTRY, FILLING RX COUNSELING, etc.	LESTER SHERMAN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/11 - 02/13	ADVANCED ISOTOPES OF NEVADA 1771 E. FLAMINGO RD, LV, NV 89119	JOB @ Smith's
Title	Description of Duties	Name of Supervisor
Intern RPH / RPH	Filling, DATA ENTRY, Aseptic technique, etc.	CHRIS Southwick
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/07 - 08/11	ADVANCED ISOTOPES OF IDAHO 4968 RAINBOW LN, POCAHELLO, ID 83202	Moved to Las Vegas FOR RPH Internship
Title	Description of Duties	Name of Supervisor
Delivery Technician and Manager	DATA Entry, etc. Deliveries, DOT, Technician to RPH	Nicki Chopski
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/03 - 06/05	BlockBUSTER, LV, NV	(2 years) Serving an LDS Mission
Title	Description of Duties	Name of Supervisor
Register Hand	Register, Movie Coordinator	BOB
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Andrew Cannon</u>	Home <u>Hayden Ave.</u>	<u>Evanston</u>	<u>WY</u>	<u>82930</u>	<u>307-789-4000</u>	<u>06/09 - Current</u>
Employer <u>CITY DRUG OF EVANSTON</u>	Business <u>131 10th St</u>	<u>Evanston</u>	<u>WY</u>	<u>82930</u>	<u>307-789-4000</u>	<u>10 yrs.</u>
Name <u>Jaron Wilson</u>	Home <u>Comanche Canyon Ave.</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89113</u>	<u>702-561-0307</u>	<u>06/02 - Current</u>
Employer <u>UNYRSL BRANDS</u>	Business <u>1701 Kelly Blvd.</u>	<u>Carrollton</u>	<u>TX</u>	<u>75006</u>	<u>702-561-0307</u>	<u>17 yrs.</u>
Name <u>David Vanderbeek</u>	Home <u>1 N. Linda</u>	<u>PAHRUMP</u>	<u>NV</u>	<u>89048</u>	<u>751-8980</u>	<u>02/13 - Current</u>
Employer <u>PAHRUMP VALLEY COUNSELING</u>	Business <u>3340 NV-160</u>	<u>PAHRUMP</u>	<u>NV</u>	<u>89048</u>	<u>751-8980</u>	<u>6 yrs.</u>
Name <u>NEAL Williams</u>	Home <u>Sheridan St.</u>	<u>LV</u>	<u>NV</u>	<u>89102</u>	<u>702-395-4275</u>	<u>06/95 23 yrs</u>
Employer <u>ARTCON, INC.</u>	Business <u>3021 Sheridan St.</u>	<u>LV</u>	<u>NV</u>	<u>89102</u>	<u>702-395-4275</u>	<u>1</u>
Name <u>Steve Jolley</u>	Home <u>S. Cortina St.</u>	<u>PAHRUMP</u>	<u>NV</u>	<u>89048</u>	<u>208-757-0391</u>	<u>02/13 - Current</u>
Employer <u>Affiliated Physical Therapy</u>	Business <u>2141 S. Cortina St.</u>	<u>PAHRUMP</u>	<u>NV</u>	<u>89048</u>	<u>208-757-0391</u>	<u>6 yrs.</u>

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

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

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Pharmacy License, NEVADA - 18338 - 2012-2016 (Revoked) - 2019 (Reinstated)
Pharmacy License, IDAHO - PG751 - 2012-2015 (Expired)

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

Applicant's initial

JD

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 ☐

Explanation Attached

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

Explanation Attached

If yes to the above, state where, when and for what reason: Prescription Fraud and Insurance Fraud. Pharmacist License Revoked in 2016 in Nevada. I Authorized Refills for myself and got my license revoked with 2 other technicians. Wyoming, 2019 Denied License RPH Due to Not having 1 year Recent Pharmacy Activity.

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 ☐

Explanation Attached

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 ☐

Troy Cunniff - Father - Advanced Isotopes of Nevada, Quantum Isotopes in IDAHO



Date of photograph 07/25/19

Applicant's initial TC

STATE OF

Nevada

SS.

COUNTY OF

NyeMary Ann MorrisJustinCurnutt

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

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

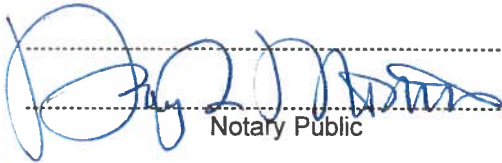


Original Signature of Applicant

Subscribed and Sworn to before me this

25

day of

July 2019


Notary Public



(seal)

Applicant's initial

I have Attached Addition Documents and Board of NV Pharmacy Proceedings. Also Attached is an Explanation of all yes Answers.

Applicant's initial



Page 10

To whom this may concern:

In explanation to the 'yes' answers on both the 'Personal History Record for Pharmacy' as well as the 'Application For Nevada Pharmacy License'. Much of the information is repetitive in nature and in the saving of time and paper it is all lumped into the same document. Many pages of board hearings are attached and explained further on.

Application for Nevada Pharmacy License:

Question 2, page 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, Justin Curnutt applied for a Pharmacy Intern License in the state of Wyoming during the years of 2017 to 2018. The Nevada Board of Pharmacy had granted Justin the ability to work as an intern in Nevada and had to complete one year as part of his stipulations for his license revocation. He could not find adequate work in the state of Nevada and therefore sought to find work elsewhere. The Wyoming State Board of Pharmacy did not grant Justin Curnutt the Pharmacy Technician License he requested and felt that until the Nevada Board of Pharmacy granted him his license back that they did not want to pursue any further actions and therefore denied his license altogether.

Question 3, page 2: 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, Justin Curnutt had his Pharmacist License revoked for prescription fraud and insurance fraud. He has paid a severe penalty of 3+ years fiduciary penalties of not working as a pharmacist. He is working diligently to make amends on all accounts of his mistakes through fulfilling his stipulations and keeping above reproach in all aspects of pharmacy. Attached are all the documents provided from the board hearings. I have also laid out the sections and pages relevant in order to save the board time scouring them.

We have attached the 5 board hearings that Justin Curnutt appeared at in the process of getting his pharmacist license back. January 2016 (meeting 1) was the initial hearing the report starts on page 8 and continues through page 12. In the January 2017 (meeting 2) hearing the report starts on page 11 and goes through to page 12. In April 2017 (meeting 3) hearing the report starts on page 6 and goes through to page 7. In April 2018 (meeting 4) hearing the report starts and ends on page 13. In December 2018 (meeting 5) hearing the report starts on page 10 and goes through to page 11.

Personal History Record for Pharmacy for the application of Justin Curnutt:

Question 13, page 8: Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever?

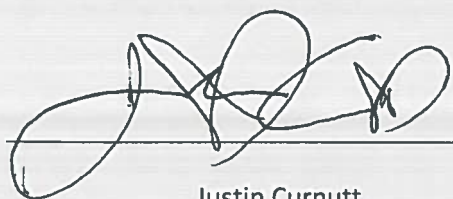
Yes, Justin Curnutt has sat before the Nevada State Board of Pharmacy multiple times throughout the years of 2016-2018.

Question 14, page 8: Have you ever been denied a personal license, permit, certification or registration for a privileged, occupational or professional activity?

Yes, Justin Curnutt was denied his Pharmacist License multiple times while on the path of correction. He attempted to make amends and comply with the stipulations to best of his ability before each board hearing he appeared at. He was also denied a pharmacy technician license in the state of Wyoming as described above.

Question 16, page 8: 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, Justin Curnutt was the focus of attention multiple times at Nevada Board of Pharmacy hearings. He had his license revoked in January 2016 for insurance fraud and prescription fraud. He sat before the board multiple times since in various attempts at getting his license reinstated. Much of the information is repetitive in nature and has been discussed previously.

A handwritten signature in black ink, appearing to be 'Justin Curnutt', written over a horizontal line.

Justin Curnutt

07/25/19

07/25/19 / Date



NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL
 WRITER'S DIRECT DIAL: (775) 850-1110 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1111

December 20, 2018

Justin Curnutt
 Postal Dr.
 Pahrump, NV 89048

RE: Reinstatement of Pharmacist Registration with Terms and Conditions of Probation

Dear Mr. Curnutt:

On December 5, 2018, the Nevada State Board of Pharmacy (Board) heard your request for reinstatement of your Nevada Pharmacist Registration No. 18338. The Board granted your request with the following terms and conditions.

1. Registration No. 18338 is now active and on probation for not less than twenty four (24) months.
2. During the probationary period, you:
 - a. May be employed and work on a full time basis, but you may not work more than forty (40) hours per week;
 - b. You may not work as a pharmacist in charge or managing pharmacist in any Nevada-licensed pharmacy;
 - c. You must inform all current and future employers of this disciplinary action (*BOP v. Curnutt*, Case No. 15-051-RPH-S), including the facts and circumstances of the case, *i.e.*, that the Board revoked your pharmacist license as a result of your conviction in this matter.
 - d. You will not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any of the provisions of Nevada Revised Statutes (NRS) Chapter 453, 454, 585 or 639, or any other state or federal law or regulation relating to drugs, the possession, manufacture or distribution of drugs or the practice of pharmacy.

3. Before renewing your registration, which is due for renewal by October 31, 2019, you shall complete thirty (30) continuing education units (CEUs), in addition to the twenty four (24) CEUs you are required to complete as an ordinary requirement for renewal. (54 CEUs total.) Two of those additional thirty CEUs shall be on the topic of professional ethics.

4. Any violation of the terms of the Board's Order, as explained above, may result in the immediate suspension of your intern pharmacist license.

These conditions are not negotiable. A hearing before the Board would be required to amend them. You may contact me, David Wuest, the Board's Executive Secretary, or Dr. Yen Long, the Board's Deputy Executive Secretary, if you have questions. A copy of the recording from the hearing in this matter is available upon request.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: David Wuest, R.Ph., Executive Secretary, Nevada State Board of Pharmacy; Yen Long, Pharm.D., Deputy Executive Director, Nevada State Board of Pharmacy



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

MINUTES

~~January 13-14, 2016~~

BOARD MEETING

Hilton Garden Inn
 7830 S Las Vegas Boulevard
 Las Vegas

Board Members Present:

Leo Basch	Cheryl Blomstrom	Kevin Desmond	Tallie Pederson
Jason Penrod	Kirk Wentworth	Darla Zarley	

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ken Scheuber	Luis Curras	Dena McClish	Raylene Palmer
Kristopher Mangosing			

Mr. Pinson introduced Darla Zarley, Pharm D. as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three year term. Ms. Zarley is an accomplished pharmacist and educator. She currently holds the position of Director of Experiential Education/Associate Professor of Pharmacy Practice at Roseman University in Henderson, Nevada

Mr. Pinson also announced that Leo Basch and Kirk Wentworth were reappointed to serve another term on the Board

President Basch informed the Board that Valerie Jensen was present at the meeting as required by the Board Order.

1. Public Comments- January 13, 2016 9:00 A.M.

There was no public comment.

2. Approval of October 14-15, 2015, Minutes

Darla Zarley recused from participation in this matter as she was not present at the October 2015 meeting.

Board Action:

Motion: Kirk Wentworth moved to approve the Stipulation and Order as presented regarding the Second through Fifth Causes of Action.

Second: Kevin Desmond

Action: Passed Unanimously

Regarding the one unresolved Cause of Action No.1. Mr. Stilling disputed that Mr. Meyers was responsible for not verifying and dispensing a prescription for simvastatin 20 mg. tablets rather than Zoloft 200 mg. tablets as prescribed.

Mr. Stilling moved to have Exhibits WG1 and WG2 entered into the record. President Basch accepted the Exhibits into the record.

Mr. Stilling explained that Exhibit WG1 was documentation of Case #14-076 and Exhibit WG2 was the minutes regarding the same case, which Mr. Stilling argued was controlling. Mr. Penrod opined that Case #14-076 was distinguishable from the current case.

The Board heard additional arguments and determined that Mr. Meyers was responsible for the actions of personnel under his supervision as the pharmacist on duty.

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lucas Meyers guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved that Lucas Meyers pay a fine of \$250.00 and complete two one-hour CE on the topics of pharmacy record keeping (1 CE) and proper error prevention techniques.

Second: Kevin Desmond

Action: Passed Unanimously

E. Justin Curnutt, R.Ph

(15-051-RPH-S)

F. Isabel Romero, PT
G. Lori Brandon, PT

(15-051-PT-A-S)
(15-051-PT-B-S)

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that this would not conflict with her participation in this matter.

Justin Curnutt, pharmacist, Isabel Romero, pharmaceutical technician, and Lori Brandon, pharmacy technician, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Patricia Marr was present as counsel representing Lori Brandon. Dave Krawczyk was present as counsel representing Justin Curnutt. Isabel Romero appeared without counsel.

Mr. Edwards stated that in June 2015, Board Staff received notice from a Smith's representative stating that Ms. Romero had been terminated from her employment as a pharmaceutical technician. Ms. Romero was terminated for falsifying a prescription for a dangerous drug (oral contraceptives) for herself. Ms. Romero falsified the prescription by patterning the counterfeit request after a previous legitimate prescription from her physician.

Mr. Edwards added that Ms. Romero scanned in the falsified prescription at Ms. Brandon's computer terminal under Ms. Brandon's credentials. Ms. Brandon observed this and reported her to Mr. Curnutt, the pharmacist on duty at the time. He explained that Ms. Romero did cancel the prescription at Mr. Curnutt's direction and Smith's did not dispense any medication pursuant to that authorization.

Mr. Edwards stated that during an interview with a Board Investigator, and in a subsequent written statement, Ms. Romero admitted to the foregoing allegations and went on to say that Mr. Curnutt told her all she needed to do was ask him for a prescription and he would have written one for her as he routinely did for himself and for Ms. Brandon.

Mr. Edwards moved to have stipulated facts regarding Mr. Curnutt and Ms. Brandon entered into the record. President Basch accepted the stipulated facts into the record.

Mr. Curnutt admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that Mr. Curnutt created, processed and filled multiple fraudulent prescriptions for himself and for Ms. Brandon.

Ms. Brandon admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that Ms. Brandon created and processed multiple fraudulent prescriptions for herself and for Mr. Curnutt.

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Isabel Romero guilty of the First Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Second Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Third Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Fourth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lori Brandon guilty of the Fifth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lori Brandon guilty of the Sixth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Mr. Edwards stated that Ms. Romero's termination, interviews and statement initiated the investigation into Mr. Curnutt and Ms. Brandon, but based on her violation Board Staff recommends revocation of her pharmaceutical technician registration.

Ms. Romero stated that she accepts what she did was wrong and will accept the consequences of her action.

Board Action:

Motion: Tallie Pederson moved to revoke Isabel Romero's pharmaceutical technician registration for creating and attempting to process a fraudulent prescription.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Krawczyk implored the Board to avoid revocation of Mr. Curnutt's pharmacist license. Mr. Krawczyk moved to have Exhibits 1-4 entered into the record. President Basch accepted the exhibits into the record.

Mr. Krawczyk explained that Exhibits 1-4 included a letter suggesting alternative disciplinary action such as mandatory CE, working under another pharmacist's supervision and surrender of his recently acquired pharmacy license.

Mr. Edwards stated that Board Staff recommends revocation of Mr. Curnutt's pharmacist license. He explained that Mr. Curnutt's activity was not a single lapse in judgement but a strong, well established pattern.

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for creating multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for filling and dispensing multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for processing multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Ms. Marr requested the Board consider not revoking Ms. Brandon's pharmaceutical technician's registration. She stated that Ms. Brandon is apologetic for her mistakes and has learned a lot from this experience.

Mr. Edwards stated Board Staff recommends revocation of Ms. Brandon's pharmaceutical technician registration.

Board Action:

Motion: Tallie Pederson moved to revoke Lori Brandon's pharmaceutical technician registration for creating multiple fraudulent prescriptions.

Second: Darla Zarley

Action: Passed Unanimously

Board Action:

Motion: Tallie Pederson moved to revoke Lori Brandon's pharmaceutical technician registration for processing multiple fraudulent prescriptions.

Second: Darla Zarley

Action: Passed Unanimously

H. Vital Care Health Services

(15-055-MP-N)

Nancy Fannin, Area manager of Rotech Health , appeared and was sworn by President Basch prior to answering questions or offering testimony.



NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

January 11, 2017

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, Nevada

Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Robert Sullivan
Kirk Wentworth	Darla Zarley		

Board Members Absent:

Tallie Pederson

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ray Seidlinger	Ken Scheuber	Dena McClish	Joe Dodge
Brett Kandt	Kristopher Mangosing		

1. Public Comment January 11, 2017 9:00 AM

There was no public comment.

2. Approval of December 7, 2016, Minutes

Board Action:

Motion: Kevin Desmond moved to approve the Minutes as presented.

Second: Darla Zarley

Action: Passed unanimously

3. Applications for Out-of-State Pharmacy – Non Appearance:

Mr. Mulkey stated that he would provide Board Staff with a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Edwards explained that in 2013, Board Staff received notification from Vitalcare that they would no longer be performing MDEG services and would only be providing warehouse services. At that time, Board Staff closed Vitalcare's MDEG License.

While inspecting a pharmacy in Caliente, Board Inspectors observed Vitalcare performing MDEG services. The inspection showed that Vitalcare performed MDEG services for three years while unlicensed.

Mr. Edwards stated that Vitalcare received a Cite and Fine for \$5000.00, which they have paid. He added that Vitalcare is appearing before the Board to reapply for Vitalcare's Nevada MDEG License.

Mr. Mulkey answered questions to the Board's satisfaction regarding the events leading up to the unlicensed activity.

Board Action:

Motion: Jason Penrod moved to approve Vitalcare – Caliente's Application for Nevada MDEG License pending a positive inspection.

Second: Darla Zarley

Action: Passed unanimously

7. Request for Reinstatement of Pharmacist License – Appearance:

Justin Curnutt

Darla Zarley disclosed that Justin Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that the Board heard Mr. Curnutt's case during the January 2016 board meeting. He stated that Mr. Curnutt committed prescription fraud and insurance fraud by creating, filling and dispensing multiple fraudulent prescriptions for himself and another staff member. Those fraudulent prescriptions were then billed to an insurance provider.

Mr. Curnutt agreed to Mr. Edwards' summary of the facts. He requested reinstatement of his pharmacist license and described his activities during the last year.

Mr. Curnutt explained that he is active with the Boy Scouts of America and his church community. He also opened a health food store and taught courses on various aspects of maintaining a healthy lifestyle.

Board discussion ensued regarding Mr. Curnutt's status on the OIG Blacklist. Mr. Pinson explained that if he is on that list he would not be allowed be employed by any entity that bills Medicare or Medicaid.

The Board questioned Mr. Curnutt regarding unaccounted for medications that were confiscated. Mr. Curnutt could not provide an explanation for the medications.

The Board discussed the possibility of having a mentor report on Mr. Curnutt's activities as well as other corrective action.

Board Action:

Motion: Kirk Wentworth moved to reinstate Justin Curnutt's Nevada Pharmacist License pending Mr. Curnutt meets with Board Staff to explain the circumstances surrounding all unaccounted for medications that remain at issue in his case. Board Staff is authorized to review and approve Mr. Curnutt's explanation. If Board Staff accepts the explanation Justin Curnutt's license will be reinstated, this will take place no sooner than February 5, 2017, and be put on a probationary status for a period of no less than two years from the reinstatement date. During the probationary period Mr. Curnutt may not work more than forty hours per week. He may not work as a pharmacist in charge or pharmacy manager of any Nevada pharmacy. He may not work alone and must work at all times under the direct supervision of a Nevada licensed pharmacist. He must engage a peer mentor who must be a Nevada licensed physician or pharmacist, and is subject to Board Staff approval. The mentor must submit quarterly written status reports to the Board's Executive Secretary explaining his or her perception and opinion of his work status, the activities in which he is engaged as part of his personal and professional recovery, his level of compliance with the terms of his probation and any other matters that the mentor deems pertinent. Mr. Curnutt shall inform all current and potential future employers of this disciplinary action. Any violation of the terms of the Board's Order may result in the immediate suspension of his pharmacist license.

Second: Jason Penrod

Action: Passed unanimously

8. General Counsel Report for Possible Discussion:

Attorney General Opinion No. 2016-10: Pharmacy Board; Controlled Substances; Veterinarians

Mr. Edwards stated that during a past meeting the Board approved Board Staff to request an Attorney General Opinion regarding licensing veterinarians for dispensing medication. He explained that Attorney General Opinion stated that veterinarians do need to follow the dispensing regulations like any other dispensing practitioner.



NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

April 12 & 13, 2017

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, Nevada

Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Robert Sullivan
Kirk Wentworth	Darla Zarley		

Board Members Absent:

Tallie Pederson

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ray Seidlinger	Ken Scheuber	Dena McClish	Joe Dodge
Sophia Long	Kristopher Mangosing		

1. Public Comment April 12, 2017 9:00 AM

There was no public comment.

2. Approval of March 1, 2017, Minutes

Board Action:

Motion: Jason Penrod moved to approve the March 1, 2017 Meeting Minutes as presented.

Second: Darla Zarley

Action: Passed unanimously.

Mr. Pinson explained that Board Staff received an application for Nevada Pharmacist License from Mr Kim. Shortly after receiving the application, an email from Jonathan Chan was sent to Board Staff. In the email, Mr. Chan stated that Mr. Kim contacted him to ask if he could be a reference on his application. Mr. Chan later discovered that Mr. Kim forged his signature and credentials on the referral portion of the application. Mr. Chan expressed concern that Mr. Kim used his name fraudulently.

The Board questioned Mr. Kim regarding why he forged Mr. Chan's signature on the application.

Mr. Kim explained that he thought he had Mr. Chan's permission and stated that he was in a hurry to send in his application. Mr. Kim apologized to the Board for his mistake and requested that they not use this occurrence as a reflection of his character.

The Board discussed the severity of lying on an application and forging Mr. Chan's signature.

Board Action:

Motion: Jason Penrod moved to deny Choon Kim's Application for Nevada Pharmacist by Reciprocity. Board Staff shall forward the results of this appearance to NABP and Massachusetts' and Hawaii's Pharmacy Boards.

Second: Darla Zarley

Action: Passed unanimously.

B. Young Ju Woo, R.Ph

Young Ju Woo appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Pinson explained that Ms. Woo has a pending action in California involving a technician diverting hydrocodone at the pharmacy where she was the managing pharmacist.

Ms. Woo explained that her hearing on this matter is scheduled for May 23, 2017.

The Board offered Ms. Woo the option to table her application until her case in California is resolved.

The Board tabled Ms. Woo's application for Nevada Pharmacist at her request.

7. Request for Reinstatement of Pharmacist License – Appearance:

Justin Curnutt

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

President Basch stated that Mr. Curnutt appeared before the Board during the January 2017 board meeting. He explained that at that time the Board moved to reinstate Mr. Curnutt's Nevada Pharmacist License pending he comply with a number of restrictions, including to meet with Board Staff to explain the circumstances surrounding all unaccounted for medications.

Mr. Curnutt stated that he has met with Board Staff twice to review the case.

Ken Scheuber, Investigator for the Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Scheuber explained after meeting with Mr. Curnutt there are discrepancies regarding two prescriptions.

The Board questioned Mr. Curnutt regarding the two prescriptions in question.

Mr. Curnutt apologized to the Board for his mistake, but was not able to recall the circumstances surrounding the two prescriptions.

The Board expressed concern regarding Mr. Curnutt's lack of personal accountability regarding the case.

Board discussion ensued regarding the restrictions on Mr. Curnutt's Nevada Pharmacist License, status on the OIG Blacklist, and the possibility of having Mr. Curnutt complete a college level ethics course.

Board Action:

Motion: Kirk Wentworth moved to deny Justin Curnutt's Request for Reinstatement of Pharmacist License.

Kirk Wentworth withdrew his motion.

The Board discussed having Mr. Curnutt serve as a Pharmacy Intern.

Board Action:

Motion: Jason Penrod moved to approve Justin Curnutt's Application for Nevada Pharmacy Intern pending he finds employment at a pharmacy, completes a Board Staff approved college level ethics course, and complies with all the restrictions placed on his license during the January 2017 board meeting.

Second: Robert Sullivan

Action: Passed unanimously



NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

April 11 & 12, 2018

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, Nevada

Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Melissa Shake
Robert Sullivan	Darla Zarley		

Board Members Absent:

Kirk Wentworth was absent on April 11 & 12, 2018.

Jason Penrod was absent on April 12, 2018.

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Ray Seidlinger	Kenneth Scheuber
Luis Curras	Dena McClish	Joe Dodge	Sophia Long
Kristopher Mangosing			

President Basch read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

1. Public Comment April 11, 2018, 9:00 AM

There was no public comment.

2. Approval of March 7-8, 2018, Minutes

Melissa Shake recused from participation in this matter due to her absence from the March 2018 Board meeting.

Action: Passed unanimously

7. Request for Reinstatement of Revoked Pharmacist License:

Justin Curnutt

(15-051-RPH-S)

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt provided background information regarding Mr. Curnutt's case where his pharmacist license was revoked in 2016 for prescription and insurance fraud. He explained that Mr. Curnutt petitioned for reinstatement in April 2017, where he was granted a pharmacy intern license with conditions.

The Board questioned Mr. Curnutt regarding what he has done to comply with the conditions on his pharmacy intern license.

Mr. Curnutt answered the Board's questions regarding his current employment and continuing education

After discussion, the Board directed Mr. Curnutt to be more proactive in complying with the conditions on his license.

8. Request for Pharmaceutical Technician in Training License:

Chelsea R. Flores

Ms. Flores was not present.

Mr. Pinson stated that Ms. Flores was a student at Northwest Career College. Mr. Pinson explained that Board Staff was notified that Ms. Flores tested positive for marijuana.

Board Action:

Motion: Jason Penrod moved to deny Chelsea R. Flores' Application for Pharmaceutical Technician in Training License.

Second: Darla Zarley

Action: Passed unanimously

9. Application for Physician Assistant Prescribe - Appearance:

Sami N. Akhchin

Sami Akhchin appeared and was sworn by President Basch prior to answering questions or offering testimony.



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

December 5 & 6, 2018

BOARD MEETING

Hyatt Place
1790 E Plumb Ln
Reno, Nevada

Board Members Present:

Leo Basch Kevin Desmond Jade Jacobo Melissa Shake
Robert Sullivan

Board Members Absent:

Wayne Mitchell Jason Penrod

Board Staff Present:

Dave Wuest Paul Edwards Shirley Hunting Brett Kandt
Yenh Long Joe Depczynski Kenneth Scheuber Kristopher Mangosing
Sarah Bradley

President Basch read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Mr. Wuest introduced and congratulated Jade Jacobo as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three-year term.

1. Public Comment December 5, 2018 9:00 AM

There was no public comment.

2. Approval of October 10-11, 2018, Minutes

Ms. Jacobo recused from participation in this matter due to her absence at the October 2018 Board Meeting.

Motion: Kevin Desmond moved to approve Arnold Dental Supply Company, Inc.'s Application for Nevada Wholesaler License pending a positive inspection.

Second: Melissa Shake

Action: Passed unanimously

9. Request for Renewal of Out-of-State Pharmacy License - Appearance

Theracom – Frisco, TX

Melissa Shake recused from participation due to her employment with Walgreens. Walgreens is part owner of Theracom.

Jack McGuire, managing pharmacist, and Nelly Strom, attorney representing Theracom, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Wuest stated that Theracom had disclosed past discipline on their license renewal.

Ms. Strom stated that Theracom was disciplined in two states for failing to notify the Board of Pharmacy of a change in managing pharmacist within the required timeframe.

Mr. McGuire described his past discipline. He explained that he had failed to disclose DUI and DWI charges and arrests on his pharmacist applications in other states. He explained that he voluntarily entered into Kentucky's PRN-PRN program and completed the contract in 2011.

Ms. Strom and Mr. McGuire answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Theracom's Request for Renewal of Out-of-State Pharmacy License.

Second: Kevin Desmond

Action: Passed unanimously

10. Request for Reinstatement of Pharmacist Registration - Appearance

Justin Curnutt

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards provided a brief summary of the case where Mr. Curnutt was disciplined by the Board in January 2016 for prescription and insurance fraud. He explained that Mr. Curnutt's pharmacist license was revoked and was granted a pharmacist intern license with conditions.

Mr. Curnutt agreed with Mr. Edwards' summary of his past discipline.

Mr. Curnutt answered questions to the Board's satisfaction regarding his current employment and what changes he has made to prevent future issues.

Board discussion ensued regarding reinstating Mr. Curnutt's pharmacist registration with conditions.

Board Action:

Motion: Kevin Desmond moved to reinstate Justin Curnutt's Pharmacist Registration with conditions. Mr. Curnutt's Pharmacist Registration shall be on probation for no less than two years. Mr. Curnutt shall not work more than 40 hours per week. Mr. Curnutt shall not be the managing pharmacist. Mr. Curnutt must inform all current and future employers of his disciplinary action. Mr. Curnutt shall complete an additional 30 CEU for the 2019 renewal. At least 2 of the 30 CEU shall be on the topic of ethics. Mr. Curnutt shall not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any state or federal law.

Second: Melissa Shake

Action: Passed unanimously

11. Requests for Renewal of Pharmacist Registration - Appearance

A. Gregory G. Gaiser

Mr. Gaiser was not present.

B. Lan T. Tran-Nguyen

Lan Tran-Nguyen appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt explained that Ms. Tran-Nguyen disclosed past discipline in another state on her Nevada pharmacist renewal application.

Mr. Kandt summarized the facts of the case where Ms. Nguyen surrendered her California pharmacist license for unprofessional conduct involving the sale of pseudoephedrine.

The Board questioned Ms. Nguyen regarding her discipline and her employment history since she surrendered her California pharmacist license.