**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.

<ul> <li>☑New Pharmacy or ☐Ownership Change (Provide curred Check box below for type of ownership and complete all Corporation or Partnership.</li> <li>☐ Publicly Traded Corporation — Pages 1,2,3,10,11a&amp;b</li> <li>☑ Non Publicly Traded Corporation — Pages 1,2,4,10,1</li> </ul>	required forms. **If LLC use Non Public  □ Partnership - Pages 1,2,6,10,11a&b		
GENERAL INFORMATION to be completed by all			
Pharmacy Name: Alto Pharmacy			
Physical Address:600 Pilot Road, Suite A			
City: Las Vegas State: Zip	Code: 89119 Telephone: (800) 874-5881		
Fax: <u>(41</u>	5) 484-7780 Toll Free Number: (800) 874-588		
E-mail:	compliance@alto.com		
Website: www.alto.com			
Managing Pharmacist: Rory Wright	License Number: 14443		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No /		
☑ □ Retail	☐ ☑ Off-site Cognitive Services		
□ ☑ Hospital (# beds)	□ Ø Parenteral		
□ <b>□</b> Internet	☐ ☐ Parenteral (outpatient)		
□ □ Nuclear	☑ Outpatient/Discharge		
☐ ☑ Ambulatory Surgery Center	☑		
□ ☑ Community	☐ ☑ Long Term Care		
□	□ ☑ Şterile Compounding		
	☐ ☑ Mon Sterile Compounding		
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding		
For the application to be complete	□ ☑ Other Services:		

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the la	ast 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						
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?					
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 □						
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes □ No 🗵				
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation ness of any documents that identify the circumstance or contain an order, agreestion may be required.					
correc	by certify that the answers given in this application and attached documenta t. I understand that any infraction of the laws of the State of Nevada regula tion of an authorized pharmacy may be grounds for the revocation of this pe	ting the				
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.						
$\leq$						
	al Signature of Person Authorized to Submit Application, no copies or stamp	os				
Mat	tren Gamache. Asselih 2/29/19					
Print N	Name of Authorized Person Date					
Board	Use Only Date Processed: Amount: 500.00	<u> </u>				

# APPLICATION FOR NEVADA PHARMACY LICENSE

# OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:						
Parent Company if any: Scriptdash In	c.				0.75	
Mailing Address: 1400 Tennessee Street	et, Unit 2					
City: San Francisco	State:_	CA	Zip:	94107		
Telephone: (800) 874-5881	Fax:	(415) 4	84-7780			
Contact Person: Charles Aguilar						
For any corporation non publicly traded	, disclose t	the follow	ving:			
1) List top 4 persons to whom the s	hares were	e issued	by the corpor	ation?		
a) Mattieu Gamache-Asselin	1400 Ter	nnessee St	reet, Unit 2, Sar	n Francisco	, CA, 9410	7
Name	Bu	siness Add	dress			
b) James Karraker	1400 Ter	nnessee St	treet, Unit 2, Sar	n Francisco	, CA, 9410	7
Name	Bu	siness Ad	dress			
c) Greenoaks Capital Opportunities L.	P 535 Pac	ific Avenue	e, 4th Floor, San	Francisco,	CA, 94133	3
Name		siness Ad	dress			
d) Jackson Square Ventures II, L.P.	2105 Sc	uth Basco	m Avenue, Suite	e 370, Cam	pbell, CA, 9	95008
Name	Bu	siness Add	iress			
2) Provide the number of shares iss	sued by the	e corpora	ition. 4	0,842,457		
p - 1						
3) What was the price paid per sha	re?	19.82				
List any physician shareholders and pe	rcentage o	f owners	hip.			
Name: N/A		· · · · · · · · · · · · · · · · · · ·		%:	N/A	
Name: N/A				%:	N/A	
Hours of Operation for the pharmacy	<u>':</u>					
Monday thru Friday 9 am 6	_pm		Saturday	10	_am	6pm
Sunday 10 am 6	_pm		24 Hours	N/A	-	
A Nevada business license is not requir license please provide the number:	ed, howev	er if the p	oharmacy has	s a Nevad	la busine:	SS

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

1, Mattier 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
Matten Gamache Asselin 7/29/19 Print Name of Authorized Person Date

	Ma	anaging Pharmacist	and the same of th		
Pharmacist Name: Rory	Wright	TAG MASK STAS	License #: 14	44	3
Pharmacy Name: Atto	Pharm	4CY	wicdo & votamenty estimature Max dos esten averagee		1
report for duty as the managi	ng pharmacist, ethod prescribe	I shall cause an invent	acy, I understand within 48 hour tory of all controlled substances 21 CFR Part 1304; and cause a	of th	е
and its personnel with all stat and the practice of pharmacy disciplinary action if such law managing pharmacist.	e and federal la . I understand i	aws and regulations rel my license can be revo s are knowingly violated	sible for compliance by the phar ating to the operation of the pha- ked or that I can be the subject d in the pharmacy in which I am he above named pharmacy I will	of	су
with the new managing pharm	nacist, take an	inventory of all controll	ed substances.		
Been diagnosed or treated fo physical condition that would				Yes	No D
been charged, arrested or	convicted of a	felony or misdemeano	r in any state?		
been the subject of a boar in any state?	d citation or an	administrative action v	whether completed or pending		
had your license subjected state?	to any disciplin	ne for violation of pharm	nacy or drug laws in any		0
If you marked YES to any of t	the numbered o	questions above, pleas	e include the following informati	on	
Board Administrative Action:	State:	Date:	Case #:		
And/or Criminal Action:	State:	Date:	Court: Case #:		ia i

# 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>)
- 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

HOME About Agency

Secretary's Letter Newsroom Frequent Questions Related Links Contact Us

Office Location

Name Reservation Entity Search Status

Validate Certificate

Taxes Expedited Services

Service of Process

Registered Agents GetCorporate Status

Submitting a Request

INFORMATION Corporate Forms Corporate Fees UCC Forms and Fees

Customer Service Survey

SERVICES

Pay Taxes File UCC's Delaware Laws Online

#### Department of State: Division of Corporations

Allowable Characters View Search Results **Entity Details** Incorporation Date 6/9/2015 File Number: 5763030 / Formation Date: (mm/dd/yyyy) **Entity Name:** SCRIPTDASH INC. Entity Kind: Corporation Entity Type: General Residency: **Domestic** State: State: Good Status: Status Date: 6/10/2019 Standing **REGISTERED AGENT INFORMATION** INCORP SERVICES, INC. Name: Address: 919 NORTH MARKET STREET, SUITE 950 How to Form a New Business Entity
Certifications, Apostilles & Authentication of Documents WILMINGTON County: New Castle City:

Postal Code: 19801

**Email Status** 

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

State: Phone:

site map | privacy | about this site | contact us | translate | delaware gov

800-246-2677

Back to Entity Search



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

**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 pe	ermission of the licens	sing agency.				
Application for	K	etail Phai	macy			
600	Pilot Road,	Nature of Pharmacy	r Wholesaler	NV 89119	7	
	Name and Address of B	usiness for Which Des	ignated Representation	e Is Requested		
•••••••••••	If applica	ble, Name Under Wh	ich It Is Now Operated			
1. PERSONAL INFOR	MATION:					
Last Name Wright		First Name		Middle Name		
Alias(es, Nicknames, Maiden N	lame, Other Name Chang	es, Legal or Otherwis	e)		A 11	
Present Residence Address-Si	reet or RFD Unit A	2/2016 +	o current L	State/Zip	NV 89147	
Present Business Address	Suit A Dates	2/2010				
Present Position with the Phari	nacy or Wholesaler			Phone: Residence Business	00-874-581	81
Date of Birth	Place	of Birth (City, County,	State)			
***	Wash	uston D.C.				
Age 48	Social Security I				Sex Male	
1 1 1	1 1 / 1	nplexion row M	Weight 198	Nolmal	Height 51111	
Scars, tattoos or distingu	ishing marks and/or	characteristics	2 Scars o	n right an	Kle	
Are you a citizen of the U	Inited States? Yes	No □ If alie	n, registration No			
If naturalized, certificate	No	••••	Date			
Place	***************************************	******************	(If naturalized,	document must	be verified.)	
2. MARITAL INFORMA	ATION:					
Single □ Married D	Separated	Divorced			Par -	
			Ap	oplicant's initial	p~	 age 1
						-3~

MARITAL INFORMATION-Continued
A. Current Marriage 7/18/94 Onaha, Douglas, NE
Spouse's full name (Maiden) Pare REKTSON City, County and Size
Date of Birth Place of Birth Ohaha, NF
A. Current Marriage 7/18/94  Spouse's full name (Maiden) Pate of Birth Omaha, No Uglas, No Date of Birth  Resident address - Woodwell Street Unit A Las Vegas, NV 89147  Street City State Zip
Telephone: Residence Business (702) 52(-6406)
Spouse's employer Montevista Hospital Occupation Dietician  Address of employer 5900 W. Rochelle Ave Las Vegas NV 89103  Street City State Zip
Address of employer 5900 W. Rochelle Ave Las Vegas NV 89103
B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:
Date of Order Date of Place Nature of City  Name of Spouse or Decree of Marriage Action County and State
NIA
List of names, current address and telephone numbers of previous spouses:  Name Street City State Zip Telephone
NIA
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
Jebastian Wight Henderson NV . Woodwell street Unit ALV, NV
891
B. Child Support Information: Please mark the appropriate response:
I am not subject to a court order for the support of child.
☐ I am subject to a court order for the support of one or more children and am in compliance with a
plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
□ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
Applicant's initial Page 2

<b>FAMIL</b>	Y INFORMATION-Continued		
	District attorney or public agency responsible for enforcing the child support order:		
	Name ///	•••••	
	Address ////		
	Contact person W/J/f	***************************************	
C.	Parents:		
	List names, residence addresses, dates of birth and most recent occupations of par	rents, step-parents,	
parents	s- <u>in-law or legal guardian. If retired or deceased, list last address and occupation.</u>		
	Name (Maiden) Birth Date Address	Occupation	
Father	1912 Which deceased		
Mother			
E lea	nor Wright Retired . W. Tropicana Ave L.	as Vegas, NV 84147,	retired
Juck	are Peterson Deceased		
Mother-in	n-l aw o	ele control	
Jean	n Peterson Deceased		
D.  Ka	Brothers and Sisters:  List names, residence addresses, dates of birth and most recent occupations of brotheir respective spouses.  Name (Maiden)  Birth Date  Address  Tara Hills Dr. Sah Pu	Occupation	edn's trus
Spouse			
Spouse			
Spouse		***	
4. EC	DUCATION:	,	
Gramma	Name of School . Location Dates Attended	Graduate	
School	Caroline Wenzel Jacraneuto, CA 1977-1983	Yes ☑ No □	
High School	John F. Kennedy Sacrahento, (A 1985-1989	Yes D No 🗆	
College Universit	, University of Nebrasta Medical Center College of Pharmacy		
~	acramento State University Sacramento, CA 1990-1993	/	
		Yes No LY	
	f degree obtained, if any Dotto of Pharmaic	/ - / - /	
College	e or university where obtained University of Newgaska Medical	CPUTE	
	Applicant's ir	nitial //	
	•••	Page	e 3

# 5 MILITARY INFORMATION:

A.	Have you ever served in any an	med forces?	Yes □ No	प्र	
	Branch	D	ate of entry-active	service	
#	Date of separation	Т	ype of discharge	***************************************	
	Rating at separation		Serial numb	per	***************************************
	While in the military service wer special or general court martial? regardless of where they occurr	Yes □ N	lo 🗆 If yes, furnis	nich resulted in sur sh details on page	nmary action, a trial or 10. (List all incidents
B.	Have you registered for the draf	t? Yes □ N	0 🖪		
	County	State	Dat	e registered	
6. A A.	RRESTS, DETENTIONS, LITIGATION NOT CONVICTED.) Have you ever been arrested, deviolation for any reason whatsoe Yes  No If yes, give detail	TIONS AND ARBIT etained, charged, in	TRATIONS: (Inclindicted or summon the disposition of the contraction o	ude those arrests ned to answer for a	any criminal offense or
ate of	Arrest Age Charge	Location-City	and State	Deposition/Date	Arresting Agency
B. C. D. E. F. G.	Has a criminal indictment, inform arrested or in which you were not page 10. Have you ever been questioned or committee? Yes   Have you ever been subpoenae commission? Yes   Have you ever been subpoenae Yes   No   Have you ever had a civil or crimif yes, when?  Have you ever received a pardoof yes when?  Has any member of your family of you answer to any of the above	amed as an unindice or deposed by a ci d to appear or testi d to testify for any c ninal record expung cit n or deferred prose cit or of your spouse's	ted co-party? Yes  ity, state, federal of  fy before a federal  civil, criminal or ad  ged or sealed by a  gy, county and state  cution for any crin  gy, county and state  family ever been	In No In It yes to law enforcement of law enforceme	furnish details on agency, commission arand jury, board or eding or hearing?  No  No  No  No  No  No  No  No  No  No
ame	0	itionship	Charge	Loca	
In	nitred Wight Obeceare	d)-Unde o	hild endange	rment Jan R	1424760, (42002
Jac	hie Petrison (Decean	sel)-father i	-law childe	udangernest	Olnoha, NG 2000
					0
				Applicant's initial	Ju Book 4

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

ļ	oart to a laws Yes □ No 【	uit as either a page (Other than o	plaintiff or defendan divorces)	ership, or owner, director at or an arbitration as eith	ner a claimant o	
	t yes, give de	tails below. Li	st all cases without	exception, including ban	ikruptcies:	
	fendant or espondent	Date Filed	Court and Case Number	City. County and S	State	Disposition/Date
ŧ	associated wit	th jt/as an own		sole proprietorship or clor partner) been a party t		
	Name of Entity		Type of Entity		Approximate Dat Lawsuit/Arbitration	te(s) of on/Bankruptcy
7. RES	SIDENCES:					
		have had for t	he last 25 years:	<u> </u>		
Month and (From-T		1	t and Number	City	2.1	or County 47
7/200	1 1	4 4	zure Helyhts	Pl Las Vegis, NI	<u> ۱۷, ۱۷۷ 891</u> ا	
1/99-	- 7/200L		Peria Ridge		'V	1
11/98	1 1		hithey Runch	A 1 1 1	gw, NV	
5/91	- 11/98 t- 6/98		1ton Rd #17 .37th 54.	Dwales, NF	4	
6/7	7-5/46	1 7072	RenoWay	Sacramento, Co	A	
	75					
				V-80-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11		
						<u> </u>
				А	applicant's initia	1 the
						Page

#### 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) Pharmac	cy 71 N. Pecos Rd #104 40hrs/We
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
	Jestin of Parice	Name of Supervisor
Month and Year 7/2016 - 4/20	Name/Mailing Address of Employer/Business 18 Actua VIII Athoritation (PBM)	Number of Employed Hours 40ho/we Wash from home 4306 Washwell SA
PACIMICAL PLAN	Description of Duties 141) determinations	Renefic Artis
Month and Year, 6/14 - 12/20/5	Name/Mailing Address of Employer/Business  Mclaron larmacy-lail 5757 W	
Steff Phirmacha	Fill rescriptions/course/ potients	Name of Supervisor Marce (954)
Month and Year 6/13 - 12/2015		Wasen Tral 40 hrs/west
Title Owher	Description of Duties Salcs/operations/mencagement	Name of Supervisor Notice
Month and Year  1/67 - 5/2013  Title	Name/Mailing Address of Employer/Business (atalyst /(atala@11an (13/1) 1650 571)	Number of Employed Hours Cate Lake 40hrs/week
Director of Photonica	Description of Duties  1 Services of Makons/management	Name of Supervisor MUK Naidone
Month and Year 9/61 - 12/06	Name/Mailing Address of Employer/Business  NAMHS 6101 W Challston - State	Number of Employed Hours Plerman 40 hrs/week
That Mary Manay	Description of Duties ex/114 Mache Fill for, ward patronts	Name of Supervisor, Emmahual Ebo
Month and Year 7/48 - 8/04	Name/Mailing Address of Employer/Business Savon/CVS 6705 B. Lake Maid-Ret	Number of Employed Hours 40 hrs/week
Staff Pher hauls A	Description of Duties Fill Kx, (OUNX   patternts	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Fitte	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
f additional space is ne	eded, continue on page 10 or provide attachment.	0
	-13-1, 15-14-140 on page 10 or provide attachment.	Who -
		Applicant's initial

#### 9. CHARACTER REFERENCES:

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

Name of	Where Employed Street City State Zip Telephone Years Known
Name /	lik Depew Home: ! Clewiston Ave LV, NV 8913/1 >10 yas
Employe	
Name	verdy Flanco Home Baintucket Ave LV, NV 89147 Grand
Employe	
Name /	Alex Becerra Home + Noble Stand St. Las Vers, NV89148( ) >1
Employe	
Name	scrept Turner Home 1 Scott Road #1)-1401 , Murrietz (192
Employe	
Name	tephrate Trunk Home Day Lally Ct. Fairtes, VA 22031 1041
Employe	Areut Fox Business 1717 K Aread, NW Washington D.C. 20036
10.	Have you ever held a privileged, occupational or professional license in any state, including but not limited to
	the following: Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
	Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
	Accountant Pilot Sports promoter Trainer or manager Educator Yes □ No □
	If yes, state type, where and years held
200	lestate sylesman; las Vegas, NV; 141
1009	( 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
**********	
11.	Have you ever applied for a city, county of state business, venture or industry license or held a financial
	interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☐ If yes, state type, when and where and give names and locations of the businesses in which you were
	involved, the names and address of all partners and the agency responsible for licensing said business,
	venture or industry.
***********	
***********	
12.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for
	any reason whatsoever? Yes & No order to get a plantacy license (approved)
40	·
13.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☐
If yes t	o the above, state where, when and for what reason:

Applicant's initial

14.	Have you ever been refused a business or industry license or related finding of suitabili participant in any group which has been denied a business or industry license or relates suitability?	d finding of Yes □ No □
15.	y and y	subject of an Yes □ No □
16.	Have you or any person with whom you have been a participant in any group ever beer guilty or entered a plea of nolo contendere to any offense, federal or state, related to pr controlled substances?	n found guilty, plead escription drugs and/or Yes  No  12
17.	Have you or any person with whom you have been a participant in any group ever surre permit or certificate of registration relating to the pharmaceutical industry voluntarily or cupon voluntary close of a wholesaler	endered a license, otherwise (other than Yes  No
18.	Do you have any relatives within the fourth degree of consanguinity associated with or opharmaceutical 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 □
		<b>2</b>
		-110
	Date of photograph 313	517
	Applicant's initial	/pu

STATE OF NEVADA ss.
COUNTY OF COUNTY
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.  Original Signature of Applicant
Subscribed and Sworn to before me this  Autority Public  Subscribed and Sworn to before me this  JAMES E. MCMILLEN  NOTARY PUBLIC  STATE OF NEVADA  APPT. No. 99-26195-1  MY APPT. EXPIRES JULY 4, 2021

(seal)

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

# ADDITIONAL INFORMATION

***************************************
***************************************
***************************************
***************************************

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

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

4.00	7100140
≫ Date	7/29/19
22 Date	.,_0,,0

#### **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		Pha	armacy License			
		Nat	ture of License			
	Alto Pl	narmacy 600 Pil	lot Road, Suite A, Las Vega ishment for Which Licer	s, NV, 89119		
				'		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lf	applicable, Name l	Under Which It Is Now (	Operated	•••••	•••••
4 DEDCONAL INFO	DMATION.					
1. PERSONAL INFO	PRIVIATION:					
Last Name		First N		Middle Nar	ne	
Gamache-Asselin Alias(es, Nicknames, Maide	n Name, Other Name	Mattieu Changes Legal or		N/A		
•	ir Name, Other Name	Changes, Legal Or	Otherwise)			
N/A						
Present Residence Address	-Street or RFD		City		State/Zip	
Alabama St, APT 5		Dates	San Francisco		CA/94110	
Present Business Address			City		State/Zip	
1400 Tennessee St, Unit 2		Dates	San Francisco		CA/94107	
Occupation CEO				Phone: Residence		
JEO					650-580-0019	
				Business		
Date of Birth		Place of Birth (Cit	y, County, State)	-		
		Burlington, Ontar	io, Canada			
Age	Social Se	ecurity Number			Sex	
29					1.4-1-	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Male Height	
Hazel	Dark brown	Light	180lbs	average	6'	
1100001		3				
Scars, tattoos or distin	auishina marks a	nd/or character	istice N/A			
	galoring marko a					
Are you a citizen of the	United States?	Yes □ No 🏻	If alien, registrat	ion No	N/A	
If naturalized, certificat	te No N/A		Date	N/A		
Place	N/A		(If natu	ralized, documen	t must be verified.)	
2. MARITAL INFOR	MATION:					
Single   Married	☐ Separated	☐ Divorce	ed □ Widowed	d □ Engage	d 🗆	
<b>J</b>						
				Applicants	initial (	
					,	Page

MARITAL INFORMATION-Continue	d
------------------------------	---

A.	Current Mar	riage <sup>n/a</sup>							
	Spouse® full	name (Maiden)	Date	N/A		City, Co S.S. N	unty and	State N/A	
	•								
		dress							
	ivesident add	Street			City	Stat		Zip	••
	Telephone:	Residence	N/A	•••••	Business		N/A		
	Spouse® em	ıployerı	N/A	••	.Occupation		1/A		••
	Address of e	mployer N//	\			,,,,,		Zip	
								Zip	
B. Pr	evious Marri	ages: If ever leg	ally separa	ited, divorced, o	r annulled, in	dicate belo	w:		
Nama	of Spouse	Date of Order or Decree		Date of Place of Marriage		ure of ction	City	nty and State	=
	or Spouse	of Decree		Of Marriage		CHOTT	Cour	ity and State	
n/a	<del></del>			<u> </u>					_
		135							-
									_
<u> </u>	List of name	s, current addres	s and telep	hone numbers	of previous s	pouses:			_
	Name	Street		City	State	9	Zip	Telephone	_
n/a									_
		2-12-31-31							-
									_
3. FA	MILY INFOR	MATION:							
Α.		d Dependents:	r atan ahila	dran and adapta	d shildren an	d aive the t	followin	ng information:	
		Birth D		Birth Place	<u>u chiloren an</u>	Resider			
n/a									
					-				_
								200.	=
B.		ort Information: use mark the appr	opriate res	sponse:					
	X I	am not subject to	a court or	rder for the supp	ort of child.				
	р		the district	attorney or other	er public agen			n in compliance wi order for the repay	
	ti	am subject to a c ne order or a plar ne repayment of t	approved	by the district a	ttorney or oth	ner public a	gency	OT in compliance ventorcing the orde	vith r for

AMIL	Y INFORMATION-Continued District attorney or public ager	ncy responsible for e		·1 •
		•		
_				
C.	Parents: List names residence address	ses dates of birth ar	nd most recent occupations of	parents step-parents
arents	S-			
			t last address and occupation.	Occupation
	ivarile (ivialderi)	oirui Date A	uuless	Occupation
ther	-		Leithridge Crescent	Commercial airline pilot
	Henri François Asselin		nitby, ON L1M 2N1 nada	Captain, A787, Air Canada (Retired)
other			Cartographe St	High school principal
	Christiane Manon Gamache		rléans, ON K4A 3N6 anada	(Retired)
ther-in	n-Law	- Ot		
	N/A	X 1		
other-ii	n-Law			
	N/A			
	N/A			
D.	their respective spouses.		nd most recent occupations of	brothers and sisters and
D.	List names, residence address		ddress	Occupation
	List names, residence address their respective spouses.	Birth Date A	•	
nouse	List names, residence address their respective spouses. Name (Maiden)	Birth Date A	ddress Nathalie St	Occupation Constable, Ontario
ouse	List names, residence address their respective spouses. Name (Maiden) François Gamache-Asselin	Birth Date A	oddress Nathalie St cockland, ON K4K 1E5, Canada Nathalie St	Occupation Constable, Ontario Provincial Police
pouse	List names, residence address their respective spouses. Name (Maiden) François Gamache-Asselin	Birth Date A	oddress Nathalie St cockland, ON K4K 1E5, Canada Nathalie St	Occupation Constable, Ontario Provincial Police
nouse	List names, residence address their respective spouses. Name (Maiden) François Gamache-Asselin	Birth Date A	oddress Nathalie St cockland, ON K4K 1E5, Canada Nathalie St	Occupation Constable, Ontario Provincial Police
pouse	List names, residence address their respective spouses. Name (Maiden) François Gamache-Asselin	Birth Date A	oddress Nathalie St cockland, ON K4K 1E5, Canada Nathalie St	Occupation Constable, Ontario Provincial Police
pouse	List names, residence address their respective spouses. Name (Maiden)  François Gamache-Asselin  Anne-Marie Tourville  DUCATION:	Birth Date A	Address  Nathalie St  Cockland, ON K4K 1E5, Canada  Nathalie St  Cockland, ON K4K 1E5, Canada	Occupation Constable, Ontario Provincial Police N/A
pouse pouse	List names, residence address their respective spouses. Name (Maiden)  François Gamache-Asselin  Anne-Marie Tourville  DUCATION:  Name of School	Birth Date A	Nathalie St  Kockland, ON K4K 1E5, Canada  Nathalie St  Kockland, ON K4K 1E5, Canada  ON K4K 1E5, Canada  Dates Attended	Occupation Constable, Ontario Provincial Police
ouse  ouse  l. E[	List names, residence address their respective spouses. Name (Maiden)  François Gamache-Asselin  Anne-Marie Tourville  DUCATION:  Name of School	Birth Date A	Address  Nathalie St  Cockland, ON K4K 1E5, Canada  Nathalie St  Cockland, ON K4K 1E5, Canada	Occupation Constable, Ontario Provincial Police N/A
oouse  oouse  amma chool	List names, residence address their respective spouses. Name (Maiden)  François Gamache-Asselin  Anne-Marie Tourville  DUCATION:  Name of School	Birth Date  A  Location 351 Lafontaine Rd W,	Dates Attended Sept 1993 - May 2002	Occupation Constable, Ontario Provincial Police N/A  Graduate
pouse  po	List names, residence address their respective spouses. Name (Maiden)  François Gamache-Asselin  Anne-Marie Tourville  DUCATION:  Name of School Ecole St Croix  École secondaire catholique Béatrice-Desloges	Location 351 Lafontaine Rd W, ON L9M 0H1, Canada 1999 Provence Ave, Orle ON K4A 3Y6, Canada 75 Laurier Ave E, Ottawa	Dates Attended Sept 1993 - May 2007	Occupation Constable, Ontario Provincial Police N/A  Graduate Yes ☒ No ☐ Yes ☒ No ☐
pouse pouse pouse	List names, residence address their respective spouses. Name (Maiden)  François Gamache-Asselin  Anne-Marie Tourville  DUCATION:  Name of School Ecole St Croix  École secondaire catholique Béatrice-Desloges	Birth Date A  Location 351 Lafontaine Rd W, ON L9M 0H1, Canada 1999 Provence Ave, Ork ON K4A 3Y6, Canada	Dates Attended Sept 1993 - May 2002	Occupation Constable, Ontario Provincial Police N/A  Graduate Yes 🗵 No

Applicants initial Page 3

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

A.	Have you eve	er served in any arr	med forces?	Ye	es 🗆 No 🖾			
	Branch n/a			Date of en	try-active se	vice		•••••
	Date of separ	ation		Type of di	scharge			•••••
	Rating at sep	aration		S	erial number			
	special or ger	nilitary service were neral court martial? where they occurre	Yes [	□ No □ If				
B.	Have you reg	istered for the draf	t? Yes [	□ No 🖾				
	County n/a		State		Date re	egistered		•••••
6. <b>A</b> F A.	not convicte Have you eve violation for a	ENTIONS, LITIGA d.) er been arrested, d iny reason whatsoe I If yes, give detail	etained, charge ever, regardles	ed, indicted o	or summoned osition of the	I to answer for a event? (Except	any criminal of traffic	offense c
ite of A	\mest	Age Charge	Locatio	n-City and State	9	Deposition/Date	Arresting Ag	ency
n/a	a							
B. C. D. E. F.	arrested or in page 10. Have you ever or committee Have you ever commission? Have you ever □ No □ Have you ever lf yes, when?	al indictment, inform which you were not which you were not which you were not which you were not with the control of the cont	amed as an unal or deposed by ed to appear or ed to testify for minal record ex	indicted co-p  / a city, state  testify before  any civil, crir  punged or se  city, count	earty? Yes [ e, federal or la e a federal, s minal or admi ealed by a co ty and state	No A If yes aw enforcement tate or county on istrative processurt order? Yes	t agency, corgrand jury, boreding or hea	ails on mmissior pard or uring?
	If yes when? Has any men	nber of your family to any of the abov	or of your spot	city, count useß family ∈	ty and state ever been co	nvicted of a felo	ony? Yes □	No ⊠
ame		Rel	ationship	Cl	narge	Loc	ation D	ate
n/a								
					А	pplicant® initia		4
					• •	to to consistent consistent		Pag



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

If yes, give deta	(Other than divorces) alls below. List all cases without exce	ption, including bankrup	tcies:
ntiff/Defendant or mant/Respondent	Court and Case Date Filed Number	City, County and State	Disposition/Date
n/a			
associated with	al partnership, business venture, sole it as an owner, officer, director or pa If yes, complete the following:		
Name of Entity	Type of Entity		roximate Date(s) of //suit/Arbitration/Bankruptcy
n/a			
Sh we see the			VIII. 244 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
RESIDENCES:			
all residences you l	nave had for the last 25 years:  Street and Number	City	State or County
: all residences you	nave had for the last 25 years:  Street and Number  Alabama St, APT 5	City San Francisco	State or County CA
th and Year	Street and Number		
th and Year from-To) 7/2019-present	Street and Number Alabama St, APT 5	San Francisco	CA
th and Year from-To) 7/2019-present 7/2017-07/2019	Street and Number  Alabama St, APT 5  1221 Harrison St, Unit 17	San Francisco	CA CA
th and Year from-To) 7/2019-present 7/2017-07/2019	Street and Number  Alabama St, APT 5  1221 Harrison St, Unit 17  1 Polk St, APT 1204	San Francisco San Francisco	CA CA
th and Year from-To) 7/2019-present 7/2017-07/2019 8/2015-07/2017	Street and Number  Alabama St, APT 5  1221 Harrison St, Unit 17  1 Polk St, APT 1204  1001 National Ave, APT 422	San Francisco San Francisco San Francisco San Bruno	CA CA CA
all residences you th and Year from-To) 7/2019-present 7/2017-07/2019 8/2015-07/2017 0/2012-08/2015	Street and Number Alabama St, APT 5  1221 Harrison St, Unit 17  1 Polk St, APT 1204  1001 National Ave, APT 422  1201 Parkmoor Ave, APT 1311	San Francisco San Francisco San Francisco San Bruno San Jose	CA CA CA CA
th and Year from-To) 7/2019-present 7/2017-07/2019 8/2015-07/2017 0/2012-08/2015 5/2012-10/2012	Street and Number Alabama St, APT 5  1221 Harrison St, Unit 17  1 Polk St, APT 1204  1001 National Ave, APT 422  1201 Parkmoor Ave, APT 1311  213 Janet Way	San Francisco San Francisco San Francisco San Bruno San Jose Orleans	CA CA CA CA CA Ontario, Canada
th and Year from-To) 7/2019-present 7/2017-07/2019 8/2015-07/2017 0/2012-08/2015 5/2012-10/2012	Street and Number Alabama St, APT 5  1221 Harrison St, Unit 17  1 Polk St, APT 1204  1001 National Ave, APT 422  1201 Parkmoor Ave, APT 1311  213 Janet Way	San Francisco San Francisco San Francisco San Bruno San Jose Orleans	CA CA CA CA CA Ontario, Canada
all residences you had year rom-To) 7/2019-present 7/2017-07/2019 8/2015-07/2017 0/2012-08/2015 6/2012-10/2012	Street and Number Alabama St, APT 5  1221 Harrison St, Unit 17  1 Polk St, APT 1204  1001 National Ave, APT 422  1201 Parkmoor Ave, APT 1311  213 Janet Way	San Francisco San Francisco San Francisco San Bruno San Jose Orleans	CA CA CA CA CA Ontario, Canada
all residences you had year rom-To) 7/2019-present 7/2017-07/2019 8/2015-07/2017 0/2012-08/2015 6/2012-10/2012	Street and Number Alabama St, APT 5  1221 Harrison St, Unit 17  1 Polk St, APT 1204  1001 National Ave, APT 422  1201 Parkmoor Ave, APT 1311  213 Janet Way	San Francisco San Francisco San Francisco San Bruno San Jose Orleans	CA CA CA CA CA Ontario, Canada

#### 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, Menio 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, C	anada 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.

Applicantis initial Page 6

Name of Where Employed	emplovees.  Street	City State Zip	Telephone	Years Kr	nown
Name Christophe Tauziet	Home · I	ndiana St, San Francisco, CA 94107	+1 (	7 years	
Employer Uber	Business 1	455 Market St #400, San Francisco, C	A 94103		
Name Kelly Phillips	Home	) Alabama St, #5, San Francisco, CA	94110	5 years	
Employer Sephora	Business	425 Market St, San Francisco, CA 941	03		
Name Francis Davidson	Home	) S Van Ness Ave, San Francisco, CA	N 94110	2 years	
Employer Sonder	Business	101 15th St, San Francisco, CA 9410	03		
Name Justin Nathaniel Ka	n Home	Belcher St, San Francisco, CA 94110		2 years	
Employer Atrium	Business	260 Townsend St #400, San Francisco	, CA 94107		
Name Dynimul Mao	Home	Percy St, Ottawa, ON K1R 6G2, Cana	ada	11 years	
Employer Trading Central	Business	301 Moodie Dr #200, Nepean, ON K2h	1 9C4, Canada		
N/A					
<ol> <li>Have you ev the following</li> </ol>		ed, occupational or professiona	al license in a	ny state, including but i	not limited to
Liquor Doctor Accountant Yes □ No	Lawyer Contractor Pilot	Race horse/race dog owner Real estate broker or sales Sports promoter years held	man	Securities dealer Barber/Cosmetologist Trainer or manager	Insurance Gaming Educator
• • • • • • • • • • • • • • • • • • • •					
N/A	•••••••••••••••••••••••••••••••••••••••				

Applicantis initial



13.	Have you ever appeared before any licensing agency any reason whatsoever? Yes □ No ☒	or similar authority in or outside th	e State o	f Nevada
14.	Have you ever been denied a personal license, permit or professional activity? Yes □ No ፟	, certificate or registration for a pri		occupation
f yes t	o the above, state where, when and for what reason:			
15.	Have you ever been refused a business or industry lice participant in any group which has been denied a businessitability?	ness or industry license or related	I finding o Yes □	of No ᡌ
16.	Have you or any person with whom you have been a padministrative action or proceeding relating to the phare		subject of Yes □	an No ᡌ
17.	Have you or any person with whom you have been a pullity or entered a plea of nolo contendere to any offer controlled substances?	participant in any group ever been nse, federal or state, related to pre	found guescription Yes	drugs and
18.	Have you or any person with whom you have been a permit or certificate of registration relating to the pharm upon voluntary close of a manufacturer		therwise	
19.	Do you have any relatives within the fourth degree of one pharmaceutical or drug related industry?	consanguinity associated with or e		in the No ᡌ
	N/A		***************************************	************
		Date of photograph 7/	29/19	
		A multiplicate intains	V	

Applicant's initial



COUNTY OF SAN Fracisco

ASSCNO, being duly sworn, depose and say I have read the 1. Mattieu Gamacle foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant [Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this

day of

**OUD SAPPRASERT O'BRIEN** 

(seal)

Applicants initial

#### ADDITIONAL INFORMATION

***************************************
•••••••••••••••••••••••••••••••••••••••

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

	7/29/19
100	

#### **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		Pharr	nacy License		
		Natur	e of License ot Road, Suite A, Las Vegas		
	Name a	and Address of Establish			
				•	
			der Which It Is Now Op		
1. PERSONAL INFO	RMATION:				
Last Name Karraker		First Nam James	ne	Middle Name Dylan	
Alias(es, Nicknames, Maider	n Name, Other Nar	ne Changes, Legal or O	therwise)		
		-ne			
Jamie Present Residence Address	-Street or RED	1 2 7	City	Sta	te/Zip
Oakwood St, Apt 3	1	1/2018 - Present	San Francisco		94110
Present Business Address		Dates DY	City	Sta	te/Zip
1400 Tennessee St, Unit 2		2015 - Present	San Francisco		94107
Occupation		Dates	10075753501	Phone:	
				••	
СТО				Business	304-319-2266
Date of Birth		Place of Birth (City,	County, State)		
		Denver, CO			
Age	Social	Security Number			Sex
30					Male
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Grev	Brown	Light	185	Average	6'3"
	BIOWII	Light		Average	
Scars, tattoos or distin	guishing marks		tics_ <sup>None</sup>		
Are you a citizen of the			If alien, registration	n No <u>N/</u>	4
f naturalized, certificat	te No	N/A	Date	N/A	
Place	N/A		(If natural	ized, document r	nust be verified.)
2. MARITAL INFOR	MATION:				
Single 🗵 Married	☐ Separate	ed 🗆 Divorced	i □ Widowed	□ Engaged	
					(NI)
				Applicantis ini	
					Pa

A.	Current Ma	rriage	N/A	Date	•••••		City, Coun	trand Ct		
	Spouse® ful	ll name (M	aiden)		N/A					•••••
	Date of Birth	1	N/A		Place	of Birth	N/A			
	Resident ad	aress	Street			City	State	Zi	p	
	Telephone:	Residenc	е	N/A		Business	N/A	•••••		
	Spouse(s en	nployer		N/A		Occupation	N/A		***************************************	
	Address of e	employer		N/A	•••••					
			Street			City	State	Zi	p	
B. P	revious Marri	iages: If e	ver legal	ly separ	ated, divorced, o	or annulled, ind	licate below	:		
Mana	-f C		of Order		Date of Place			City	and Ctata	
	of Spouse	<u>or L</u>	<u>Decree</u>		of Marriage	AC	tion	County	and State	
N/A									······································	
	List of name	e current	address	and tele	phone numbers	of provious er	oneae.			
		e Current				State		Zip	Telephone	
N/A										
2 5	AMILY INFOR	BAATION:								
э. г. А.	Children ar									
		<u>children, i</u> e	ncluding Birth Da		Idren and adopte	ed children and	Laive the fo			·
N/A	Nail	<u>e</u>	DII (III Da	ite	Dil (1) Flace	<u> </u>	Residence	Address	<u> </u>	
19/7										
		2000011-502								
	Obild O	I								
B.	Child Supp Plea	ort intom ase mark t		priate re	esponse:					
	<b>Z</b> 1	am not su	bject to	a court o	order for the supp	port of child.				
	1	olan appro	ved by th	ne distric	er for the support at attorney or oth int to the order; o	er public agend				
	t	he order c	r a plan :	approve	er for the supported by the district and the overlands	attorney or othe				
	•		.5 01 111		a rraw personali		Applicantis	initial_	UK	<u>-</u>
										Page

FAMIL	.Y INFORMATION-Continued District attorney or public agend	cv responsible for enforcin	a the child support order:	
	NameN/A	•	•	
	Address N/A			
	Contact person N/A			
C.	Parents:			
•	List names, residence addresse	es, dates of birth and mos	t recent occupations of parents,	step-parents,
parent	s- <u>in-law or legal guardian. If retir</u>	and ar decomposed list last a	ddroon and conunction	
		rth Date Address	duress and occupation.	Occupation
ather				
Jon Kai	raker	Jack	kson Ave, Morgantown, WV 26501	Expert witness
/lother	· · · · · · · · · · · · · · · · · · ·			<del></del>
<b>Katheri</b>	ne Richart	) Jack	kson Ave, Morgantown, WV 26501	Associate Provos
ather-in	n-Law			
Mother-i	n-Law	4		
N/A				
D.	Brothers and Sisters:			
	List names, residence addresse	es, dates of birth and mos	t recent occupations of brothers	and sisters and of
	their respective spouses.  Name (Maiden)	Birth Date Address		Occupation
(atrina	Karraker		st St, New York, NY 10010	Recruiter
Spouse N/A				
Spouse				
Spouse				
Spouse				
4. E	DUCATION:			
	Name of School	Location	Dates Attended	Graduate
Gramma School	Suncrest Middle School	Morgantown, WV	2000-2003	Yes 🔽 No 🗆
ligh School	Morgantown High School	Morgantown, WV	2003-2006	Yes □ No ☑
College Jniversi	y Massachusetts Institute of	Technology Cambridge, MA	2008-2013	Yes ☑ No □
	Phillips Exeter Academy	Exeter, NH	2006-2008	
Other	•			Yes 🗸 No 🗆
Туре о	f degree obtained, if any BS, Com	nputer Science, Physics; MEng, Co	omputer Science	
• •		lassachusetts Institute of Tec	hnology	
ollege	e or university where obtained			
				Si

Applicant® initial OK Page 3

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

A.	Have you ev	er served i	n any armed for	ces?	Yes ⊔ No	M		
	Branch	N/A	•••••	Date of	entry-active	service	N/A	
	Date of sepa	ration	N/A	Type of	discharge	N/A		
	Rating at ser	paration	N/A		Serial numb	er <u>N/A</u>		
	special or ge	neral cour	t martial?	ver arrested for a Yes □ No □ ign or domestic.)	n offense wh If yes, furnis	ich resulted in s sh details on pag	ummary act e 10. (List	tion, a trial or all incidents
В.	Have you reg	gistered for	r the draft?	Yes □ No ☑				
	County	N/A	State_	N/A	Dat	e registered	N/A	
6. AF	RESTS, DET		, LITIGATIONS	AND ARBITRAT	IONS: (Incl	ude those arres	ts in which	n you were
A.	Have you ev violation for a	er been an any reason	whatsoever, re	, charged, indicte gardless of the di ace provided belo	sposition of t	he event? (Exce	pt minor tra	
Date of A	rrest	Age	Charge	Location-City and S	State	Deposition/Date	Arresting	Agency
N/A								
			TARABAH LAN				•	
B. C. D. E. F. G.	arrested or in page 10. Have you ev or committee Have you ev commission? Have you ev Yes \( \square \) No Have you ev If yes, when Have you ev If yes when? Has any mer	rer been quer been sur er been sur er been sur er been sur er had a cirer received mober of you	u were named a  lestioned or dep  No ☑  lbpoenaed to ap  No ☑  bpoenaed to tes  vil or criminal re  d a pardon or de  ur family or of you  the above ques	or complaint ever s an unindicted cosed by a city, stopear or testify be stify for any civil, cord expunged o city, coferred prosecutio city, copur spouse® familions (B through I	o-party? Yes ate, federal of fore a federal criminal or ac r sealed by a unty and stat in for any crir unty and stat ly ever been H) is yes, furr	If year law enforcement, state or county dministrative production order? Year law enforcement order? Year law enforcement order orde	es. furnish on tagency, grand jury, ceeding or the Same No Same Same Same Same Same Same Same Same	details on commission board or nearing?
Name			Relationship		Charge	Lo	cation	Date
N/A								
i <del></del>								
			ne diserre					
						Applicants initi	al UK	

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

part to a la	awsuit as either a pla	s an individual, member of a partnership, or owner, director or officer of a corporation. ever been a suit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  (Other than divorces)						
If yes, give	e details below. List	all cases without exc	eption, including bankru	ıptcies:				
Plaintiff/Defendant or Claimant/Respondent N/A	Date Filed	Court and Case Number	City, County and State		Disposition/Date			
1477								
associate	general partnership, d with it as an owner to ☑ If yes, comple	, officer, director or p	e proprietorship or close artner) been a party to a	ely held corpora a lawsuit, arbitr	ation (while you wer ation or bankruptcy			
Name of En	tity	Type of Entity		pproximate Date(s wsuit/Arbitration/E				
N/A								
				176060191				
		MT 4:		nana .				
7. RESIDENCE	S:							
	you have had for th	e last 25 vears:						
Month and Year								
(From-To) 6/1989-6/2006		and Number Jackson Ave	City Morgantown	State or C	ounty			
6/2006-6/2008		pring St	Exeter	NH				
6/2008-6/2013		Bay State Rd	Boston	MA				
6/2013-8/2014		Loma Verde Ave	Palo Alto	CA				
8/2014-10/2015		Broderick St	San Francisco	CA				
10/2015-11/2017			San Francisco					
		6 22nd St		CA				
11/2016-12/2018		A Prospect Ave	San Francisco	CA				
11/2018-present 		Dakwood St, Apt 3	San Francisco	CA				
					<u> </u>			
				innake takin d	TE			
			Appl	icantis initial	Page			

#### 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
СТО	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

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

Applicant is initial Page 6

13.	B. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada f 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 ☑				
	to the above, state where, when and for what reason:				
15.	Have you ever been refused a business or industry lice participant in any group which has been denied a bus suitability?				
16.	Have you or any person with whom you have been a administrative action or proceeding relating to the pha				
17.		participant in any group ever been found guilty, plead ense, federal or state, related to prescription drugs and/or Yes □ No ☑			
18.	Have you or any person with whom you have been a permit or certificate of registration relating to the phan upon voluntary close of a manufacturer	participant in any group ever surrendered a license, maceutical industry voluntarily or otherwise (other than Yes □ No ☑			
19.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?	consanguinity associated with or employed in the Yes □ No ☑			
••••••					
••••••					
		Date of photograph 7/29/19			
	75	Applicant s initial Page 8			

Applicants initial

(seal)

Page 9

# ADDITIONAL INFORMATION

***************************************

Applicant® initial Page 10

**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 Check box below for type of ownership and complete all recorporation or Partnership. ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11aGENERAL INFORMATION to be completed by all	Partnership - Pages 1,2,6,10,11a&b  Sole Owner - Pages 1,2,8,10,11a&b
Pharmacy Name: PAHRUMP WELLNESS PHA	IRMACY and NUTRITION Center
Physical Address: 2780 Homestead RD	
City: Pahrung State: Zip (	Code: <u>89048</u> Telephone: 702-960-8640
Fax:	Toll Free Number:
E-mail: 70	ustin pahrumpup@gmail. Com
Website:	position to the contract of th
Managing Pharmacist: Thomas Rogaski	License Number: 10182
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
ズ □ Retail	□ 🕅 Off-site Cognitive Services
☐ 🗖 Hospital (# beds)	□ 🕱 Parenteral
□ 🕱 Internet	□ 🕱 Parenteral (outpatient)
□ 🛣 Nuclear	□ 🕱 Outpatient/Discharge
□ 👿 Ambulatory Surgery Center	□ 🕱 Mail Service
□ 💆 Community	□ 🗷 Long Term Care
□ 🙇 Other:	□ ※ Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding
For the application to be complete	□ X Other Services:

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	years:
--------	-----	------	------	-----	--------

Board	Use Only Date Processed: Amount: 500	0.00
	Name of Authorized Person Date	
	Stin Cuentil 67/20/19	in in po
Origin	al Signature of Person Authorized to Submit Application, no copies or s	tamns
backg	round, qualification and reputation, as it may deem necessary, proper of	or desirable.
emplo	t. I hereby authorize the Nevada State Board of Pharmacy, its agents, yees, to conduct any investigation(s) of the business, professional, soc	ial and moral
under	read all questions, answers and statements and know the contents the penalty of perjury, that the information furnished on this application are	true, accurate and
operat	t. I understand that any infraction of the laws of the State of Nevada retion of an authorized pharmacy may be grounds for the revocation of the	is permit.
I herel	by certify that the answers given in this application and attached docum	nentation are true and
Copie	answer to question 1 through 5 is "yes", a signed statement of explanat s of any documents that identify the circumstance or contain an order, sition may be required.	ion must be attached. agreement, or other
16.1	voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes □ No 🕅
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever surrendered a license, permit or certificate of registration	
	contendere to any offense federal or state, related to controlled substances?	Yes □ No 💢
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever been found guilty, pled guilty or entered a plea of nolo	ny
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever been the subject of an administrative action, board citati site fine or proceeding relating to the pharmaceutical industry?	
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 □
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 🕱

# APPLICATION FOR NEVADA PHARMACY LICENSE

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

Type of Partnership:	General	Limited>	<u>_</u>		
List names of 4 largest partners an	d percentage of owne	ership:			
Name: Justin CurnuTT			<u>%: 80</u>		
Name: Anna CADIGAN					_
Name:			<u>%:</u>		_
Name:			_%:		_
Partnership Name: <u>CCDE, L</u> Mailing Address: <u>PV Box</u> 63	LC			· .	1
City, State Zip Code: PAHRUMP					-
Telephone Number: 702-960- §	·				
Contact Person: Justin Cu	PROUT	<del></del>			_
List any physician shareholders an	d percentage of owne	rship.			
Name:			_%:		_
Name:			%:		-
Name:			%:		\
Hours of Operation for the pharm	nacy:				
Monday thru Friday 10 am	<u>(o</u> pm	Saturday	_/O_am	2	pm
Sunday <u>  16</u> am _	<u>2</u> pm	24 Hours	NA		
A Nevada business license is not r license please provide the number		e pharmacy has	a Nevada busi	ness	

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

1. Justin Curnuil
Responsible Person of CCDE, UC and PAHRump Wellness Pharmacy + Nutrit
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.
1000
Original Signature of Person Authorized to Submit Application, no copies or stamps
JUSTIN CURNUIT 07/25/19
Print Name of Authorized Person Date

# **Managing Pharmacist**

Pharmacist Name:_	THOMAS	ROGASKI	License #:	10182
Pharmacy Name: _	PAHRUMP Well	sess Pharmacy a	no Nutrition Cen	ter
report for duty as the pharmacy according	e managing pharmacis	above referenced pharmac st, I shall cause an invento ibed by the provision of 2°	ory of all controlled subst	ances of the
and its personnel wi and the practice of p	th all state and federa harmacy. I understan such laws or regulation	pharmacist I am respons I laws and regulations rela d my license can be revol ons are knowingly violated	ating to the operation of t ked or that I can be the s	he pharmacy ubject of
		nanaging pharmacist of the		y I will jointly,
physical condition th	nat would impair your	illness, including alcohol ability to perform the esse	ential functions of your lic	Yes No ense?
		an administrative action v	•	nding 🗖 🗆
3. had your license state?	subjected to any disci	pline for violation of pharn	nacy or drug laws in any	0 0
If you marked YES to Board Administrative And/or Criminal Action	to any of the numbere e Action: State: \( \frac{\infty}{\text{1}} \) ion: State: County	d questions above, please  Date: 8 27 0  Date:	Case #:Court:	formation 607-000000363 07-043-5
		O DE PONTO DE LA CONTRACTOR DE LA CONTRA		

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

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639,540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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

Signature  $\sqrt{\frac{7}{17}}\sqrt{\frac{30}{9}}$ 

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

silverearrings's mailbox

FAQ | Help | Sign ( VR Home Entity Application License Cash Exam Inspection **Enforcement** Report Complaint Search Change Recording License Type Delete Complaint Mass Activity Update Mass Discipline Update Mass Status Update Public Case Info 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 AAC All Actions Completed Complaint # 200200000000363 Case Type Disposition Disposition Date 08/27/2002 ROGASKI, THOMAS Docket# Respondent Responsible **Public Case** Respondent Complainant Addti Info Complaint Source STFF - Board Staff Security Level 1 **Parties Activities Allegations** Discipline Form STND - Standard Priority 1 **Violations** Compliance Class'n Complexity Related Disposition Security NORM - Normal Incident Region Received 08/27/2002 Costs Reference 02-043-S Time Tracking Entered 08/27/2002 Entered By **Attachments** History CE Audit Action. \$100 fine/\$250 admin fees, due in 60 days (10/23/02), Work Notes **Print Report** CE audit for next renewal, 60 CEs for next renewal. Updated 08/28/2008 16:23:20 By jwalter 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.

Bollans K. Cagasske

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 /

9 Date 7/26/20/9

#### **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	KETAH	•	oy 4 V	DON SteriCo	2 (on soundly
PAHRUMO INELLINE	LSS harn	nture of Pharmacy of	Wholesaler	ion (en	tere
2780 Homestea Dame	and Address of Busi 	ness for Which Des / AHRum e, Name Under Whi	gnated Represer Ch It Is Now Oper	tative is Requested	
1. PERSONAL INFORMATI	ON:	Thomas	)	Na	
Last Name NIO		First Name		Middle Name	
Alias(es, Nicknames, Maiden Name, C	other Name Changes	Legal or Otherwise	)	1/4/11/	
	(Y)es	a View I	N112	~V NV	82150
Present Residence Address-Street or	RFD	City		State	/Zip
Present Business Address	Dates	City		State	/Zip
Present Position with the Pharmacy of	Dates			Phone:	
Tresent rosition with the Charmacy of				Residence	
	Ma	anhatten	NYC	NY Business M	/ <sub>A</sub>
Date of Birth	Place of	Birth (City, County,	State)		
59		17000			m
Age	Social Security Nu	mber			Sex /
nold swell	te/Grey	white	170	WEDOWOLD	n 0"/4
Color of Eyes Color o	f Hair Compl	exion	Weight	Build	Height
Scars, tattoos or distinguishing	marks and/or ch	paracteristics N	10		
Are you a citizen of the United	States? Yes □	No □ If alier	n, registration	No	
If naturalized, certificate No			Date		
Place			(If naturaliz	ed, document m	ust be verified.)
2. MARITAL INFORMATION	N:				
Single  Married  S	Separated	Divorced	Widowed [	☐ Engaged	
				Applicant's initi	alPage
					Page

MARITAI	L INFORMAT	ION-Continued			
	Current Marri	~9~	17/85		
		Date name (Maiden) <u>M) (</u>	cy Sue Ge	baide sity	/, County and State S. No
					County Brooklyn
	Resident addre	ess Mc	satiew Dr.	W N	IV X9IDO
		Street		City	State Zip
		Residence	<u>,                                    </u>	Business N/A	<del> </del>
		loyer N/Q	<b></b>	Occupation N	0
A	Address of em	ployer Street	0	N/	0
		Street			State Zip
B. Prev	vious Marriag	jes: If ever legally se	parated, divorced, o	r annulled, indicate b	pelow.
Name of	Spouso	Date of Order or Decree	Date of Place	Nature of	City
INAITIE OI	Spouse	or Decree .	of Marriage	Action	County and State
		11/0			
		NU			
	ist of names.	current address and t	elephone numbers	of previous spouses	•
	Name	Street	City	State	Zip Telephone
		1/	2		
		N			
3. FAM	ILY INFORMA	ATION:			
A. C	Children and		obildeen omd odouto		
	Name	Birth Date	Birth Place	d children and give ti Res	he following information: idence Address
		17/2		1011 UZR A.	
		1)/(2			
B. C	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

FAMIL	Y INFORMATION-Continued  District attorney or public agency responsible for enforcing the child support order:	
	Name	
C.	Parents:	•••••••
C.	List names, residence addresses, dates of birth and most recent occupations of paren	ts, step-parents,
parents	S-	
	in-law or legal guardian. If retired or deceased, list last address and occupation.  Name (Maiden) Birth Date Address	Occupation
	Traine (majority 2007)	
Father	Na	
	line Mudnik ?' - e 85mot. DYC B	/ H 12 10010
Father-in	n-Law	
Mother-in	n-Law V	
D.	Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers.	ers and sisters and of
	their respective spouses.	
0.0	Name (Maiden) Birth Date Address	Occupation
WAY	11e Dogaski - 0 1525-120 NYCHY 1003	ol Na
Spouse	Va	
Juar	200 MOODOKI 85M5+ NYCNY=148 100	OFICIT NYU
Spouse	1/0	
	of a Decary ' 26 seems leading the Z Y	eal oothe.
JQI	MN Y DOGODIC 1-83 MUNTINGTON DECICH CAE	wanagement
Spouse.	Tomo Madaki (* movedan 412012019 )	
Spouse		
орошоо		
4. E	DUCATION:	
Gramma	Name of School Location Dates Attended  Or C NY 9/05 · 0/74	Graduate
		Yes No 🗆
High School	Schard Park HS 9/74.6/78	Yes No 🗆
College Universit	or arnold & Marie Schwarty School of Pharmacy LIU	Yes No 🗆
	BKIN NA 184-982	
Other		Yes No
• •	of degree obtained, if any 10.0 in Yhaywocz	
Colleg	e or university where obtained Orugid & Marie Schwarty 5000	olet Marmacy
	LIU	$\bigcirc$
	Applicant's initia	
		Page 3

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

Α.	Have you ever served in any armed forces?
	BranchDate of entry-active service
	Date of separation
	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 \( \Bar{\text{No}} \\ \Bar{\text{No}} \\ \Bar{\text{If yes, furnish details on page 10.}} \) (List all incidents regardless of where they occurred-foreign or domestic.)
B.	Have you registered for the draft? Yes □ No □
	County State Date registered
6. Al	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)  Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)  Yes  No  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
	$\mathcal{L}$
V. Santa	
B.  C.  D.  E.  F.  G.	Has a criminal indictment, information or complaint ever been returned against you, but for which you were no arrested or in which you were named as an unindicted co-party? Yes \( \) No \( \) If yes, furnish details on page 10.  Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes \( \) No \( \) VCPORTED ILLEGAL PRESCRIPTIONS TO D.A.  Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes \( \) No \( \) PORTED ILLEGAL PRESCRIPTIONS TO D.A.  Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes \( \) No \( \) PESCRIPTIONS TO D.A.  Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \( \) No \( \) Have you ever received a pardon or deferred prosecution for any criminal offense? Yes \( \) No \( \) If yes when?  Have you 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
	Na.
	Applicant's initial Page

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

laintiff/Defe		5 . 5	Court and Case	070	4-4-	Di ana Wan ID ata
ANSON A	BANKWAW	Date Filed	Number N/A	City, County and S	clark ctu	Disposition/Date /
	SANGE POPUL	7 00 1	70 (7.	21300 977 7		/_//
a	ssociated with	k it as an owne				oration (while you were itration or bankruptcy?
N	ame of Entity		Type of Entity		Approximate Date	
		,	NA			
	DENCES:					
ist all res	sidences you	nave had for th	ne last 25 years:			
lonth and `	Year			City	State o	r County
lonth and ` (From-To	Year		and Number	City LV	State o	r County
onth and \ (From-To)	Year )	Street	and Number Liberty Circle	NLV	State o	r County
Ionth and V (From-To	Year 100? 100	Street	and Number	N LV 40 LV	State of NV	r County
onth and \(\(\frac{1}{2}\)	Year 100? 100	Street	and Number Libe(ty Circle Tamarus # 1	N LV 40 LV	State of NV	r County
onth and \(\(\frac{1}{2}\)	Year 100? 100	Street	and Number Libe(ty Circle Tamarus # 1	N LV 40 LV	State o	r County
Ionth and V (From-To	Year 100? 100	Street	and Number Libe(ty Circle Tamarus # 1	N LV 40 LV	State of NV	r County
Ionth and V (From-To	Year 100? 100	Street	and Number Libe(ty Circle Tamarus # 1	N LV 40 LV	State of NV	r County
onth and \(\(\frac{1}{2}\)	Year 100? 100	Street	and Number Libe(ty Circle Tamarus # 1	N LV 40 LV	State o	r County
lonth and `	Year 100? 100	Street	and Number Libe(ty Circle Tamarus # 1	N LV 40 LV	State of NV	r County

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

#### 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. 86472

6/2019 7	K-Mant Pharman 1870 Mc Culloch Blu	10 N. Lake HAVASU AZ 80 HO
Month and Year Physicst	Name/Mailing Address of Employer/Business INPUT, RX Filling, Cornseling, Venification	Number of Employed Hours  BMAN Lee ROH
7/2019	Description of Duties	Name of Supervisor Las Wests, M89/02
Month and Year  ON CALL WIMES  Title	Name/Mailing Address of Employer/Business  T Unification of RX, counseling MD intentions	Number of Employed Hours  RAYMOND LPH
Title 10 20 (0	Description of Duties Walnut Phylincy (various locations) #2050	Name of Supervisor 09013
Month and Year Staff Phymo		Number of Employed Hours IMMUNICATIONS 16,640 HOW
Title	Description of Duties Molly	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title 8/200/	Walgreens / Many (Ventous locations)	Name of Supervisor 16,000 Hours
Month and Year Staff PWI	Name/Mailing Address of Employer/Business Must Lx Venification, input, a unselist, to	Number of Employed Hours hucian Sypunistan / Math
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

Applicant's initial

Page 6

#### 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present emplover or emplovees Telephone Years Known Name of Where Employed Street Name MAC Home Business MArc YNY 10002 M Home Business PAH Home Business Employer NV39053 CONISTA-DA Employer Have you ever held a privileged, occupational or professional license in any state, including but not limited to 10. the following: Liquor Lawver 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 Va No 🗆 If yes, state type, where and years held 35 years ION YORK PHARMOIST Have you ever applied for a city, county of state business, venture or industry license or held a financial 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 whatspever? Yes 🗸 No 🛘 NEURDA BOARD OF PHARMY CE AVDIT/CASE 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 Page 7

•••••	Have you ever been refused a business or industry lic participant in any group which has been denied a busi suitability?	ense or related finding of suita ness or industry license or rela	ability or been a ated finding of Yes □ No ☑
15.	Have you or any person with whom you have been a padministrative action or proceeding relating to the pha	participant in any group been t rmaceutical industry?	the subject of an Yes □ No □
16.	Have you or any person with whom you have been a puilty or entered a plea of nolo contendere to any offer controlled substances?	participant in any group ever b nse, federal or state, related to	een found guilty, plead prescription drugs and Yes □ No ☑
17.	Have you or any person with whom you have been a permit or certificate of registration relating to the pharm upon voluntary close of a wholesaler	participant in any group ever s naceutical industry voluntarily	urrendered a license, or otherwise (other than Yes □ No ੯
18.	Do you have any relatives within the fourth degree of on the pharmaceutical or drug related industry?		or employed in the Yes  No
19.	Will you be actively involved in and aware of the daily		
20	wholesaler?	operation of the pharmacy or	Yes No 🗆
		operation of the pharmacy or	Yes No D
	wholesaler?  Will you be employed fulltime with the pharmacy or w  Will you be present at the site of the pharmacy or who	operation of the pharmacy or	Yes ∕ No □
	wholesaler?  Will you be employed fulltime with the pharmacy or w  Will you be present at the site of the pharmacy or who	operation of the pharmacy or	Yes ∕ No □ Yes ∕ No □
20.	wholesaler?  Will you be employed fulltime with the pharmacy or w  Will you be present at the site of the pharmacy or who	Date of photograph	Yes No D

STATE OF NEVALA
COUNTY OF CLACK
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 case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholesaler in the State of Nevada.
Original Signature of Applicant
Original Signature of Applicant
2/oth
Subscribed and Sworn to before me this day of
Patter Wary Public  Notary Public  State of Nevada Clark County Commission Expires: 9/24/20 Certificate No: 08-8276-1
(seal)

Applicant's initial

Page 9

	I stood before the state board of prinarmacy on One to a shortage of C.E. credits. I paid my fine, mad up my hours and it never nappened again:	le
	I currenty hold active licenses in good standing in the	
	following states:  NY state state board of pharmacy # 035828  State of Utah 11234258:1701	
	Pharmacist Controlled Substance State Of Utah 11234258-1501  Orizona State State Objection of Pharmacy # 5023888	1168
*	Then I discovered in the post illegally writen presciptions. I followed protical by contacting the police: when charges were pressed against the lilegal prescriber I was supercoed against the arrested party by the D.A. This occurred a number of times over the clears.  In reference to page 4 # C, D & E.	S
4	In reference to page 5 1 I  I filed for bankrupcy in 2001 but never pursued	ıt.

Applicant's initial Page 10

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date	7.	2	5 -	19
& DUICO	#			. ' #

#### **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 a	ND NUTRITION Center
Application for PAHRUMP Wellness Pharmacy a Nature of Nature of Nature of Nature of Nature of Nature of Name and Address of Establishment	of License  NV 89048  ent for Which License Is Requested
lf applicable, Name Unde	r Which It Is Now Operated
1. PERSONAL INFORMATION:  Gaige  Last Name  Maiden Name  Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Other	_
Present Residence Address-Street or RFD  Ci  Ci  Ci  Ci  Ci  Ci  Ci  Ci  Ci  C	$\frac{NV}{\frac{59048}{\text{State/Zip}}}$ $\frac{V_{4hrunp}}{V_{54hrunp}} \frac{NV}{V_{54te/Zip}} = \frac{9048}{V_{54te/Zip}}$
Dates  Occupation  Point Place of Birth (City, Co.)	Phone: Residence  Business 77.5-727* 795.9  Sounty, State)
Age Social Security Number  H 42-el Brown white  Color of Eyes Color of Hair Complexion	Sex  140 Small 55"  Weight Build Height
Scars, tattoos or distinguishing marks and/or characteristic	s 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 Page 1

A. Current Marr	iage 05-07	-2016 P	shrump 1	04e 100	
Spouse's full	name (Maiden) <u>C C</u>	-2016 P eis L Chris	tensen s.s.	No	
		Place of B		,	
		shlip Rd f			
		B			
Spouse's emp	ployer $Sel \pm$	0	ccupation Ch	inopracta	1
Address of en	nployerStreet		City S	tate Zip	
B. Previous Marria	ges: If ever legally se	eparated, divorced, or ar	nnulled, indicate be	low:	
ame of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State	<del></del>
Sames w Ca	dican 12-16	of Marriage 9-82015 Allunua	JMT Diggs	red Pahra	amo
Nye.	υv				
	Dependents:	-children and adopted c	hildren and give th	e following informatic	on:
Name	Birth Date	Birth Place	Resid	lence Address	
Amanda Co	idigan	> 15		Patrick LU	
James F C	adigan	NJ	tign	sas St Pahr	and dus.
Steven ( B. Child Suppo	Hached stringers	sheet (A)	1 5E	Florida 3	50mm es
	e mark the appropria		of shild		
GP 18	in not subject to a co	urt order for the support	of crilia.		
pla	an approved by the di	order for the support of or strict attorney or other p rsuant to the order; or			
th	e order or a plan appi	order for the support of coved by the district attornount owed pursuant to	rney or other public		
		ziii zii za parodonii to	Applica	nt's initial ac	Page 2
					Page 2

FAMIL	District attorney or public agency r	esponsible for enfo	orcing the child support or	der:
	Name		***************************************	
	Address			***************************************
	Contact person		•••••	
C.	Parents:	1-1		da annula alan manula
parents	List names, residence addresses,	dates of birth and r	most recent occupations of	or parents, step-parents,
	in-law or legal guardian. If retired			n. Occupation
	Name (Maiden) Birth [			Occupation
Father		<u>.</u> 1	asty hashts	
Mother	510 DiBenesido		Mineral Blost (	SA 30554 retired
Mas	19 DiBenedelle			GA 30559 retired
Mother-in	c Christensen	.,	> Laushlin Rd	Pohrump NU retire
	jo achristense	<u> </u>	LaughinRd	Pehrump NU retirec
D.	Brothers and Sisters: List names, residence addresses,	dates of birth and ı		
	their respective spouses.  Name (Maiden) B	irth Date Addr		Occupation
Spouse	quale DiBened of	<u> </u>	nineral Blosh	CA 30559 Buildes  JGA 30559 Postation
	io DiB-medello		bancomb wi	189048 retired
Spouse	ill them		Pahrump NU Santio. do	89048 Supervisor
Spouse				
4. E	DUCATION:			
	Name of School	Location	Dates Attended	Graduate
School	Green Grove	Nepture	1967-1972	Yes ⊅No □
High School	Neptone Hish	Nepture	1976-1980	Yes ☑ No □
College Universit	y			Yes □ No □
Other				Yes 🗆 No 🗀
Туре	f degree obtained, if any			
Colleg	e or university where obtained			

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

A.	Have you ever served in	any armed forces	Yes □ No 🖾				
	Branch		Date of e	ntry-active serv	ice		
	Date of separation	••••	Type of d	ischarge	••••		******
	Rating at separation	4	S	serial number			
	While in the military servi special or general court n regardless of where they	nartial? Ye	s 🗆 No 🗀 If				
В.	Have you registered for t	ne draft? Ye	es 🗆 No 💋				
	County	State		Date re	gistered		
6. Al	RRESTS, DETENTIONS, L not convicted.) Have you ever been arre	sted, detained, ch	arged, indicted	or summoned	to answer for ar	ny criminal of	ffense or
	violation for any reason we Yes   No □ If yes, given						citations.)
	Arrest Age	Charge Loc					
7-	14-2008 45 Inter	Pah	VIND NU	SEJOUS-	2009	Nyel	CU, VIL
	Talla	P		(1			
	Miter	·4=2.33 10	16100	ator ce	Many		
B. C.	Has a criminal indictment arrested or in which you wage 10. Have you ever been ques	were named as an	unindicted co-	party? Yes □	No P If yes. 1	furnish detai	ls on
D.	or committee? Yes   Have you ever been subj	lo ₽					
E.	commission? Yes ☐ No Have you ever been sub	<b>P</b>					
F.	Yes ☐ No 🌠 Have you ever had a civi						
G.	If yes, when?	a pardon or deferr	city, cour ed prosecution	nty and state for any crimina	I offense? Yes	□ No 2 2	
H.	If yes when? Has any member of your If you answer to any of the		pouse's family				No 🗆
Name		Relationship	C	harge	Locati	on Dat	le
Jan	mes Cadicin	Son	M	arijuana	A2	?	
				<u> </u>			
-							
				Λ	plicant's initial	al	,
				Ар	hiicarit 2 Itililal"		Page

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

laimant/Respondent Date File	Court and Case d Number	City, County and State	Disposition/Date
J. Has any general partne associated with it as an Yes □ No Ø If yes, o	rship, business venture, sole powner, officer, director or part complete the following:	proprietorship or closely tner) been a party to a la	held corporation (while you value)
Name of Entity	Type of Entity	Appr Laws	oximate Date(s) of suit/Arbitration/Bankruptcy
. RESIDENCES:			
st all residences you have had	d for the last 25 years:		
onth and Year (From-To)	Street and Number	City	State or County
0-1-1994 2	690 Lorelie	Pahrump	State or County 84048 NU NYE NU 84048 NU
7-1-8015	· laughlin Ad	Pahromp	NU 89098 NC
	_ =		

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

#### 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
7-1978	woodworth Hyu 33 NJ	New Job
Title	Description of Duties	Name of Supervisor
Mangred G	fundamenter Sell-restock	5
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5-1980	Power Contrals had bento	UT Having Children
Title	Description of Duties	Name of Supervisor
455 em 51.	or Built computes Borne	Js John Dominico
Month and Year	Name/Mailing Address of Employer/Business	O \ Reason for Leaving
(-2010) Title	1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Supervisor
	Description of Duties	. 0
Mp - Ma	treting	Mite Roos
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1. 2012 Title		
Title	LV Strint Concer Description of Duties	Name of Supervisor
196 Tech	+ Mit Petrent care 45 set in:	Surg-erg's
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5-2016	Independent hellness cet	(10500)
Title	Description of Duties	Name of Supervisor
Manages/	Homin /HR	Creis Christensa
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:

See   State		List five charac		vho have know y	ou five years or n	nore. Do not include re	latives, present	
Same   Second   Sec	-	Where Employed	Street	City State	Zip	Telephone	Years Known	
Secret   S	اریکی) Vame	4 Frence	Home_	Ravin	e que Pahiu	MO STOUS		57
State   Second   Seco	U4 c	County Em		Mange	ment 100	n = n = n	c e	
Home   Hillyand No. Claritisch weshington 91903 (12)	Sca Name	H lewis	1/61	Serberry	Pohromo	VU 89048		3 (1)
Composer	Employe	Nye (and	Business	Cheil a	of dire	Dept mant	·	
South   Sout	Vame	sting TOI	Home	Hillyas	- S Re Clar	tison weshing	zun 99903	(12)
Business   Charles   Business   Charles   Business   Charles   Business   Charles   Control   Business   Charles   Control   Business   Charles   Control   Charles	mploye	Etpress	CcrBusiness					
Tronge   Charbon   Home   Ho	Vame	ina core	1 Home	30,512 Rc)	Pehoung	NJ 59060		1(5)
Tronge   Charbon   Home   Ho	r'るトハ Employe	chambers	Business	Chamb-	r of lo	mmest e		
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  \  \text{No. 1 tyes, complete the following:} \]  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 Trainer or manager Educator Yes \  \text{No. 10 tyes, state type, where and years held} \]  12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes \  No. 12 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. Applicant's initial.	Jes		ew	1	1 01	111 \$ 84005		
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		Soff		Car	an rombing	1 20 20 290		500
person's depository? Yes  \ No  \ \ If yes, complete the following:    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  \ \ No  \ \ \ \ \ \ \ \ \ \ \ \	mploye		Business	Jenen	21 CONTO	acaloy",		
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 of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No ♥  If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.  Applicant's initial ♣♣♣	10.	person's depos	sitory? Yes	No 🔀	ch depository, ac	cess to any depository of	or do you use ar	ny other
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  \( \sqrt{No} \) \( \sqrt{D} \) If yes, state type, where and years held  12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes \( \sqrt{No} \) \( \sqrt{P} \) 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.	Box Nun	nber or Type of Depo	ository	Location	City and State	Authorized User	'S	
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  \( \sqrt{No} \) \( \sqrt{D} \) If yes, state type, where and years held  12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes \( \sqrt{No} \) \( \sqrt{P} \) 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.								
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  \( \sqrt{No} \) \( \sqrt{D} \) If yes, state type, where and years held  12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes \( \sqrt{No} \) \( \sqrt{P} \) 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.								
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  \( \sqrt{No} \) \( \sqrt{D} \) If yes, state type, where and years held  12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes \( \sqrt{No} \) \( \sqrt{P} \) 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.	-							<del></del>
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  \( \sqrt{No} \) \( \sqrt{D} \) If yes, state type, where and years held  12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes \( \sqrt{No} \) \( \sqrt{P} \) 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.								
Liquor Lawyer Race horse/race dog owner 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 of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No ੴ 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 ♣♣	11.		held a privilege	ed, occupationa	l or professional li	cense in any state, incl	uding but not lim	nited to
Doctor Contractor Real estate broker or salesman Accountant Pilot Sports promoter Trainer or manager Educator Yes  No the If yes, state type, where and years held  12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No the 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 Applicant's initial		_	Laurea	Dana haraa/		Coo. wition do	alar Imar	
Accountant Pilot Sports promoter Trainer or manager Educator Yes		•	•					
If yes, state type, where and years held  12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No ❷ 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 ♣ ♣ ♣		Accountant	Pilot					
12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No the lift 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 □ □ □		•		المط مسمود				
interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No  let 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		if yes, state typ	be, where and y	years neid				
interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No  let 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								
interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No  let 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		••••			***************************************	•••••		
interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No  let 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								
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					ata businasa yant	uro or industry license	or hold a financi	al
venture or industry.  Applicant's initial ——	12.							
Applicant's initial de	12.	interest in a lic If yes, state typ	ensed busines be, when and w	s or industry OL where and give r	JTSIDE the State names and locatio	of Nevada? Yes □ No ns of the businesses in	★	
	12.	interest in a lic If yes, state typ involved, the n	ensed busines be, when and ware ames and addi	s or industry OL where and give r	JTSIDE the State names and locatio	of Nevada? Yes □ No ns of the businesses in	★	
	12.	interest in a lic If yes, state typ involved, the n	ensed busines be, when and ware ames and addi	s or industry OL where and give r	JTSIDE the State names and locatio	of Nevada? Yes □ No ns of the businesses in	★	
	12.	interest in a lic If yes, state typ involved, the n	ensed busines be, when and ware ames and addi	s or industry OL where and give r	JTSIDE the State names and locatio	of Nevada? Yes □ No ns of the businesses in	★	
	12.	interest in a lic If yes, state typ involved, the n	ensed busines be, when and ware ames and addi	s or industry OL where and give r	JTSIDE the State names and locatio	of Nevada? Yes □ No ns of the businesses in	★	
	12.	interest in a lic If yes, state typ involved, the n	ensed busines be, when and ware ames and addi	s or industry OL where and give r	JTSIDE the State names and locatio	of Nevada? Yes □ No ns of the businesses in	★	
	12.	interest in a lic If yes, state typ involved, the n	ensed busines be, when and ware ames and addi	s or industry OL where and give r	JTSIDE the State names and locatio	of Nevada? Yes □ No ns of the businesses in	★	
	12.	interest in a lic If yes, state typ involved, the n	ensed busines be, when and wares and addi	s or industry OL where and give r	JTSIDE the State names and locatio	of Nevada? Yes  Nons of the businesses in y responsible for licensi	which you were	S,

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   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  P							
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  No							
**********								
	Date of photograph 7-25-19							
	Applicant's initial							

Page 8

COUNTY OF NYE

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 35 day of July 2019

Notary Public

Notary Public, State of Nevada Appointment No. 03-83812-14

Applicant's initial

## ADDITIONAL INFORMATION

************		
***********	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
		***************************************
************	•••••••••••••••••••••••••••••••••••••••	
************	***************************************	
***********	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	***************************************
************		
	The attenditional of the attenditional and the attendition and	
	4	
	(원명·대령·대덕화 기막회원)	
	The contraction of the contracti	
	grant to grant and grants and gra	
	The Branch of Strain 1904 villed and the second of the sec	
• • • • • • • • • • • • • • • • • • • •	••••••••••••••••••••••••••••••••	
		••••••
	***************************************	
••••••		
	***************************************	

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

Mitchel Cadigian

NJ

Step Children

Cayla Carrizal

Cooper Christensen

NV Hunting Ridse

Granger IN 46530 CA R.

Bren CA 92821

Chandy Christensen

CA

Laushlinkd Pahrump NU 89048

Torrence Christensen

? CA

Laus Veg-s NU 89108

Aften Rodriguez

CA Briarwood On 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 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 PAHRU	me Wellnes	s Pharmac	y and Ni	MRITION CEN	HER
2780 Home	1	# 101 Nature of	of License Rump, Ne ent for Which Licens		48
	If ap	oplicable, Name Unde	r Which It Is Now Op	perated	
1. PERSONAL INFO	RMATION:				
Last Name CURNUT	T	First Name	JUSTIN	Middle Name	DAINE
Alias(es, Nicknames, Maiden	Name, Other Name C	hanges, Legal or Othe	erwise)		
N/A					
Present Residence Address-S		( ).	ty HRump	State N	e/Zip 1 / 89060
Present Business Address		Azesent CA	ty Hrump	State	-/Zip <b>/89</b> 048
		Dates		Phone:	787078
Occupation Owner of PAHRUM OF Therapeutic	. Lifestyle (	changes!	h catol2	Residence Business	75-419-6338
Date of Birth	F	Place of Birth (City, Co	ounty, State)		
17 7.	4	LASVEGAS	, CLARK, N	Jevada	
Age 33		urity Number			Sex MALE
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	BROWN	White	140	retite	5'6"
Scars, tattoos or disting	uishing marks and	d/or characteristic	s Scar in atched of	the middle Fas a C	le of forehead
Are you a citizen of the	United States?	∕es <mark>X</mark> No□ If	alien, registratio	n No	
If naturalized, certificate	No		Date		
Place	•••••		(If natura	lized, document m	ust be verified.)
2. MARITAL INFORM	IATION:				
Single   Married	Separated	□ Divorced	□ Widowed	□ Engaged	
				Applicant's initi	al Page

A.	Current Marri	iage ///	17/07			Pacatell	BANNI	ork TDAHO
	Spouse's full r	name (Maiden)	ACH/ou	leniae F	) no/F	City, County :	and State	ock, IDAHO
	Date of Birth	,	7.162.16×.9	Place of Ri	irth Poce	tello /i	Bannock (	Courte
		,	· loclia	nace of Bi	240	0 A LV	Cost	- ury
	Resident addr	ess Street	ILeslie	st., f	City	State	Zip	)
	Telephone: F	Residence,		Bi	usiness	NJA	*******************************	
	Spouse's emp	loyer Home	MAKER	Oc	cupation	Homemo	keR	
	Address of em	ployer N/A Street	•••••			**********		•••••
-							Zip	
B. Pr	evious Marria	ges: If ever lega	ally separated,	divorced, or an	nulled, indic	cate below:		
Name o	of Spouse	Date of Order or Decree		e of Place Marriage	Nature Actio		y unty and Stat	to
N/A		OI Dedice	<u> </u>	Marriage	Activ	<u>011                                   </u>	unty and Star	<u>.e</u>
10/1								
						····		
<del></del>		current address	and telephon					
N/A	Name	Street		City	State	Zip	Telephone	≥
10//1								
	MILY INFORM							
A.	Children and List all ch	Dependents: ildren, including	step-children	and adopted ch	ildren and o	give the follow	ving informatio	on:
7	Name_	Birth Da	ate Birth	Place LKfoot IDA		Residence Ad	dress	744Rump, NV 890GO
Dorwin	nic Curni	/IT	100000000000000000000000000000000000000	CHON WITH	-110		as ABove	
	CURNUTT CURN			regas . Aleva	INA		s Above	
1DALI			LAS V	0 ,			s ABove	
		,		Cars, ton	180.1	2.00	- 1 5550	
B.	Child Support Please	t Information: mark the appro	priate respons	se:				
	🔀 I ar	n not subject to	a court order f	or the support o	of child.			
	pla	n subject to a con n approved by the he amount ower	ne district attor	ney or other pu	ne or more o blic agency	children and a enforcing the	im in complia order for the	nce with a repayment
	the	n subject to a co order or a plan repayment of th	approved by the	ne district attorn	ey or other	children and N public agency	NOT in compli	iance with le order for
				-		pplicant's init	ial X	Page 2

	attorney or public a		e for enforcing th	e child support orde	r:
Name_			_		
	ss				
	t person				***************************************
C. Parent					
	mes, residence addr	esses, dates of b	irth and most red	cent occupations of p	parents, step-parents,
parents- in-law c	or legal guardian. If	retired or deceas	ed. list last addre	ess and occupation	
Name (M	laiden)	Birth Date	Address		Occupation
Father			Lois	lane	S. 1000000000
TROY CUI	ZNUTT	, -,	Pocatelle	, ID 83201	Entrepreneur
Mother				s lane	11
MiRIAM	Jensen	* • •	Pocatello	ID 83201	Homemaker
Father-in-Law	$\sim$			ikuay DR.	Engineer
Brian	POOLE	, -	Poce Tello	LD 83201	
Mother-in-Law				Fairway DR.	Principal
Melanie	e Moser		Poca fe 110.	(ID & 3201	Secretary School District
List nar their re	spective spouses.			cent occupations of b	prothers and sisters and of
Name (M		Birth Date	Addressω.	Bonneville	Occupation
Càrneo G	URNUTT		Pocatel	10 ID 832	y STUDENT
Spouse N/A					
HANNAH	CURNUTT		beate	olbeerst unit 1 110, ID 8320	3 School Teacher
Spouse N/A			•		
	JRNUTT	÷ 4 €		Lois lane	STUDENT
Spouse	DIENVII		Poco	tello, ID831	201 2110
N/A					
Spouse					
4. EDUCATIO	ON:				
Seammer /	Name of School	Loca	ation Date	s Attended	Graduate
	id Middle Scho	oc las	gas, NV	97-99	Yes No □
High School (en	tennial Hi	gh School	Vegas, NV	00-04	Yes No □
College Pos	eman Univers	sity He	enderson,	09-12	Yes X No 🗆
of	Health Science	Society of	NV ocercilo, ID	07-09	
Other J DAHO	- SITIE UNIV	_		<u> </u>	Yes No 🗆
Type of degree	obtained, if any	harm. D	) 		
College or unive	ersity where obtaine	d Roseman	Univers	sity of Hea	144 Sciences
				Applicant's	initial \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Page 3

# **5 MILITARY INFORMATION:**

Α.	nave you ever served i	n any armed for	ces?	es 🗆 No 🔀		
	Branch	***************************************	Date of er	ntry-active service		
	Date of separation		Type of di	scharge		
	Rating at separation		S	erial number	*******************	*************
	While in the military ser special or general court regardless of where the	martial?	Yes ☐ No ☐ If	offense which resulted yes, furnish details o	d in summary n page 10. (L	action, a trial or ist all incidents
B.	Have you registered for	the draft?	Yes 🕱 No □			
	County CLARK	State	NevADA	Date registered	2002	******
6. AF	RRESTS, DETENTIONS,	LITIGATIONS	AND ARBITRATIO	NS: (Include those a	arrests in wh	ich you were
A.	not convicted.) Have you ever been arr violation for any reason Yes □ No ☒ If yes, gi	whatsoever, re	gardless of the dispo	osition of the event? (	Except minor	minal offense or traffic citations.
Date of /	Arrest Age	Charge	Location-City and State	e Deposition	/Date Arres	sting Agency
C. D. E. F. G.	Has a criminal indictme arrested or in which you page 10. Have you ever been que or committee? Yes  Have you ever been sufficiently and the series of the se	estioned or dep No M  popoenaed to ap lo M  popoenaed to tes vil or criminal re la pardon or de	s an unindicted co-posed by a city, state pear or testify before stify for any civil, crimicord expunged or security, count ferred prosecution for city, count pur spouse's family exposed in the count of the count	party? Yes  No  note a federal or law enforce a federal, state or continual or administrative ealed by a court order by and state or any criminal offensity and state ever been convicted of the state o	If yes. furniscement agence ounty grand just proceeding of the pro	ch details on cy, commission ary, board or or hearing?
	If you answer to any of	the above ques	tions (B through H) i	s yes, furnish details	on page 10.	
Name		Relationship	Cr	narge	Location	Date
			8.1 = 10 = 1			
				Applicant'	s initial	0



part to Yes □	No 💢 (Other than	plaintiff or defendant or a	an arbitration as either	
Plaintiff/Defendant Claimant/Respond	or	Court and Case Number	City, County and Stat	
associa	ny general partnership ated with it as an own I No I If yes, comp	er, officer, director or pa	proprietorship or closertner) been a party to	ely held corporation (while you w a lawsuit, arbitration or bankrupto
Name of	Entity	Type of Entity		Approximate Date(s) of awsuit/Arbitration/Bankruptcy
	CES: ces you have had for t	the last 25 years:		
ist all residend onth and Year (From-To)	ces you have had for t	et and Number	City	State or County
onth and Year (From-To)	ces you have had for t	et and Number	City PAHRMP	State or County NV / Nye
st all residence onth and Year (From-To) //Y - CURRUNT 2/13 -	Stree N. Lest PAHlump, N.	et and Number ive 57-	PAHRUMP	/
st all residence onth and Year (From-To) )//Y - (URRUNT 2/13 - 0/14 1/12 -	Stree  N. (25)  PAHRUMP, N.  10 Sprace C.  PAHRUMP	et and Number ive 57- J 89060	PAHRUMP	Nr /Nye Nr/Nye
onth and Year (From-To) )/// /// /// /// /// /// /// /// ///	Stree N. Lest PAHRump 10 Sprace L PAHRump 1636 CALIC	et and Number Ne St- U 89060 N.	PAHRUMP Pacatello	NV / Nye NV / Nye TO / Bannock
onth and Year (From-To) )//4- CURRENT 2/13- 0/14 1/12- 2/13 1/11- 2/12-	Stree N. Less PAHRUMP, N. 10 Sprace Co PAHRUMP 1636 CACO	et and Number lie st. V 89060 N. V, NV 89648 CO CIR. MDEN PINE AVE.	PAHRUMP Pacatello	NV / Nye NV / Nye TO / Bannock
ist all residence onth and Year (From-To) 0//4- CURRENT 2/13- 0/14 112- 2/12- 1/69- 25/11	Streen No. Less patherne, No. 10 Sprace Compatherne, No. 1636 CALICO	et and Number lie st. V 89060 N. V, NV 89648 CO CIR. MDEN PINE AVE. 170 S.	PAHRUMP Pacatello	NV / Nye  NV / Nye  ID / Bannock  NV / CLARK  UT
ist all residence onth and Year (From-To) 0//4- CURRENT 2/13- 0/14 112- 2/12- 1/69- 25/11 1/08- 1/03-	Stree N. Lest PAHRIMP, N. 10 Sprave Cop PAHRIMP 10 Sprave Cop PAHRIMP 1636 CALIC 7324 (av 4097 W. 94	et and Number it st. V 89060 N. V, NV 89648 CO CIR. MDEN PINE AVE. 170 S. FORD AVE.	PAHRUMP  Pacatello  LV  South Jordan  Pocatello	NV / Nye  NV / Nye  ID / Bannock  NV / Clark  UT  ID / Bannock
onth and Year (From-To) 0)//4- CURRUNT 2/13- 10/14 112- 2/12- 1/10- 2/12- 1/108	Stree N. Lest PAHRUMP, N. 10 Sprace C. PAHRUMP 1636 CALIC 7324 (au 4097 W. 94 291/2 Stan 434 E. HI	et and Number ive St. U 89060 N. V. NV 89648 CO CIR. MDEN PINE AVE. 170 S. FORD AVE. ALLIDAY	PAHRUMP  Pacatello  LV  South Jordan  Pocatello  Pocatello	NV / Nye  NV / Nye  ID / Bannock  NV / CLark  UT  ID / Bannock  ID / Bannock
onth and Year (From-To)	Stree N. Lest PAHRUMP, N. 10 Sprave C. PAHRUMP, N. 1636 CALICO 7324 (av 4097 W. 94 291/2 Stan 434 E. H. 2861 Lois	et and Number ive St. U 89060 N. V. NV 89648 CO CIR. MDEN PINE AVE. 170 S. FORD AVE. ALLIDAY	PAHRUMP  Pacatello  LV  South Jordan  Pocatello	NV / Nye  NV / Nye  ID / Bannock  NV / Clark  UT  ID / Bannock

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

Page 5

### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
04/16 - CURRENT	- 2341 E. PastAL RD. StE.B., PAHRM	mp, 189048	urrent
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	Name/Mailing Address of Employer/Business PARTELL SPECIALLY Pharmacy 5835 S. Fastern Ave. Lv. NV Sall9	i c	.Vocation
10/15-01/16	Description of Duties	Name of Supervisor	
STAFF RPH	DATA ENTRY, FILLING, Courseling, etc.	567 510	Ber
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
02/13-08/15	601 S. NV-160 PAHRUMP, NV 89048	FireD	
Title	Description of Duties MTM Services	Name of Supervisor	_
STAFF ROH	DATA Entry, Filling Px Counseling, etc.	Lester -	SHERMAN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
08/11-02/13	1771 E. Flamingo RD, LV, NV 89119	JOB @SI	nith's
Title	Description of Duties 9	Name of Supervisor	
Intern RPH/RI	PH Filling, DATA Eintry, Aseptic technique	, Chris	Southwick
Month and Year	Name/Mailing Address of Employer/Business ADVANCED ISOSPES OF IDAHO	Reason for Leaving	- Lac Veags
07/07 - 08/11	49(08 RainBow LN, Pocatello, ID 83202	FOR RPH	Las Vegas InternShip
	Description of Duties DATA Entry, etc.	Name of Supervisor	
Delivery Manager	2 Deliversies, DoT, Fechnician to RPH	Nicki Cl	nopski
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	(2 years)
01/03-06/05	BlockBustER, LV NV	Serving av	
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

Page 6

# 9. CHARACTER REFERENCES:

	List five character employer or employer	reference wh	o have know	v you fiv	e years or i	more. D	o not include re	atives, pre	esent
Name of	Where Employed	Straet	City Sta	te Zip		Teleph	one	Years K	nown
Name (	Andrew Gannon	Hayden Home Ave.	Evanston	WY 8	2930	3		06/09	- CURRENT
Employe	City Drug of Evalston	131 1074 5 Puringes	Evanston		82930	307	- 789-4000	10	yrs.
3 4 4	Jaron Wilson	Home Las		<u>VV</u>	89113	15		06/02	-Current
Employe	ISL Brands	Business	CORROLL	-ton	TX 7	200C	702-561-0	307 1	yrs.
Name	David VanderBee	Home	PAHRUMP		89048			0	4/13 - Current
<u>Employe</u>	AHRUMP Valley	Business 33	70 NV-161	NV	89048	4	751-89	180	loyes.
Name 1	veal Williams	Home	Sheridah LV, NV		59.62			06	195 23 yes
Employe	ARTCON , INC.	3021 S Business	sheniDay LV, NV	5+ 5+	E. 150 29102		702-395.	-4275	
	Teve Jolley	5. 60	Hrunip.	NV	89048			1	
	iated Physical	2141 5. COR		NV	89048	25	8-757 - 039	, 0	2/13 - Current
10.	Do you have any s person's depositor If yes, complete t	y? Yes 🗌 N	o 💢	such de	pository, ac	cess to	any depository o	or do you (	use any other
Box Num	ber or Type of Deposito	ry	Location	Çit	y and State		Authorized User	S	
					Vi.				
11.	the following: Liquor La Doctor Co	d a privileged awyer ontractor lot	, occupation Race horse Real estate Sports pror	e/race de broker	og owner		sany state, inclu Securities de Barber/Cosm Trainer or ma	aler etologist	not limited to Insurance Gaming Educator
	If yes, state type, v	where and yea	ars held						
Phar. Phasan	rmacy Licens nacy License	e Nev	ADA - 1 HB - P(	18338 G751	- 2012 - 2012 -	-2016 2015	(Revoked) (Expirad)	- 2019	(Reinstako)
12.	Have you ever apprinterest in a license If yes, state type, winvolved, the name venture or industry	ed business o when and whe es and addres	or industry O ere and give	UTSIDE names	E the State and locatio	of Nevad	da? Yes 🗀 No businesses in v	X which you	were
				•••••		<i>,</i>	Applicant's initia	X	) Page 7

13.	13. Have you ever appeared before any licensing agency or similar authority in or outside the any reason whatsoever? Yes No Explanation Attached	ne State of Nevada for
14.	14. Have you ever been denied a personal license, permit, certificate or registration for a professional activity? Yes No Explanation Affaches	ivileged, occupational
Phann Myse Denici	yes to the above, state where, when and for what reason: Asscription Francisco and Instruments License Revoked in Nevada. I Authorized Assert and Got my License Revoked with Zother Technicians. In the License RPH Due to Not having lyear Recent Phaemacy Activities.  15. Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	Woming , 2019 Hy. by or been a
16.	16. Have you or any person with whom you have been a participant in any group been the administrative action or proceeding relating to the pharmaceutical industry?  Explanation Affacus	Yes 🗷 No □
17.	17. Have you or any person with whom you have been a participant in any group ever beer guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?	
18.	18. Have you or any person with whom you have been a participant in any group ever surre permit or certificate of registration relating to the pharmaceutical industry voluntarily or cupon voluntary close of a manufacturer	
TROY	19. Do you have any relatives within the fourth degree of consanguinity associated with or opharmaceutical or drug related industry?  ROY. CURRUIT - FATHER - ADVANCED TSOTOPES OF NEWDA, Quantum  TDAHO	employed in the Yes Xi No □  Fsotopes
	Date of photograph 07/25/	/19
	Applicant's initial	Page 8

STATE OF Nevada
COUNTY OF NUCL.  CURNUIT  CURNUIT  Desired the second seco
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this 25 day of July 2019
MARY ANN MORRIS Notary Public, State of Nevada Appointment No. 03-83812-14 My Appt. Expires Aug 20, 2019

# ADDITIONAL INFORMATION

I	have	Atta	ches	ADDITI	M	Docum	ents	and	Bo	9RD	of M	JV	Pha.	emac
Pr	كمدحون	יהלראיי	ALS	ADDITI	hed.	is av	хЗ	plane	tion.	oF.a.	ш.)	/es	Ans	vens
		************			••••••									
			*******	**************		••••••		**********	••••••			••••••		
•••••				*************	•••••					••••••			**********	
				*****************					***************************************				•••••••	
		***********				• • • • • • • • • • • • • • • • • • • •		*************			**********			
			*********			••••••		***********						
	••••••		•••••						••••••				***********	
•••••	• • • • • • • • • • • • • • • • • • • •			*******									*********	
			**********	*************		•••••								
•••••		**********						• • • • • • • • • • • • • • • • • • • •					***********	
		••••			**********	•••••••		•••••			********	••••••		
• • • • • • •				*************				**********					************	
		**********						**********			•••••			
								***********						
				***************************************		•••••							**********	
			*******								• • • • • • • • • • • • • • • • • • • •			
	••••••		•			•••••						•••••	**********	
• • • • • • • • • • • • • • • • • • • •		***********						***********					************	
			**********				**********							
• • • • • • • •		••••••		**************	•••••			• • • • • • • • • • • • • • • • • • • •					***********	
		**********	**********		*********				•••••		•••••		•••••	
								****			*********		••••••	
				*******************										
				*****************										
		••••									• • • • • • • • • • • • • • • • • • • •	•••••		
	••••••			*******									***********	
••••••						•••••					•••••			
		••••••	*********			•••••	***********		•••••			•••••		
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				*************		*************			••••	••••••	**********	
		***********						************				•••••		

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.

Justin Curnutt

07/25/19 07/25/19/Date



# NEVADA STATE BOARD OF PHARMACY

# OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1441

December 20, 2018

Justin Curnutt

Postal Dr.

Pahrump, NV 89048

RE: Reinstatment 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. Yenh 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

Edwards)



# 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**

danuary 13-14, 2046

#### **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 Zarlev

#### Board Staff Present:

Larry Pinson Ken Scheuber Dave Wuest Luis Curras

Paul Edwards Dena McClish Shirley Hunting 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.

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

(15-051-PT-A-S)

G. Lori Brandon, PT (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 Exhibits1-4 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
Ray Seidlinger

Dave Wuest Ken Scheuber Paul Edwards Dena McClish Shirley Hunting 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.

14.3



# 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 Ray Seidlinger

Dave Wuest Ken Scheuber Paul Edwards Dena McClish Shirley Hunting 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 Reciprocation. 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 Brett Kandt

Dave Wuest Yenh Long

Paul Edwards Ray Seidlinger

Shirley Hunting 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 Zarlev

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 Cumutt** 

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.