

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALE 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 Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Arnold Dental Supply Company, Inc.

Physical Address: 925 North Hills Boulevard, Reno NV 89506

Mailing Address: 16531 13th Ave W, Suite A102

City: Lynnwood State: WA Zip Code: 98037

Telephone: (425) 712-8786 Fax: (425) 712-8677

Toll Free Number: (800) 562-6645

E-mail: leticia@arnold-dental.com Website: www.arnold-dental.com

Facility Manager: Ted Vucenich - Plant Manager

Professional qualifications and experience of facility manager: Over 13 years of director and general manager experience in distribution & logistics in the healthcare, ecommerce, retail, and wholesale environment.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- | | | |
|----|-------------------------------------------------------------------------------|-----------------------------------------------|
| 1) | NDC Inc | 402 BNA Drive, Suite 500, Nashville, TN 37217 |
| | Name | Address |
| | Dental Supplies | |
| | Business | |
| 2) | Dentsply Caulk Division / Dentsply Pharmaceutical / Dentsply Midwest Division | PO Box 536935, Atlanta, GA 30353 |
| | Name | Address |
| | Dental Supplies | |
| | Business | |
| 3) | 3M | 2807 Paysphere Circle, Chicago, IL 60674 |
| | Name | Address |
| | Dental Supplies | |
| | Business | |
| 4) | Dentsply Trubyte | 33544 Treasury Center, Chicago, IL 54261 |
| | Name | Address |
| | Dental Supplies | |
| | Business | |

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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



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

Leticia Guerrero

Print Name of Authorized Person

October 31, 2018

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Washington

Parent Company if any: The Dentists Supply Company (TDSC)

Corporation Name: Arnold Dental Supply Company, Inc.

Mailing Address: 1201 K Street, 14th Floor

City: 1201 K Street, 14th Floor State: CA Zip: 95814

Telephone: (800) 232-7645 Fax: _____

Contact Person: Alison Sandman

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information - N/A

Legal Owner Information – List of Officers & Directors

Name	Parent Company - Address	Phone	Title
Peter DuBois	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Vice Chair, Board of Directors
Steven Kend, DDS	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Secretary / Treasurer
Jennifer Mason	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Vice President of Operations
Todd Lewis	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Assistant Treasurer / Vice President Finance
Kevin Roach	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Chief Financial Officer
Alison Sandman	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Assistant Secretary
Walter Weber, DDS	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Board Chair
Jim Wiggett	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	President / Chief Executive Officer

UNITED STATES OF AMERICA

4138481

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ARNOLD DENTAL SUPPLY COMPANY, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/02/1962.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/03/2018
UBI Number: 578 058 577



Secretary of State
Washington Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 04/03/2018

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

Date 10/31/2018

GENERAL INSTRUCTIONS

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

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

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

Application for Wholesaler
Nature of Pharmacy or Wholesaler
Arnold Dental Supply Company Inc. 925 North Hills Blvd. Reno, NV 89506
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Thompson Denise Lynne
Last Name First Name Middle Name
Sheffield

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

125th Ave NE Lake Stevens WA 198258
Present Residence Address-Street or RFD City State/Zip

16531 13th Ave W. STEA 102 07/1998 Lynnwood WA 98037
Present Business Address Dates City State/Zip

Operations Manager 3/2012 - Current
Present Position with the Pharmacy or Wholesaler Dates

Phone:
Residence _____
Business 425-329-1223

42 La Mesa, San Diego County, CA
Date of Birth Place of Birth (City, County, State)

42 42 F
Age Social Security Number Sex

Brown Brown Light 180 Medium 5'6"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics none

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial DT

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/24/2004 Mukilteo, Snohomish County, WA
Date City, County and State
 Spouse's full name (Maiden) Ryan Thomas Thompson S.S. No.
 Date of Birth _____ Place of Birth Oxford, England
 Resident address 125th Ave NE Lake Stevens WA 98258
Street City State Zip
 Telephone: Residence _____ Business 206-595-1294
 Spouse's employer Self Occupation finish Carpentry
 Address of employer 607 125th Ave NE Lake Stevens WA 98258
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Isabella Thompson</u>		<u>Edmonds, WA</u>	<u>125th Ave NE, Lake Stevens, WA 98258</u>
<u>Lillian Thompson</u>		<u>Edmonds, WA</u>	<u>125th Ave NE, Lake Stevens, WA 98258</u>

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial DT

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Wilbur F. Sheffield		Oakway, Brier, WA 98036	Painter
Father			

Bonnie G. Sheffield (Largen)		Oakway, Brier, WA 98036	Painter
Mother			

Thomas T. Thompson		217 th PL SW, Brier, WA 98036	Engineer
Father-in-Law			

Deborah J. Thompson (Engleth)		217 th PL SW, Brier, WA 98036	Florist
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
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Karen L. Platner (Sheffield)		Bryce Dr. Lake Stevens, WA 98258	Insurance Agent
Spouse			

Bradley H. Platner		Bryce Dr. Lake Stevens, WA 98258	Merchandiser
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Wilbur F. Sheffield II		Gopher Lane, Marion, MT 59925	Produce Manager
Spouse			

Courtney M. Sheffield (Largen)		Gopher Lane, Marion, MT 59925	Seamstress
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Stephanie P. Day (Sheffield)		100 th ST. SE, Everett, WA 98208	Accountant
Spouse			

William A. Day		100 th ST. SE, Everett, WA 98208	Machinist
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Cameron B. Sheffield		Harbor Pt. Blvd #H302 Mukilteo, WA 98275	Painter
Spouse			

Natalie M. Sheffield (Robinson)		Harbor Pt. Blvd #H302 Mukilteo, WA 98275	Domestic
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4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Brier Terrace Middle School	Brier, WA	1987-1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Mountlake Terrace High School	Mountlake Terrace, WA	1989-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Edmonds Community College	Edmonds, WA	1993-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Wells Middle School	Dublin, CA	1988-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Associates of Arts DegreeCollege or university where obtained Edmonds Community CollegeApplicant's initial DT

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

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

County.....State.....Date registered.....

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
09/2003 - current	125 th Ave NE	Lake Stevens	WA
11/1989 - 09/2003	21253 Oak Way	Brier	WA

Applicant's initial DT

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2012	Arnold Dental Supply 16531 th Ave W. Ste A102, Lynnwood WA 98037	13,160 hours
Title	Description of Duties	Name of Supervisor
Operations Manager	In charge of employees who receive & distribute Rx drugs. Ensure records are kept accurately & up to date.	Mark Decker
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
July 1999	Arnold Dental Supply 16531 th Ave W Ste A102, Lynnwood, WA 98037	27,040 hours
Title	Description of Duties	Name of Supervisor
Account Specialist	Handled Rx drugs for order checking, invoicing and packaging. maintained appropriate records.	Frank Nowtash
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial



9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Carolyn Soriano	Home	21st Ave	Brier	WA	98036	30 years
Employer N/A	Business	N/A				
Name Frank Nowtash	Home	132nd Avenue	Bellevue	WA	98005	20 years
Employer SeaPort Dental Services	Business	837 132nd Avenue	Bellevue	WA	98005	206-291-0138
Name Sanchez Nowtash	Home	132nd Avenue	Bellevue	WA	98005	18 years
Employer N/A	Business	N/A				
Name Harriet Siegel	Home	Hoover Ave Apt #135	Bloomfield	NJ	07003	7 years
Employer Rutgers University	Business	110 Bergen St	Newark	NJ	07103	973-972-4627
Name Tom Meintz	Home	19th Ave SW	Seattle	WA	98146	12 years
Employer GC America	Business	3737 W. 127th St	Alsip	IL	60803	206-227-1706

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

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

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

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

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

Applicant's initial

DT

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

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

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

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

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

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

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

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



Date of photograph 10/31/2018

Applicant's initial DT

STATE OF Washington

ss.

COUNTY OF Snohomish

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

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

Denise L. Thompson

Original Signature of Applicant

Subscribed and Sworn to before me this 31 day of October 2018

Julie A. States

Julie A. States
Notary Public



Applicant's initial DT

ADDITIONAL INFORMATION

N/A

Arnold Dental Supply Company, Inc.

A Washington corporation

As of March 27, 2018

Employees at Arnold Dental Supply Company, Inc. – Reno, NV			
Name Capacity	Responsibilities & Key Objectives	Qualifications	Access RX Drugs
Denise Thompson Operations Manager CA Designated Representative	Operations Management Continuous Improvement Team Management Customer Experience Inventory Safety Technology	Bachelor's degree in Operations Management or Supply Chain and/or 10+ years' experience; 5+ years in senior leadership role; Designated Representative Certification; Proficiency in warehouse management software & distribution center operations.	Yes
Andrea Peterson HR Manager	Operations Management Continuous Improvement Team Management Safety Technology	Bachelor's degree in Operations Management or Supply Chain and/or 10+ years' experience; 5+ years in senior leadership role, Proficiency in employees relationships and team building.	
Ted Vucenich Plant Manager	Operations Management Continuous Improvement Team Management Customer Experience Inventory Safety Technology	Bachelor's degree in Operations Management or Supply Chain and/or 10+ years' experience; 5+ years in senior leadership role; Proficiency in warehouse management software & distribution center operations.	Yes