8A

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 <u>box</u> below for type of ownership and complete all re Corporation or Partnership.	quired forms. ""If LLC use Non Public
Dublicly Traded Corporation - Pages 1.2.3.10.11a&b	☐ Partnership - Pages 1,2,6,10,11a&b
☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&	&b ☐ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: ATLANTIC PHARMACY	
Physical Address: 2815 W. LAKE MEAD BLVD, SUITE 10	09
City: NORTH LAS VEGAS State: Zip C	ode: 89032 Telephone:
702-241-9653 Fax: 702-34	6-1718 Toll Free Number:
E-mail:atla	anticpharmacylv@gmail.com
Website: www.atlanticrx.com	
Managing Pharmacist: EMMANUEL KODJOE	License Number:18367
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🛛 🗆 Retail	☐ ☑ Off-site Cognitive Services
☐ 🖾 Hospital (# beds)	□ 図 Parenteral
□ ⊠ Internet	□ 🖾 Parenteral (outpatient)
□ 🗷 Nuclear	□ ⊠ Outpatient/Discharge
∴ □ 🖄 Ambulatory Surgery Center	
☑ □ Community	
	☐ ☑ Long Term Care
☐ ☑ Other: N/A	☐ ☑ Long Term Care ☐ ☑ Sterile Compounding
-	_
-	☐ ☑ Sterile Compounding
□ 🖾 Other: N/A	□ ☑ Sterile Compounding □ ☑ Non Sterile Compounding

This page must be submitted for all types of ownership.

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

1)	any interest,	oration, any owner(s), shareh ever been charged, or convic r (including by way of a guilty	ted of a felony or gro	SS	Yes □ No 🏻
2)		oration, any owner(s), shareh ever been denied a license, p			Yes □ No 🗵
3)	interest, ever	oration, any owner(s), shareh been the subject of an admir oceeding relating to the phan	nistrative action, boa	rd citation,	Yes □ No 🛚
4)	interest, ever	oration, any owner(s), shareh been found guilty, pled guilty any offense federal or state	or entered a plea of	nolo	Yes □ No 🏻
5)	interest, ever	oration, any owner(s), shareh surrendered a license, perm otherwise (other than upon v	it or certificate of reg	istration	Yes □ No 🏻
Copie		estion 1 through 5 is "yes", a s ments that identify the circum required.			
correc	t. Lunderstar	the answers given in this app nd that any infraction of the la norized pharmacy may be gro	ws of the State of Ne	evada regulat	ing the
under correct emplo backg	penalty of pett. I hereby au oyees, to conduction of the conductio	tions, answers and statemen rjury, that the information furn thorize the Nevada State Boa uct any investigation(s) of the cation and reputation, as it ma	ished on this applica and of Pharmacy, its a business, professio ay deem necessary,	ation are true, agents, serva nal, social ar proper or des	, accurate and ints and id moral sirable.
Origin	al Signature o	of Person Authorized to Subm	it Application, no cop	oies or stamp	S
EMI	MANUEL KODJ	0E	10/03/2	019	
		orized Person	Date		
Board	Use Only	Date Processed:	Amount:	500.00)

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of	of Incorpora	tion: <u>NEVADA</u>				-		
Parent	Company	f any: PINNAC	LE ABSOLUTE C	ARE, LLC				
Mailing	g Address:	840 CH	APARRAL DR					
City:	MESQUITE		State:	NV	Zip:	89027		
Teleph	none: 702-2	41-9653	Fax:	702-346-	1718	4000		
Contac	ct Person:	EMMANUEL K	ODJOE	_ = 1		.18 1		
For an	y corporation	on non publicly	traded, disclos	e the follow	wing:			
1)	List top 4 p	ersons to whor	n the shares we	ere issued	by the cor	poration?		
	a)	N/A						
	,	Name		Business Ad	ldress			397
	b)	N/A						
		Name		Business A	ddress			
	c)	N/A			===			
		Name		Business A	ddress			
	d)	N/A		D A -	1-1			
		Name		Business Ac	acress			
2)	Provide the	e number of sha	ares issued by	the corpor	ation	N/A		
3)	What was	the price paid p	er share? N	/A				
List ar	ny physiciar	shareholders	and percentage	of owner	ship.			
Name	: N/A					%:%	N/A	
Name	: N/A					%:	N/A	
			<u>.</u>					
Hours	of Operat	ion for the pha	rmacy:					
Monda	ay thru Frida	ay 9:00 am	<u>6:00</u> pm		Saturd	ay C <u>LOS</u> E	<u>D</u> am	pm
	Sunday	CL <u>OSED</u> am	pm		24 Hot	urs <u>N/A</u>	<u> </u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: ১০০২ ১৭৭ ১৭৭ ১৭৪৭

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: EMMANUEL KODJOE	
Business Name:ATLANTIC PHARMACY	
Current Business Address: 2815 W, LAKE MEAD BLVD,	SUITE 109
City: NORTH LAS VEGAS State: NV	Zip Code:89032
Telephone:702-241-9653	Fax: 702-346-1718
List any physician shareholders and percentage of ov	vnership.
Name: N/A	%:%
Name: N/A	%:N/A
Name: N/A	%:N/A
Name: N/A	%: N/A
Hours of Operation for the pharmacy:	
Monday thru Friday 9:00 am 6:00 pm	Saturday CLOSED ampm
Sunday CLOSED_ampm	24 Hours N/A
A Nevada business license is not required, however i	

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

I, EMMANUEL KODJOE

Responsible Person ofATLANTIC 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.
Sun Hoe
Original Signature of Person Authorized to Submit Application, no copies or stamps
Emmanuel Kodjoe 10/03/2019 Print Name of Authorized Person Date
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name:_	EMMANUEL KODJOE	License #:	18367
Pharmacy Name: _	ATLANTIC PHARMACY	 , , , , , , , , , , , , , , , , , , ,	
			<u> </u>

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

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

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

	Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	Yes	No
	physical condition that would impair your ability to perform the essential functions of your license?		X
	1. been charged, arrested or convicted of a felony or misdemeanor in any state?		X
	2. been the subject of a board citation or an administrative action whether completed or pending		
	in any state?		M
	3. had your license subjected to any discipline for violation of pharmacy or drug laws in any		
	state?		X
	If you marked YES to any of the numbered questions above, please include the following informat	ion	
	Board Administrative Action: State: N/A Date: N/A Case #: N/A		_
	And/or Criminal Action: State: N/A Date: N/A Case #: N/A		-0-0
l	County N/A Court: N/A		_
-			

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

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

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

Signature Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

SYD	ate	10/02/2019	

GENERAL INSTRUCTIONS

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

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

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

Application for Nevada Pharmacy Lice PINNACLE ABSOLUTE CARE LLC.	Nature of Licer	ise ESQUITE, NV	89027		
Doing Business As: Atlantic Pharmacy, 2		, Suite 109, Nor	th Las Veg	as, NV 89032	
PERSONAL INFORMATION: Kodjoe	Emmanuel				
Last Name N/A	First Name		Middle Nam	ne	
Alias(es, Nicknames, Maiden Name, Other Name	Changes, Legal or Otherwise)				
Chaparral Dr	Mesquite	e	1	NV/ 89027	
Present Residence Address-Street or RFD	City		S	state/Zip	
2815 W. Lake Mead Blvd, Suite 109	Dates N/A (yet to start)	North Las Veg		IV/ 89032	
Present Business Address	City		S	State/Zip	
Pharmacist	Dates N/A (yet to start)			NV/89032	
Occupation			Phone: Residence	N/A	
	Accra, Ghana		Business	N/A	
Date of Birth	Place of Birth (City, County, S	State)			â
46				M	
Age Social S	ecurity Number			Sex	
Brown Black	Black	177 lbs	N/A	5'07"	
Color of Eyes Color of Hair	Complexion	Weight	Build	Height	•
Scars, tattoos or distinguishing marks a					
Are you a citizen of the United States?				ent Resident	
If naturalized, certificate No N/A					
Place N/A		(ii naturalized	u, documen	t must be verilled.)	
2. MARITAL INFORMATION:					
Single ☐ Married · ☑ Separate	d □ Divorced □	Widowed □	Engage	d 🗆	
		,	Applicant s		 ane

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Spouse s full			ਰ 			
	name (Maiden)	Date Gladys	Ampong	Cit S	y, County and S .S. No	State
Date of Birth			Place of B	irth Takorad	i, Ghana	
Resident add	dress Cha Stree		Mes	guite City		89027 Zip
Telephone:	Residence N	/A	В	usiness 702	-345-3312	
Spouse s em	ployer Aumb	ria Health	O	ccupation Phy	/sician	
Address of e	mployer 350		ge Pkwy, Suite 102	2 Mesquite	NV State	89027 Zip
. Previous Marri		-	ted, divorced, or ar			
	Date of Orde		Date of Place	Nature of	City	
me of Spouse	or Decree		of Marriage	Action	Count	y and State
N/A	N/A		N/A	N/A	N/A	
				,		
A. Children an List all (d Dependents: children, includir		Iren and adopted c			
A. Children an List all (Name	d Dependents: children, includir Birth		Birth Place	R	esidence Addre	SS
A. Children an List all (d Dependents: children, includir Birth			R	esidence Addre	
Cameron Kod Child Suppo	d Dependents: children, includir Birth	Date	Birth Place Accra, Ghana	R	esidence Addre	SS
Cameron Kod Cameron Kod Cameron Kod Cameron Kod Cameron Kod	d Dependents: children, includir Birth ljoe ort Information ase mark the app	Date : propriate res	Birth Place Accra, Ghana	Ch	esidence Addre	SS
List all (Name Cameron Kod B. Child Suppe Plea	d Dependents: children, includir Birth ljoe ort Information ase mark the app am not subject to a blan approved by	propriate rest to a court order the district	Accra, Ghana Sponse: der for the support for the support of the	of child.	esidence Addre aparral Dr, N	Mesquite, NV 89027
A. Children an List all C Name Cameron Kod B. Child Suppe Plea I I P	ort Information ase mark the app am not subject to a blan approved by of the amount ow am subject to a he order or a pla	court order the district red pursuan court order approved	Accra, Ghana Sponse: der for the support of attorney or other part to the order; or for the support of the su	of child. one or more child ublic agency enterprise or more child the order.	dren and am forcing the o	in compliance with a rder for the repayment.

FAMIL	Y INFORMATION-Continued District attorney or public agent	ry responsible fo	r enforcing	the c	shild support order	
	A. ALVA					
	A 1.1 NI/A					
	Contact person N/A					
C.	Parents:					
-	List names, residence address	es, dates of birth	and most re	ecen	t occupations of pare	ents, step-parents,
parents	s- <u>in-law or legal guardian. If retir</u>					
		rth Date	Address	ress	and occupation.	Occupation
Father						
Fran	cis Kodjoe		Dagagad			N/A
Mother			Deceased			14// 1
Sabi	na Offah		Deceased	1		N/A
Father-in						
Mose	es Ampong		P.O.Box		, Accra, Ghana	Businessman (Ret.)
Mother-in	n-Law					
Merc	y Cobbinah		P.O.Box	, D	adieso, Ghana	Teacher (Ret.)
D.	Brothers and Sisters: List names, residence addresse their respective spouses. Name (Maiden)	es, dates of birth	Address			thers and sisters and of Occupation
	Michael Kodjoe		Donald	Rd,	Croydon, UK	Chartered Accountant
Spouse	Selasie Kodjoe	. 33.54	Donald	Rd,	, Croydon, UK	Teacher
	Clara Kodjoe		Decease	d		N/A
Spouse —	N/A					
	Harriet Kodjoe	8	P.O.Box	8	Saltpond, Ghana	Social Worker
Spouse	N/A					
	Benjamin Kodjoe		P.O.Box	(1)	Saltpond, Ghana	Businessman
Spouse	N/A					=
4. EC	DUCATION:					
Gramma	Name of School	Location	Da	tes At	ttended	Graduate
School	Ideal Preparatory School	Takoradi,	Ghana 1	980	- 1986	Yes 🗓 No 🗆
High School	St. Augustine's College	Cape-Co	ast, Ghana	1986	6 - 1993	Yes 🗓 No 🗌
College Universit	University of Ghana, Lego	n Accra, Gł	nana	1994	I - 1998	Yes ඣ No □
Other	Eastern New Mexico Unive	ersity Portales,	NM	2004	4 - 2006	Yes X No 🗆
Type of	f degree obtained, if any <u>Pharm</u>	nD	*******			
College	e or university where obtainedR	oseman Univeri	sty of Health	n Sci	ences, Henderson, I	NV 2009 - 2012

5 MILITARY INFORMATION:

A. I	Have you ever served in any armed forces? Yes □ No া							
ŧ	Branch N/A		Date of enti	Date of entry-active service N/A				
1	Date of separation	N/A	Type of disc	charge N/A				
ı	Rating at separation	N/A	Ser	ial number	N/A			
	special or general co	ourt martial?	u ever arrested for an of Yes □ No □ If y preign or domestic.) N	es, furnish deta	sulted in summ ils on page 10	ary action, a trial of . (List all incidents		
B. I	Have you registered	for the draft?	Yes □ No 🖾					
(County N/A	Sta	te N/A	Date regis	tered N/A			
		NS, LITIGATION	S AND ARBITRATION	S: (Include the	ose arrests in	which you were		
A. I	iolation for any reas	son whatsoever,	ned, charged, indicted or regardless of the dispos space provided below.	sition of the eve	nt? (Except m	inor traffic citations		
te of Arr	est Age	Charge	Location-City and State	Depo	osition/Date	Arresting Agency		
N/A	N/A	N/A	N/A	N/A	4	N/A		
C. C. C. C. C. C. C. C.	or committee? Yes Have you ever been commission? Yes Have you ever been Yes No Mare you ever had a fee yes, when? N/A Have you ever receif yes when? N/A Has any member of	□ No ☑ subpoenaed to No ☑ subpoenaed to a civil or crimina ved a pardon or I/A your family or o	leposed by a city, state, appear or testify before testify for any civil, crimiterecord expunged or sea city, county deferred prosecution for city, county f your spouse® family evertions (B through H) is	a federal, state inal or administrated by a court of and state N/A rany criminal or and state N/A ver been convice	or county graderative proceed order? Yes	nd jury, board or ing or hearing? No ☒ No ☒ No ☒ '? Yes □ No ☒		
ne		Relations	ship Cha	arge	Locatio	n Date		
Ά		N/A	N	/A	N/A	N/A		
	1		AN-7911 101					
		,,,		· · · · · · · · · · · · · · · · · · ·		EK .		
				Appli	cant's initial	Pac		

	Defendant or /Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A		N/A	N/A	N/A	N/A
J.	associated wit	n it as an own	, business venture, sole prer, officer, director or partnete the following:	oprietorship or close er) been a party to a	ely held corporation (while you villawsuit, arbitration or bankrup
	Name of Entity	•	Type of Entity	Ap	oproximate Date(s) of
	N/A		N/A		wsuit/Arbitration/Bankruptcy
	SIDENCES:	have had for t	ho lost 25 years		
	residences you		he last 25 years: t and Number	City	State or County
ist all r	residences you			City Mesquite	State or County
ist all r lonth an (From-	residences you d Year To)	Stree	t and Number		
ist all r lonth an (From- 03/20	d Year To) 15 - Present	Stree	t and Number Chaparral Dr	Mesquite	NV
ist all r lonth an (From- 03/20 08/20	d Year To) 15 - Present 14 - 03/2015	Stree 401	t and Number Chaparral Dr 0 Watford Way	Mesquite Fayetteville	NV NC
ist all r lonth an (From- 03/20 08/20 08/20	d Year To) 15 - Present 14 - 03/2015 12 - 08/2014	Stree 401 281 84	t and Number Chaparral Dr 0 Watford Way 1 Powder Ridge Dr	Mesquite Fayetteville Bismarck	NV NC ND
03/20 08/20 08/20 08/20 08/20	residences you d Year To) 15 - Present 14 - 03/2015 12 - 08/2014 009 - 08/2012	Stree 401 281 844	t and Number Chaparral Dr 0 Watford Way 1 Powder Ridge Dr 0 Chaparral Dr	Mesquite Fayetteville Bismarck Mesquite	NV NC ND NV
ist all r lonth an (From- 03/20 08/20 08/20 08/20 09/20	d Year To) 15 - Present 14 - 03/2015 12 - 08/2014 009 - 08/2012	840 229 24	t and Number Chaparral Dr Watford Way 1 Powder Ridge Dr Chaparral Dr O Chaparral Dr	Mesquite Fayetteville Bismarck Mesquite Euclid	NV NC ND NV OH
03/20 08/20 08/20 08/20 08/20 09/20 12/20	residences you d Year To) 15 - Present 14 - 03/2015 12 - 08/2014 009 - 08/2012 007 - 08/2009 006 - 01/2007	281 844 225 24	t and Number Chaparral Dr Watford Way 1 Powder Ridge Dr Chaparral Dr O Chaparral Dr O Nicholas Ave	Mesquite Fayetteville Bismarck Mesquite Euclid Euclid	NV NC ND NV OH

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.

01/2018 Owner/Managing Pharmacist Mesquite Pharmacy 114 N. Sandhill Blvd, Ste B Pharmacy Closed/Sold Month and Year Name/Mailing Address of Employer/Business Reason for Leaving 02/2017 Walmart Pharmacy, 6570 E. Lakemead Blvd, Las Vegas, NV Laid off due to restructuring Title **Description of Duties** Name of Supervisor Floater Pharmacist Verifying and dispensing medications, patient counseling Johnny Lopez Month and Year Name/Mailing Address of Employer/Business Reason for Leaving 04/2015 Walmart Pharmacy, 1120 W. Pioneer Blvd, Mesquite, NV Stepped down as Manager Title Description of Duties Name of Supervisor **Pharmacy Manager** Managing daily operations of pharmacy/dispensing Sean Rammell Month and Year Name/Mailing Address of Employer/Business Reason for Leaving 12/2014 Walmart Pharmacy, 7701 S. Raeford Rd, Fayetteville, NC Relocation to Nevada Title **Description of Duties** Name of Supervisor Staff Pharmacist Verifying and dispensing medications patient counseling Kim Monroe Month and Year Name/Mailing Address of Employer/Business Reason for Leaving 10/2014 CVS Pharmacy, 4923 Raeford Rd, Fayetteville, NC Changed jobs for better conditions Title **Description of Duties** Name of Supervisor Staff Pharmacist Verifying and dispensing medications, patient counseling Gloria Johnson Month and Year Name/Mailing Address of Employer/Business Reason for Leaving 06/2014 Elbowoods Memorial Health Center, 1058 College Dr, Newtown, ND Relocation to N. Carolina Title Description of Duties Name of Supervisor Relief Pharmacist Verifying and dispensing medications patient counseling Adel Moe Month and Year Name/Mailing Address of Employer/Business Reason for Leaving 12/2013-05/2014 Unemployed N/A Title Description of Duties Name of Supervisor N/A N/A N/A Month and Year Name/Mailing Address of Employer/Business Reason for Leaving 11/2012 Sanford Health, 300N, 7th St, Bismarck, ND Left for better paying job Title Description of Duties Name of Supervisor In-patient Staff Pharmacist Verifying and dispensing medications, patient counseling Gregory Fritz Month and Year Name/Mailing Address of Employer/Business Reason for Leaving 08/2009-11/2012 Went back to school (Roseman University) Title Description of Duties Name of Supervisor Student N/A N/A

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

Applicant's initial	£			
			Page	

9. CHARACTER REFERENCES:

	List five charact employer or em	er reference w	ho have know	you five years or mo	re. Do not include relativ	es, present
Name of	Where Employed	Street	City State	e Zip	Telephone	Years Known
Name	Alexander Odam	e _{Home}	Rock Island Ro	d, Apt 201, VA 22150		31
Employe	r N/A	Business	N/A	1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875 - 1875		
Name D	r. Edward Ofori	Home N	/A			
Employe	r Self employed	Business	Mesquite Won	nen's Clinic		
Name D	r. prince Ofosu-M	lensalo _{me}	l Ave E, Langl	norne PA, 19047		
Employe	r N/A	Business	N/A			
Name [Derek Boateng	Home	N/A			
Employe	Self Employed	Business	Health Matter	s Pharmacy	20.5%	
Name •	Judy Boateng	Home N	I/A	101800		
Employe	r N/A	Business	N/A			
10.	person's deposi	tory? Yes □ e the followin	No ⊠ g:		ss to any depository or d	o you use any other
	ber or Type of Depos	itory	Location	City and State	Authorized Users	
	N/A		N/A	N/A	N/A	
11.	the following: Liquor Doctor Accountant Yes □ No ☑ If yes, state type	Lawyer Contractor Pilot e, where and y	Race horse Real estate Sports pron	race dog owner broker or salesman	nse in any state, includin Securities dealer Barber/Cosmeto Trainer or mana	lnsurance logist Gaming
12.	interest in a lice If yes, state type	nsed business e, when and wi mes and addro	or industry Ohere and give	UTSIDE the State of I names and locations	e or industry license or he Nevada? Yes □ No ☑ of the businesses in whi esponsible for licensing s	ch you were
					Applicant s initial	EK Page 7

13.	Have you ever appeared before any licensing agency any reason whatsoever? Yes □ No ☒N/A	or similar authority in or outside the State of Nevada for						
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☒ N/A							
If yes t	o the above, state where, when and for what reason: N/A							
*******	N/A							
15.	Have you ever been refused a business or industry lice participant in any group which has been denied a business uitability? N/A N/A	ense or related finding of suitability or been a ness or industry license or related finding of Yes No						
16.	Have you or any person with whom you have been a padministrative action or proceeding relating to the phanning N/A							
17.	Have you or any person with whom you have been a p guilty or entered a plea of nolo contendere to any offer controlled substances? N/A	participant in any group ever been found guilty, plead nse, federal or state, related to prescription drugs and/or Yes No No						
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 N/A	participant in any group ever surrendered a license, naceutical industry voluntarily or otherwise (other than Yes □ No ☒						
19.	Do you have any relatives within the fourth degree of on pharmaceutical or drug related industry? N/A	consanguinity associated with or employed in the Yes ☐ No ☒						
	N/A							
	N/A							
	N/A							
	N/A							

	N/A							
	N/A							
	N/A							
	N/A .							
	N/A							
	N/A							
	N/A							
	N/A .	Date of photograph 10/04/2019						
		Applicant₃ initial ₽K Page 8						

*	
STATE OF Nevada	
SS.	
COUNTY OF Clark	
I, Emmanuel Kodjoe ,,	being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the stater	nents contained herein are true and correct and
contain a full and true account of the information requested; that I e	executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be	e deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this applica-	tion with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application	on of any person for a certificate, license,
registration or permit if the holder or applicant Has obtained any ce	ertificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in sup	port thereof, which is false of fraudulent, and
further, that I have familiarized myself with the contents of Nevada	
Controlled Substances Act, as amended, and the Regulations of th	
promulgated thereunder and agree, if licensed, to abide thereby,	
I hereby expressly waive, release and forever discharge the	e State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action wha	itsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing a	gency 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	
October, 2019	ANTHONY D. MATOS NOTARY PUBLIC
Notary Public	My Commission Expires: 12-08-2021 Certificate No: 14-12849-1

(seal)

ADDITIONAL INFORMATION

N/A					
N/A				***************************************	
N/A					***************************************
N/A					
N/A					***************************************
N/A					
N/A					
N/A	******	***************************************			
N/A	***************************************				
N/A	********************				
N/A			*******************************		
N/A			••••••••		
N/A	***************************************		•••••	*************************	
N/A					
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N/A	•••••		***********		
N/A					***************************************
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N/A					
N/A					
N/A			***************************************		
N/A	***************************************				
N/A		***************************************			***************************************
N/A			***************************************		

Applicant initial EK Page 10

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

愛 Date	10/03/2019

GENERAL INSTRUCTIONS

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

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

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

Application for Nevada Pharmacy License					
Pinnacle Absolute Care LLC, 840 Chaparral I	Nature of Pharmacy or Dr, Mesquite, NV, 89027	Wholesaler			
Name and Address Doing Business As; Atlantic Pharmacy, 281.	of Business for Which Design	gnated Representativ uite 109, North La	e Is Requeste s Vegas, 890		
1. PERSONAL INFORMATION:					
Kodjoe	Emmanuel				_
Last Name N/A	First Name		Middle Name	}	
Alias(es, Nicknames, Maiden Name, Other Name C	hanges, Legal or Otherwise)			-
Chaparral Dr	Mesquite	•	N	IV/ 89027	
Present Residence Address-Street or RFD	City		Sta	ate/Zip	-
2815 W. Lake Mead Blvd, Suite 109	Dates N/A (yet to start)	North Las Vegas	N	IV/ 89032	
Present Business Address	City			ate/Zip	_
Managing Pharmacist	Dates N/A (yet to start)	North Las Vegas	N.	V/ 89032	
Present Position with the Pharmacy or Wholesaler	Jales Turk (yet to start)	TTOTHI Eds Yegus	Phone:		-(2)
			Residence	-N/A	
				702-241-9653	
	Accra, Ghana				-77
Date of Birth F	Place of Birth (City, County,	State)			
46				M	
Age Social Sect	urity Number			Sex	_
Brown Black -	Black/Dark	177 lbs	N/A	5'07"	
Color of Eyes Color of Hair	Complexion	Weight	Build	Height	-
					_
Scars, tattoos or distinguishing marks and	******				•
Are you a citizen of the United States?	Yes ☐ No ⊠ If alien	, registration No		t Recident	ā ā
If naturalized, certificate No N/A		Date N/A			
Place N/A		(If naturalized,	document i	must be verified.)	
2. MARITAL INFORMATION:					
Single ☐ Married ☒ Separated	□ Divorced □	Widowed	Engaged		
		Aı	oplicants in	itial EK	
					age

A.		pe 12-04-199 Date ne (Maiden) Glady			City, County a	ana nd State
	Date of Birth		Place o	of Birth Tak	oradi, Ghana	
	Resident addres	S Chaparral I	Dr	Mesquite City	NV State	89027 Zip
	Telephone: Re	sidence N/A		Business	702-345-3312	
	Spouse \$\overline{s}\$ emplo	yer Aumbria Heal	th	_Occupation_	Physician	
	Address of empl	oyer 350 Falcon Ridg	ge Pkwy, Suite 102	Mesquite City	NV State	89027 Zip
B. Pi	revious Marriage	s: If ever legally sepa	arated, divorced, o	•		
Name	of Spouse	Date of Order or Decree	Date of Place of Marriage	Natu Ac		y unty and State
1	N/A	N/A	N/A	N	/A	N/A
	00.10					
	List of names of	urrent address and te	lephone numbers	of previous sn	oonses.	
	Name	Street	City	State	Zip	
	N/A	N/A	N/A	N/A	A N	/A N/A
3. F/	AMILY INFORMA		•			
A.	Children and D List all child		hildren and adopte	ed children and	give the follow	ving information:
	Name		Birth Place		Residence Ad	
	Cameron Kodjoe		Accra, Ghana	_	Chaparral Dr,	Mesquite, NV 89027
В.	Child Support Please	nformation: mark the appropriate	response:			
	⊠ lam	not subject to a cour	t order for the supp	port of child.		
	plan		rict attorney or other	er public agend		am in compliance with a e order for the repayment
	the o	order or a plan approv	ed by the district a	attorney or oth		NOT in compliance with cy enforcing the order for
	tne i	epayment of the amo	onii owed pursuan	i to the order.	Applicants in	itial EK

	Y INFORMATION-Continued District attorney or public agency	responsible fo	or enforcing	the chile	Leupport order:	
	AI NI/A	·			• •	
	A status = NI/A				•••••	
C.	Contact person N/A Parents:				•••••	
	List names, residence addresses,	dates of birth	and most	recent oc	ccupations of pare	ents, step-parents,
oarents	-					, , ,
	in-law or legal guardian. If retired Name (Maiden) Birth	or deceased, Date	Address	idress an	d occupation.	Occupation
ather	7 ' 7 1'		Danasa	1		N/A
atriei	Francis Kodjoe		Deceased	1		N/A
Vother	Sabina Offah		Deceased	1		N/A
ather-in-	-Law Moses Ampong		P.O.Box	KB K	Korle-Bu, Ghana	Businessman
Mother-in	-Law Mercy Cobbinah		P.O.Box	, Dadies	so, Ghana	Teacher (Retired)
D.	Brothers and Sisters: List names, residence addresses, their respective spouses.	dates of birth	ı and most	recent o	ccupations of brot	thers and sisters and o
	Name (Maiden)	Birth Date	Address			Occupation
	Michael Kodjoe		Donald Ro	i, Croydor	ı, UK CRO 3EQ	Charted Accountant
Spouse	Selasi Kodjoe		Donald	d Rd, Croy	don, UK CRO 3EC	2 Stay at home mom
	Clara Kodjoe		Deceased		1	N/A
Spouse	N/A	N/A	N/A			N/A
	Harriet Kodjoe	_	P.O.Box	Saltp	ond, Ghana	Social Worker
Spouse	N/A	N/A	N/A			N/A
	Benjamin Kodjoe		P.O.Box	c Salt	pond, Ghana	Businessman
Spouse	N/A	N/A	N/A			N/A
4. ED	DUCATION:					
	Name of School	Location	n	Dates Atten	ded	Graduate
Grammai School	r Ideal Prep. School	Takoradi, Gha	ina	1980-1986	5	Yes ☒ No ☐
High	St. Augustine's College	Cape-Coast, (Ghana	1986-199	23	Yes ☒ No ☐
School College	University of Ghana y Eastern New Mexico University	Accra, Ghana		1994-19		
Universit		Portales, NM		2004-20		Yes 🛭 No 🗆
W 11 W 1	Roseman University of Health Science		2111	2009-20		Yes 🛛 No 🗌
•	f degree obtained, if any BS (Un					(Eastern New Mexico L
College	e or university where obtainedPh	armD (Rosema	an Universit	y of Healt	th Sciences)	
					Applicant s in	itial EK
						Pa

5 MILITARY INFORMATION:

Α.	Have you eve	er served i	n any armed to	forces? Yes 🗆 N	NO LX	
	Branch N	/A		Date of entry-acti	ve service N/A	
	Date of separ	ation1	V/A	Type of discharge	e N/A	
				Serial nu		
	While in the n	nilitary ser neral court	vice were you t martial?	ı ever arrested for an offense Yes □ No ☒ If yes, fur reign or domestic.) N/A	which resulted in sur	nmary action, a trial o
B.	Have you reg	istered for	r the draft?	Yes □ No ☒		
	County 1	N/A	State	e N/A D	Date registered	N/A
6. A R	not convicte Have you eve violation for a	d.) er been an ny reason	rested, detaine whatsoever, i	ed, charged, indicted or summ regardless of the disposition of space provided below. List all	noned to answer for a portion of the event? (Except	any criminal offense o t minor traffic citations
ate of A	Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/	/A	N/A	N/A	N/A	N/A	N/A
В.	Has a crimina	ıl indictme	ent, information	n or complaint ever been retu	rned against you, bu	t for which you were n
C. D. E. F.	arrested or in page 10. Have you ever committee: Have you ever commission? Have you ever If yes, when? Have you ever If yes when? Has any mem	which you er been que er been su Yes	u were named uestioned or de No ③ ubpoenaed to a No ⑤ ubpoenaed to t ivil or criminal i/A d a pardon or of ur family or of	n or complaint ever been return as an unindicted co-party? Yeposed by a city, state, federal appear or testify before a federal testify for any civil, criminal or record expunged or sealed by city, county and significant city, city, county and significant city, city, county and significant city, city	Yes No la If yes all or law enforcement eral, state or county go administrative process a court order? Yes state N/A criminal offense? Yes state N/A en convicted of a felorent eral order.	t agency, commission grand jury, board or eding or hearing? No 🗵
C. D. E. F.	arrested or in page 10. Have you ever committee: Have you ever commission? Have you ever If yes, when? Have you ever If yes when? Has any mem	which you er been que er been su Yes	u were named uestioned or de No (3) abpoenaed to a No (3) abpoenaed to the deciration of the above que	l as an unindicted co-party? Neposed by a city, state, federal appear or testify before a federal testify for any civil, criminal or record expunged or sealed by city, county and sideferred prosecution for any city, county and significantly gour spouses family ever begestions (B through H) is yes, for exposed to the county and significantly ever begestions (B through H) is yes, for exposed to the county and significantly ever begestions (B through H) is yes, for exposed to the county and significantly ever begestions (B through H) is yes, for exposed to the county and significantly ever beginning the county and significantly every	Yes No la If yes all or law enforcement eral, state or county go administrative process a court order? Yes state N/A criminal offense? Yes state N/A en convicted of a felor furnish details on page	t agency, commission t agency, commission grand jury, board or eeding or hearing? No 🗵 No 🗵 Dony? Yes No 🗷
C. D. E. F. G.	arrested or in page 10. Have you ever or committee Have you ever commission? Have you ever yes Have you ever If yes, when? Have you ever If yes when? Has any men If you answer	which you er been que er been su Yes	u were named lestioned or de No (3) libpoenaed to a No (3) libpoenaed to t livil or criminal livid a pardon or of the above que	as an unindicted co-party? Neposed by a city, state, federal appear or testify before a federal testify for any civil, criminal or record expunged or sealed by city, county and sideferred prosecution for any city, county and significantly over spouses family ever before the city of the county and significant city.	Yes No la If yes all or law enforcement eral, state or county go administrative process a court order? Yes state N/A criminal offense? Yes state N/A en convicted of a felor furnish details on page	t agency, commission grand jury, board or eeding or hearing? No 🗵
C. D. E. F.	arrested or in page 10. Have you ever or committee Have you ever commission? Have you ever yes Have you ever If yes, when? Have you ever If yes when? Has any men If you answer	which you er been que er been su Yes	u were named uestioned or de No (3) abpoenaed to a No (3) abpoenaed to the deciration of the above que	l as an unindicted co-party? Neposed by a city, state, federal appear or testify before a federal testify for any civil, criminal or record expunged or sealed by city, county and sideferred prosecution for any city, county and significantly gour spouses family ever begestions (B through H) is yes, for exposed to the county and significantly ever begestions (B through H) is yes, for exposed to the county and significantly ever begestions (B through H) is yes, for exposed to the county and significantly ever begestions (B through H) is yes, for exposed to the county and significantly ever beginning the county and significantly every	Yes No la If yes all or law enforcement eral, state or county go administrative process a court order? Yes state N/A criminal offense? Yes state N/A en convicted of a felofurnish details on page	t agency, commission t agency, commission grand jury, board or eeding or hearing? No 🗵 No 🗵 Dony? Yes No 🗷
C. D. E. F. G.	arrested or in page 10. Have you ever or committee Have you ever commission? Have you ever yes Have you ever If yes, when? Have you ever If yes when? Has any men If you answer	which you er been que er been su Yes	u were named lestioned or de No (3) libpoenaed to a No (3) libpoenaed to t livil or criminal livid a pardon or of the above que	as an unindicted co-party? Neposed by a city, state, federal appear or testify before a federal testify for any civil, criminal or record expunged or sealed by city, county and sideferred prosecution for any city, county and significantly over spouses family ever before the city of the county and significant city.	Yes No la If yes all or law enforcement eral, state or county go administrative process a court order? Yes state N/A criminal offense? Yes state N/A en convicted of a felofurnish details on page	t agency, commission t agency, commission grand jury, board or eeding or hearing? No 🗵 No 🗵 Dony? Yes No 🗵 Date
C. D. E. F. G.	arrested or in page 10. Have you ever or committee Have you ever commission? Have you ever yes Have you ever If yes, when? Have you ever If yes when? Has any men If you answer	which you er been que er been su Yes	u were named lestioned or de No (3) libpoenaed to a No (3) libpoenaed to t livil or criminal livid a pardon or of the above que	as an unindicted co-party? Neposed by a city, state, federal appear or testify before a federal testify for any civil, criminal or record expunged or sealed by city, county and sideferred prosecution for any city, county and significantly over spouses family ever before the city of the county and significant city.	Yes No la If yes all or law enforcement eral, state or county go administrative process a court order? Yes state N/A criminal offense? Yes state N/A en convicted of a felofurnish details on page	t agency, commission t agency, commission grand jury, board or eeding or hearing? No 🗵 No 🗵 Dony? Yes No 🗵 Date

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

laintiff/Defendant		ate Filed	Court and Case Number	City, County and Sta	te	Disposition/Date
N/A	O	N/A	N/A	N/A	110	N/A
eren Milano						
associa	ated with it	as an owne	business venture, sol r, officer, director or p ete the following:	e proprietorship or clos artner) been a party to	sely held corpora a lawsuit, arbitr	ation (while you w ation or bankrupt
Name of	Entity		Type of Entity		Approximate Date(s Lawsuit/Arbitration/E	
N/			N/A		N/A	
7. RESIDEN	CES:					
	ces you hav	Street	ne last 25 years: and Number	City Mesquite	State or C	County
ist all resident Month and Year (From-To)	ces you hav	Street	and Number	•		County
ist all residence fonth and Year (From-To) 03/2015 - Pres	ces you hav	Street	and Number	Mesquite	NV	County
ist all residence fonth and Year (From-To) 03/2015 - Pres 08/2014 - 03/2	sent 2015	Street 3 C 4010 2811	and Number Chaparral Dr Watford Way	Mesquite Fayetteville	NV NC	County
ist all residence lonth and Year (From-To) 03/2015 - Pres 08/2014 - 03/2 08/2012 - 08/2	ces you have sent 2015 2014 2012	Street 4010 2811 840 (and Number Chaparral Dr Watford Way Powder Ridge Dr	Mesquite Fayetteville Bismarck	NV NC ND	County
(From-To) 03/2015 - Pres 08/2014 - 03/2 08/2012 - 08/2 08/2009 - 08/2	ces you have sent 2015 2014 2012 22009	Street 4010 2811 840 (2290	and Number Chaparral Dr Watford Way Powder Ridge Dr Chaparral Dr	Mesquite Fayetteville Bismarck Mesquite	NV NC ND NV	County
03/2015 - Pres 08/2014 - 03/2 08/2012 - 08/2 08/2009 - 08/2	ces you have sent 2015 2014 2012 2009 2007	Street 4010 2811 840 (2290 2435	and Number Chaparral Dr Watford Way Powder Ridge Dr Chaparral Dr 0 Nicholas Ave	Mesquite Fayetteville Bismarck Mesquite Euclid	NV NC ND NV OH	County
ist all residence (Ionth and Year (From-To) 03/2015 - Pres 08/2014 - 03/2 08/2012 - 08/2 08/2009 - 08/2 01/2007 - 08/2	ces you have sent 2015 2014 2012 2009 2007 2006	Street 4010 2811 840 (2290 2435 ENMU 28	and Number Chaparral Dr Watford Way Powder Ridge Dr Chaparral Dr 0 Nicholas Ave 0 Garden Dr	Mesquite Fayetteville Bismarck Mesquite Euclid	NV NC ND NV OH	County
ist all residence (From-To) (93/2015 - Pres 108/2014 - 03/2 108/2012 - 08/2 12/2007 - 08/2 12/2006 - 01/2004 - 12/20	ces you have sent 2015 2014 2012 72009 72006 1/2004	2811 840 C 2290 2435 ENMU 28	chaparral Dr Watford Way Powder Ridge Dr Chaparral Dr O Nicholas Ave O Garden Dr	Mesquite Fayetteville Bismarck Mesquite Euclid Euclid Portales	NV NC ND NV OH OH NM	

8. EMPLOYMENT:

01/2018

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.

Mesquite Pharmacy, 114 N. Sandhill Blvd, Suite B & C 3,360 Hours Owner/Managing Pharmacist Managing daily operations of the pharmacy plus dispensing duties. Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours 02/2017 Walmart Pharmacy, 6570 E. Lakemead Blvd, Las Vegas, NV 800 Hours Title Description of Duties Name of Supervisor Verifying and dispensing prescriptions, patient counseling Floater Pharmacist Johnny Lopez Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours Walmart Pharmacy, 1120 W. Pioneer Blvd, Mesquite, NV 04/2015 3,360 Hours Title Description of Duties Name of Supervisor Pharmacy Manager Managing daily operation of the pharmacy and dispensing duties as well Sean Rammell Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours 12/2014 Walmart Pharmacy, 7701 S. Raeford Rd, Fayetteville, NC 640 Hours Title **Description of Duties** Name of Supervisor Staff Pharmacist Verifying and dispensing prescriptions, patient counseling Kim Monroe Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours 10/2014 CVS Pharmacy, 4923 Raeford Rd, Fayetteville, NC 320 Hours Title Description of Duties Name of Supervisor Gloria Johnson Staff Pharmacist Verifying and dispensing prescriptions, patient counseling Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours 06/2014 Elbowoods Memorial Health Center, 1058 College Dr, Newtown, ND 480 Hours Title Description of Duties Name of Supervisor Verifying and dispensing prescriptions, patient counseling Relief Pharmacist Adel Moe Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours 11/2012 Sanford Health Pharmacy, 300 N. 7th St, Bismarck, ND 2,080 Hours Title Description of Duties Name of Supervisor In-Patient Pharmacist Verifying and dispensing prescriptions, patient counseling Gregory Fritz Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours N/A Title **Description of Duties** Name of Supervisor Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours N/A Title Description of Duties Name of Supervisor Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours N/A Title Description of Duties Name of Supervisor

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

9. CHARACTER REFERENCES:

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

	Where Employed				
		Street	City State Zip	Telephone	Years Known
lame /	Alexander Odame	Home	4 Rock Island Rd, Apt 201, Spring	field, VA 22150,	31
Employe	er N/A	Business	N/A		
lame [Or. Edward Ofori	Home	N/A		8
<u>Employe</u>	Mesquite Women	's Clanisiness	Bertha Howe Ave, Mesquite, N	NV 89027	
_{lame} Dı	r. Prince Ofosu-Mer	nsah _{Home}	Ave E, Langhorne, PA 19047		20
mploye	er N/A	Business	N/A		
lame	Derek Boateng	Home	N/A		20
mploye	er Walgreens Pharm	acy Business	N/A		
lame	Judy Boateng	Home	N/A	HARRION CO.	20
mploye		Business	N/A		
10.	the following: Liquor Doctor	Lawyer Contractor Pilot	ed, occupational or professional li Race horse/race dog owner Real·estate broker or salesma Sports promoter years held	Securities dea	ler Insurance tologist Gaming
	N/A	***************************************			

	N/A				
11.	Have you ever a interest in a licer	nsed busines , when and w mes and add	city, county of state business, vent is or industry OUTSIDE the State where and give names and locatio ress of all partners and the agenc	of Nevada? Yes \square No ${\mathfrak l}$ ns of the businesses in ${\mathfrak w}$	ম hich you were
11,	Have you ever a interest in a licer If yes, state type involved, the nar venture or indus N/A	nsed busines , when and w mes and add	s or industry OUTSIDE the State where and give names and locatio	of Nevada? Yes \square No ${\mathfrak l}$ ns of the businesses in ${\mathfrak w}$	ম hich you were
11.	Have you ever a interest in a licer If yes, state type involved, the nar venture or indus N/A N/A N/A	nsed busines	ss or industry OUTSIDE the State where and give names and locatio ress of all partners and the agenc	of Nevada? Yes No I ns of the businesses in w y responsible for licensing	ম hich you were g said business,
	Have you ever a interest in a licer If yes, state type involved, the nar venture or indus N/A N/A N/A N/A Have you ever a any reason what	nsed busines a, when and with the mes and add try. appeared before the term of the term	ore any licensing agency or similars in No 🗵	of Nevada? Yes No I ns of the businesses in way responsible for licensing responsible for licensing rauthority in or outside the corregistration for a principle.	hich you were g said business, ne State of Nevada for wileged, occupations
12.	Have you ever a interest in a licer If yes, state type involved, the nar venture or indus N/A N/A N/A Have you ever a any reason what the you ever bor professional a N/A to the above, state N/A	appeared befasoever? Yes extinity? Yes where, whe	ore any licensing agency or similar or No 🖾	of Nevada? Yes	hich you were g said business, ne State of Nevada for wileged, occupational

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ No ဩ
15.	Have you or any person with whom you have been a participant in any group been the stadministrative action or proceeding relating to the pharmaceutical industry?	ubject of an Yes □ No ⊠
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to precontrolled substances?	found guilty, plead scription drugs and/or Yes □ No ⊠
17.	Have you or any person with whom you have been a participant in any group ever surrer permit or certificate of registration relating to the pharmaceutical industry voluntarily or ot upon voluntary close of a wholesaler	ndered a license, therwise (other than Yes □ No ဩ
18.	Do you have any relatives within the fourth degree of consanguinity associated with or en pharmaceutical or drug related industry?	mployed in the Yes □ No ဩ
	N/A	
	N/A	
	N/A	(4
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 ⊠NMo □
N/A		
N/A		V
N/A	Date of photograph 10/04/20)19
	Applicant s initial_	EK Page 8

that

STATE OF Nevada	
SS.	
COUNTY OF Clark	
I, Emmanuel Kodjoe , being duly sworn, dep	ose and say I have read the
foregoing application and know the contents thereof; that the statements contained here	
contain a full and true account of the information requested; that I executed this statement	nt with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient ca	ase 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 certifica	te, license, registration or
permit if the holder or applicant [Has obtained any certificate, certification, license or per	mit by the filing of an
application, or any record, affidavit or other information in support thereof, which is false	of fraudulent, and further, tha
I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Who	olesaler and the Controlled
Substances Act, as amended, and the Regulations of the Nevada State Board of Wholes	saler as promulgated
thereunder and agree, if licensed, to abide thereby,	
I hereby expressly waive, release and forever discharge the State of Nevada, th	e licensing agency and its
agents from any and all manner of action and causes of action whatsoever which I, my a	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 Signat	ture of Applicant
Subscribed and Sworn to before me this 4th day of	
October 209	
ANT NO MY COMMISSION OF THE PARTY OF THE PAR	HONY D. MATOS OTARY PUBLIC ATE OF NEVADA sion Expires: 12-08-2021 tate No: 14-12849-1

Applicant s initial EK
Page 9

(seal)

ADDITIONAL INFORMATION

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Applicant is initial EK Page 10

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good 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, **PINNACLE ABSOLUTE CARE L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/17/2017, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

Te Autoria Control

Certificate Number: B20191004271977

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/04/2019.

BARBARA K. CEGAVSKE Secretary of State

Souhara K. Cegarste

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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.

Check box below for type of ownership and complete al Corporation or Partnership. ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Non Publicly Traded Corporation – Pages 1,2,4,10,1	Dartnership - Pages 1,2,6,10,11a&b 1a&b □ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by a	ir types of ownership
Pharmacy Name: PAM Specialty Hospital of Las Ve	gas LLC, d/b/a PAM Specialty Hospital of Las Vegas
Physical Address: 2500 N. Tenaya Way	
City: Las Vegas, NV State: Zip	Code: 89128 Telephone: (702) 562-2021
Fax: <u>(702</u>	2) 562-2074 Toll Free Number: N/A
E-mail:	lane.cheramie@cardinalhealth.com
Website: <u>www.postacutemedical.com</u>	
Managing Pharmacist: Lane Cheramie	License Number: 16613
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ □ Retail	□ 🗷 Off-site Cognitive Services
☑ ☐ Hospital (# beds 70)	☑ □ Parenteral
□ □ Internet	□ ☑ Parenteral (outpatient)
□ □ Nuclear	□ 🗷 Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	□ 🗷 Mail Service
□ □ Community	☑ □ Long Term Care
□ □ Other:	☑ ☐ Sterile Compounding
	□ Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	□ ☑ Other Services:

This page must be submitted for all types of ownership.

Within	the last five (5) years:				
1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes		No	×
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes		No	X
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes		No	×
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes		No	×
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes	x	No	
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation m s of any documents that identify the circumstance or contain an order, agree sition may be required.	ust be	e at , or	tach othe	ned. er
correc	by certify that the answers given in this application and attached documentated. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this pe	ing th		rue :	and
under correct emplo backg	read all questions, answers and statements and know the contents thereof, penalty of perjury, that the information furnished on this application are true, at. I hereby authorize the Nevada State Board of Pharmacy, its agents, servatives, to conduct any investigation(s) of the business, professional, social and round, qualification and reputation, as it may deem necessary, proper or destail all Signature of Person Authorized to Submit Application, no copies or stamp	accu ints a id mo sirable	rate nd ral		
	Anthony Misitano 10/11/2019 Name of Authorized Person Date		_		
Board	Use Only Date Processed: Amount: \$00.00)	_		

Limited Liability Company

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

Type of Partnership:	General	Limited	х	Company
List names of 4 largest partners a	nd percentage of c	wnership:		
Name: Brittany Misitano, Vice Pr	esident and Secreta	ту	%:	67.5%
Name: Anthony Misitano, Preside	nt		%:	
Name: Karick Stober, Vice Presi	dent and Treasurer		%:	
Name:			%:	
Limited Liability Company Purtnership Name:PAM S	pecialty Hospital of	Las Vegas LLC		
Mailing Address: 1828 Good Ho	pe Road, Suite 102			
City, State Zip Code:Enola, PA	17025			
Telephone Number: 717-731-966	oFax	Number: <u>717-695-</u>	0318	.
Contact Person: <u>Erin R. Bosle</u>	y, Esq.	. ,		
List any physician shareholders a	nd percentage of o	wnership.		
Name: N/A			%:	
Name:			%:	
Name:			%:	
Hours of Operation for the pha	rmacy:			
Monday thru Friday 7:30 am	7:00 pm	Saturday	7:30 ar	n <u>5:00</u> pm
Sunday <u>7:30</u> am	5:00 pm	24 Hours		
A Nevada business license is not license please provide the number	•		a Nevada	business

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

1. Anthony Misitano
Responsible Person of PAM Specialty Hospital of Las Vegas LLC
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
original digitalities of discontinuous and an arrangement of the second
Anthony Misitano 10/11/2019
Print Name of Authorized Person Date

License #: 16613

Managing Pharmacist

Pharmacist Name: Lane Cheramie

Pharmacy Name: PAM Specialty Hospital of Las Vegas LLC		_
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hour report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a the inventory to be on file at the pharmacy.	of th	е
I understand that as the managing pharmacist I am responsible for compliance by the pharmacist is personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	armad	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	joint	ly,
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	Yes	No X
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		5 d
been the subject of a board citation or an administrative action whether completed or pending in any state?		X
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		X
If you marked YES to any of the numbered questions above, please include the following information	ion	
Board Administrative Action: State: Date: Case #:		_
And/or Criminal Action: State: Date: Case #:		
Page 11e		

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

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

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

hour Cheirmie	10/10/2019
Signature	Date

LATSHA DAVIS & MARSHALL



PLEASE REPLY TO:

Mechanicsburg

WRITER'S E-MAIL:

mfournier@ldylaw.com

October 17, 2019

Via Federal Express - Standard Overnight Delivery

#7767 4424 5297

Nevada State Board of Pharmacy 985 Damonte Ranch Parkway, Suite 206 Reno, NV 89521

Re: CHANGE OF OWNERSHIP – HOSPITAL PHARMACY

Seller: New LifeCare Hospitals at Tenaya, LLC, d/b/a

Complex Care Hospital at Tenaya

Buyer: PAM Specialty Hospital of Las Vegas LLC, d/b/a PAM Specialty

Hospital of Las Vegas

Pharmacy License No.: IB01550

Our File No.: 391-19

Dear Sir/Madam:

We are writing to advise the Nevada State Board of Pharmacy, of a change of ownership of the long-term care hospital and its institutional pharmacy known as New LifeCare Hospitals at Tenaya, LLC, d/b/a Complex Care Hospital at Tenaya, located at 2500 North Tenaya Way, Las Vegas, NV 89128 (the "Facility"). A detailed description of this change of ownership is set forth below.

Hospital Acquisition LLC and certain of its affiliates ("LifeCare"), including New LifeCare Hospitals at Tenaya, LLC, filed a Chapter 11 Bankruptcy Petition in the United States Bankruptcy Court for the District of Delaware. In connection with the Bankruptcy Case, LifeCare entered into an Asset Purchase Agreement ("APA") to sell the assets of the Facility, which was approved by the Bankruptcy Court.

Effective September 30, 2019, New LifeCare Hospitals at Tenaya, LLC transferred the operational responsibilities for the Facility to PAM Specialty Hospital of Las Vegas LLC, which became the new operator/provider, doing business as "PAM Specialty Hospital of Las Vegas."

To effectuate this change of ownership, enclosed please find a completed Application for Nevada Pharmacy License, along with a check in the amount of \$500.00 made payable to the Nevada State Board of Pharmacy.

Nevada State Board of Pharmacy October 17, 2019 Page 2

Please contact our office immediately if you have any questions or require additional information.

Sincerely,

Michelle L. Fournier

Paralegal

Enclosures

cc: Erin R. Bosley, Esq. (w/ enc.)

8C

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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.

	1001				
□ New Pharmacy or ☑ Ownership Change (Provide curred Check box below for type of ownership and complete all Corporation or Partnership.					
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b	☑ Partnership - Pages 1,2,6,10,11a&b				
□ Non Publicly Traded Corporation – Pages 1,2,4,10,11					
GENERAL INFORMATION to be completed by all	types of ownership				
Pharmacy Name: PAM Specialty Hospital of Reno LL	C, d/b/a PAM Specialty Hospital of Sparks				
Physical Address: 2375 East Prater Way, 7th Floor					
City: Sparks, NV State: Zip	Code: <u>89434</u> Telephone: (775) 355-5600				
Fax:(702)	Toll Free Number: N/A				
E-mail:					
Website: <u>www.postacutemedical.com</u>					
Managing Pharmacist: Paul Oesterman	License Number: 10109				
TYPE OF PHARMACY AND SERVICES PROVIDED					
Yes/No	Yes/No				
□ □ Retail	□ ☑ Off-site Cognitive Services				
☑ □ Hospital (# beds 21)	☑ □ Parenteral				
□ □ Internet	□ 🗷 Parenteral (outpatient)				
□ □ Nuclear	□ 区 Outpatient/Discharge				
□ □ Ambulatory Surgery Center	☐ ⊠ Mail Service				
☐ ☐ Community	□ 🖬 Long Term Care				
□ □ Other:	☑ □ Sterile Compounding				
	☑ □ Non Sterile Compounding				
All boxes must be checked	□ 🗷 Mail Service Sterile Compounding				
For the application to be complete	□ □ Other Services:				
	1				

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	years:
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1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes □ No 🗷		
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No 🗷		
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes □ No 🗷		
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes □ No 🗷		
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes x No □		
If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.				
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.				
I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. Original Signature of Person Authorized to Submit Application, no copies or stamps				
	Anthony Misitano 10/11/20			
Print I	Name of Authorized Person Date			
Board	Use Only Date Processed: Amount:	00		

APPLICATION FOR NEVADA PHARMACY LICENSE

Limited Liability Company

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

Type of Partnership:	General_	Limited	x	Limited Liability Company
List names of 4 largest partners ar	nd percentage of	ownership:		
Name: Brittany Misitano, Vice Pre	sident and Secret	ary	%:	67.5%
Name: Anthony Misitano, Preside	nt		%:	
Name: Karick Stober, Vice Presid	ent and Treasurer		%:	
Name:			%:	
Limited Liability Company Pक्रासिटाओंगं р Name: PAM S	pecialty Hospital o	of Reno LLC		
Mailing Address: <u>1828 Good Hop</u>	e Road, Suite 102			
City, State Zip Code: <u>Enola, PA</u>	17025			
Telephone Number: 717-731-9660	Fa	x Number: <u>717-69</u>	5-0318	
Contact Person: <u>Erin R. Bosley</u>	, Esq.			
List any physician shareholders ar	nd percentage of	ownership.		
Name: N/A			%:	
Name:			%:	
Name:	= =		%: <u>_</u>	
Hours of Operation for the phar	macy:			
Monday thru Friday 8:00 am	<u>4:30</u> pm	Saturday	CLOSED a	mpm
Sunday closed am	pm	24 Hours		
A Nevada business license is not license please provide the number			s a Nevada	business

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

Anthony Misitano
Responsible Person of PAM Specialty Hospital of Reno LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.
Original Signature of Person Authorized to Submit Application, no copies or stamps
1,120,00
Anthony Misitano 10/11/2019
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacy Name: PAM Specialty Hospital of Reno LLC

Pharmacist Name: Paul Oesterman

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a the inventory to be on file at the pharmacy.	of the	9	
I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.			
I understand that if I cease to be managing pharmacist of the above named pharmacy I will	Liointl	v	
	Jonna	у,	
with the new managing pharmacist, take an inventory of all controlled substances.			
		NI-	
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	Yes	No 🗷	
been charged, arrested or convicted of a felony or misdemeanor in any state?			
2. been the subject of a board citation or an administrative action whether completed or pending in any state?			
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?			
If you marked YES to any of the numbered questions above, please include the following information	ion		
Board Administrative Action: State: Date: Case #:		_	
And/or Criminal Action: State: Date: Case #: County		-	
Page 11a			

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

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

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

Signature

Date

10/14/19

Pag11b

LATSHA DAVIS & MARSHALL



PLEASE REPLY TO:

Mechanicsburg

WRITER'S E-MAIL:

mfournier@ldylaw.com

October 17, 2019

Via Federal Express - Standard Overnight Delivery

#7767 4424 5297

Nevada State Board of Pharmacy 985 Damonte Ranch Parkway, Suite 206 Reno, NV 89521

Re: <u>CHANGE OF OWNERSHIP – HOSPITAL PHARMACY</u>

Seller: New LifeCare Hospitals at Northern Nevada, LLC, d/b/a

Tahoe Pacific Hospitals - North

Buyer: PAM Specialty Hospital of Reno LLC, d/b/a PAM Specialty

Hospital of Sparks

Pharmacy License No.: IB01864

Our File No.: 391-19

Dear Sir/Madam:

We are writing to advise the Nevada State Board of Pharmacy, of a change of ownership of the long-term care hospital and its institutional pharmacy known as New LifeCare Hospitals at Northern Nevada, LLC, d/b/a Tahoe Pacific Hospitals - North, located at 2375 East Prater Way, 7th Floor, Sparks, NV 89434 (the "Facility"). A detailed description of this change of ownership is set forth below.

Hospital Acquisition LLC and certain of its affiliates ("LifeCare"), including New LifeCare Hospitals at Northern Nevada, LLC, filed a Chapter 11 Bankruptcy Petition in the United States Bankruptcy Court for the District of Delaware. In connection with the Bankruptcy Case, LifeCare entered into an Asset Purchase Agreement ("APA") to sell the assets of the Facility, which was approved by the Bankruptcy Court.

Effective September 30, 2019, New LifeCare Hospitals at Nevada, LLC transferred the operational responsibilities for the Facility to PAM Specialty Hospital of Reno LLC, which became the new operator/provider, doing business as "PAM Specialty Hospital of Sparks."

To effectuate this change of ownership, enclosed please find a completed Application for Nevada Pharmacy License, along with a check in the amount of \$500.00 made payable to the Nevada State Board of Pharmacy.

Nevada State Board of Pharmacy October 17, 2019 Page 2

Please contact our office immediately if you have any questions or require additional information.

Sincerely.

Michelle L. Fournier

Paralegal

Enclosures

cc: Erin R. Bosley, Esq. (w/ enc.)