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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CMH Pharmacy, LLC

Physical Address: (TBD) MAILING 1930 VILLAGE CENTER Cir. 3-104

City: LAS VEGAS State: NV Zip Code: 89134

Telephone: 702-400-3139 Fax: N/A

Toll Free Number: N/A E-mail: RLIVELY@CMHMAIL.COM

Website: TBD

Managing Pharmacist: ALYSHA McMANON License Number: 18590

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral
<input checked="" type="checkbox"/> <input type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Robert L. Lively Jr.
Original Signature of Person Authorized to Submit Application, no copies or stamps

ROBERT L LIVELY JR
Print Name of Authorized Person

12/12/2018
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA PHARMACY LICENSE

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

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: ROBERT LEE LIVELY -JR. %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: CMH PHARMACY, LLC

Mailing Address: 1930 VILLAGE CENTER CIRCLE 3-104

City, State Zip Code: LAS VEGAS, NV 89134

Telephone Number: 702-400-3139 Fax Number: N/A

Contact Person: ROBERT LIVELY

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ am _____ pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours X

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181866473

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

I, ROBERT L LIVELY JR.

Responsible Person of CIMH PHARMACY, 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

ROBERT L LIVELY JR.
Print Name of Authorized Person

12/12/2018
Date

Managing Pharmacist

Pharmacist Name: Alysha McMahon

License #: 18590

Pharmacy Name: CMH Pharmacy, LLC

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

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


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

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

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

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

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



 Signature

12/11/18

 Date

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

Date 12/11/18

GENERAL INSTRUCTIONS

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

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

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

Application for Pharmacy
CUH Pharmacy, LLC Nature of Pharmacy or Wholesaler
1930 Village Center Circle Suite 3-104 ^{LAS} NV 89134
Name and Address of Business for Which Designated Representative Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

McMahon Alysha Leilani
Last Name First Name Middle Name
N/A

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

Pro Tour Ct Las Vegas NV 89141
Present Residence Address-Street or RFD City State/Zip

350 W. Lake Mead Pkwy 8-8-13 Henderson NV 89015
Present Business Address Dates to Present City State/Zip

Pharmacist 8-8-13 to Present
Present Position with the Pharmacy or Wholesaler Dates

Phone:
Residence _____
Business CVS

Honolulu, Honolulu, HI
Date of Birth _____ Place of Birth (City, County, State)

29 Female
Age Social Security Number _____ Sex

Green Brown Fair 140 Athletic 5'4
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics round scar above right knee

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

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

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial all

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/4/18 Las Vegas, Clark, NV
Date City, County and State
 Spouse's full name (Maiden) Dustin Lively S.S. No.
 Date of Birth _____ Place of Birth Las Vegas, NV
 Resident address Pro Tour Ct Las Vegas NV 89141
Street City State Zip
 Telephone: Residence _____ Business 702-793-1537
 Spouse's employer Lennar Occupation construction manager
 Address of employer 9275 West Russel Rd Las Vegas NV 89148
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial all

FAMILY INFORMATION-Continued

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

Name N/A

Address N/A

Contact person N/A

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father Chris McMahon		1 Lloyd George Dr Henderson NV 89052	Corporate Business Consultant
Mother Susan McMahon		1 Lloyd George Dr Henderson NV 89052	Retired
Father-in-Law Robert Lively		Conough Lane Las Vegas NV 89149	Real Estate Developer
Mother-in-Law Kelley Clifton		Conough Lane Las Vegas NV 89149	Real Estate Developer

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
Melissa McMahon		Tomessa St Las Vegas NV 89141	Nurse (RN)
Spouse Chris Holmes		Tomessa St Las Vegas NV 89141	personal Trainer
<u>N/A</u>			
Spouse <u>N/A</u>			
<u>N/A</u>			
Spouse <u>N/A</u>			
<u>N/A</u>			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. John Vianney	920 Keolu Dr. Kailua HI 96734	8/1/94 - 5/30/03	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Le Jardin Academy	917 Kalamianable Dr. Kailua HI 96734	8/1/03 - 5/27/07	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Nevada, Reno	1664 N. Virginia St Reno NV 89557	8/1/07 - 6/1/10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	Roseman University	11 Sunset Way Henderson NV 89014	8/1/10 - 6/7/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Doctor of Pharmacy, Pharm.D

College or university where obtained Roseman University

Applicant's initial all

5 MILITARY INFORMATION:

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

Branch NIA Date of entry-active service NIA

Date of separation NIA Type of discharge NIA

Rating at separation NIA Serial number NIA

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

B. Have you registered for the draft? Yes No

County NIA State NIA Date registered NIA

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
<u>NIA</u>					
<u>NIA</u>					
<u>NIA</u>					

- 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? NIA city, county and state NIA
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? NIA city, county and state NIA
- 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
<u>NIA</u>				
<u>NIA</u>				
<u>NIA</u>				

Applicant's initial all

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
6/89 - 8/07	1422 Auauki St	Kailua	HI
8/07 - 6/10	2800 Enterprise Rd	Reno	NV
6/10 - 6/16	924 Lloyd George Dr	Henderson	NV
6/16 - 6/18	6482 Holland Hills St	Las Vegas	NV
6/18 - current	Pro Tour Ct	Las Vegas	NV

Applicant's initial all

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.

8/13	CVS 350 W. Lake Mead Pkwy Henderson NV 89015	10,000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist, Staff Float, Full Time	Prepare, process, check, counsel dispense medication/prescriptions	Mike Natale
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
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

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

Applicant's initial *mu*
 Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Laura Hook	Home	1 Aulou St	Kailua	HI 96734		25
Employer Student (MO)	Business	University of Hawaii Manoa				
Name Keegen Walsh	Home	r. N. university Blvd	Mobile	AL 36688		10
Employer Student (PA)	Business	University of South Alabama				
Name Cheryl Sherman	Home	1 Awinala Rd	Kailua	HI 96734		29
Employer The Green Comb	Business	1297 Kapiolani Blvd Honolulu HI 96814				
Name Robin Taber	Home	Wind Drift	Boca Raton	FL 33433		29
Employer Florida Atlantic University	Business	777 Glades Rd Boca Raton FL 33431				
Name Robert Handley	Home	2 Holland Hills St	Las Vegas	NV 89113		5
Employer Smith's nephew	Business	3945 W. Reno Ave Las Vegas NV 89118				

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 <input checked="" type="checkbox"/> | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |

If yes, state type, where and years held Doctor of Pharmacy, Nevada

Licensed 8/8/13 - present

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

N/A

N/A

N/A

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

N/A

13. 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 to the above, state where, when and for what reason:

N/A

Applicant's initial AM
Page 7

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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 12/7/18

Applicant's initial all

STATE OF Nevada

ss.

COUNTY OF Clark

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

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

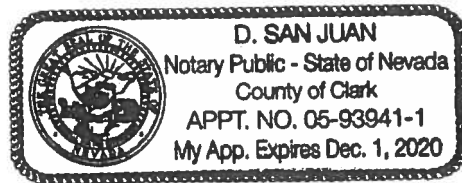
[Handwritten Signature]

Original Signature of Applicant

State of NV, County of Clark
Subscribed and Sworn to before me this 11 day of December 2018

by Alysha L. McMahon
D. San Juan
Notary Public

(seal)



Applicant's initial AM
Page 9

ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial *all*
Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/12/2018

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.

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

Application for PHARMACY
C.M.H. PHARMACY, LLC 1930 VILLAGE CENTER CIR. 3-104 LAS VEGAS, NV 89134
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name LIVELY JR First Name ROBERT Middle Name LEE

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

NONE

Present Residence Address-Street or RFD CONOUGH LANE City Las Vegas, NV State/Zip 89149

Present Business Address 4105. Rampart Blvd STE 390 City Las Vegas, NV State/Zip 89145

Occupation _____ Phone: _____
Residence _____
Business 702-583-6188

Date of Birth _____ Place of Birth (City, County, State) Crescent City, Del Norte, California

Age 57 Social Security Number _____ Sex MALE

Color of Eyes Brown Color of Hair Brown Complexion Fair Weight 185 Build Average Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics CROSS TATTOO LEFT UPPER ARM

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 B

MARITAL INFORMATION-Continued

A. **Current Marriage** MAY 2, 1981 LAS VEGAS, CLARK, NV
Date City, County and State
 Spouse's full name (Maiden) KELLEY-JAY CLIFTON
S.S. No.
 Date of Birth Place of Birth TUCSON, AZ
 Resident address CONOUGH LANE LAS VEGAS NV 89149
Street City State Zip
 Telephone: Residence Business 702-583-6188
 Spouse's employer BETTER BUILDING TECHNOLOGIES Occupation REAL ESTATE DEVELOPER
 Address of employer 4105 RAMPART BLVD STE 390 LAS VEGAS NV 89145
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
<u>NONE</u>				

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

Name	Street	City	State	Zip	Telephone
<u>NONE</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>ROBERT RUSSELL LIVELY</u>	<u>7</u>	<u>LAS VEGAS, NV</u>	<u>9 VALLEY EDGE CRT LAS VEGAS, NV 89141</u>
<u>DUSTIN LEE LIVELY</u>	<u>7</u>	<u>LAS VEGAS, NV</u>	<u>7 PROTOUR CRT LAS VEGAS, NV 89141</u>
<u>ASHLEY-JAY LIVELY</u>	<u>1</u>	<u>LAS VEGAS, NV</u>	<u>CONOUGH LANE LAS VEGAS, NV 89149</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 JK

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>ROBERT LEE LIVELY Sr.</u>	<u>?</u>	<u>PEACEFUL POND LAS VEGAS, NV 89131</u>	<u>SELF-EMPLOYED</u>
Mother <u>DOROTHY JEAN LIVELY (RYDER)</u>	<u>?</u>	<u>PEACEFUL POND LAS VEGAS, NV 89131</u>	<u>SELF-EMPLOYED</u>
Father-in-Law <u>JAMES JAY CLIFTON</u>	<u>1</u>	<u>HERNANDA AVE LAS VEGAS, NV 89107</u>	<u>FLOORING INSTALLER</u>
Mother-in-Law <u>NANCY LOUISE DAY</u>	<u>1</u>	<u>CELITA LAS VEGAS, NV 89143</u>	<u>CLERICAL</u>

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
<u>JEAN LEE LIVELY</u>		<u>2 Longleaf Dr. GREENWOOD IN 46143</u>	<u>BANKING</u>
Spouse <u>EARL RAYMOND RUSK</u>		<u>Longleaf Dr. GREENWOOD IN 46143</u>	<u>CONSTRUCTION MANAGER</u>
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>MICHAEL</u>	<u>900 AVENUE B Boulder City, NV 89005</u>	<u>1972</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Boulder City</u>	<u>1101 ST. STREET Boulder City, NV 89005</u>	<u>1975-1978</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UNLV</u>	<u>4505 S. Maryland AVE LAS VEGAS, NV 89154</u>	<u>1979-1982</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.....

College or university where obtained.....

Applicant's initial RD

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft? Yes No

County Clark State NEVADA Date registered 4/1979

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 B

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
DEFENDANT	5-14-2009	A-09-5903310	LAS VEGAS, CLARK, NV	DISMISSAL
DEFENDANT	3-14-2002	02A447778	LAS VEGAS, CLARK, NV	DISMISSAL
DEFENDANT	3-30-2000	00A416955	LAS VEGAS, CLARK, NV	DISMISSAL

- 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
RL HOMES, LLC	LIMITED LIABILITY COMPANY	7-23-2008
RL HOMES, LLC	LIMITED LIABILITY COMPANY	3-18-2008

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
8/2005 - Present	CONOUGH LANE	LAS VEGAS	NV, CLARK
1/1993 - 8/2005	7784 W. ROSADA WAY	LAS VEGAS	NV, CLARK

Applicant's initial *AD*
 Page 5

8. EMPLOYMENT:

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

Month and Year 5/2010 - Present	Name/Mailing Address of Employer/Business BETTER BUILDING TECHNOLOGIES 410 S. RAMPART BLVD STE 390 LAS VEGAS, NV, 89145	Reason for Leaving N/A
Title PRINCIPAL	Description of Duties DAILY OPERATIONS, BUSINESS PLANNING CONTRACTS, FINANCING	Name of Supervisor N/A
Month and Year 2008 - 2010	Name/Mailing Address of Employer/Business RETIRED	Reason for Leaving N/A
Title N/A	Description of Duties MANAGED PERSONAL ASSETS	Name of Supervisor N/A
Month and Year 2001 - 2008	Name/Mailing Address of Employer/Business R.L HOME, LLC LAS VEGAS, NV	Reason for Leaving BUSINESS CLOSED
Title PRINCIPAL	Description of Duties DAILY OPERATIONS, FORWARD PLANNING CONTRACTING, FINANCING	Name of Supervisor N/A
Month and Year 1996 - 2001	Name/Mailing Address of Employer/Business AMERICAN PREMIERE HOMES, DEV. LAS VEGAS, NV	Reason for Leaving STARTED RL HOMES
Title MANAGING MEMBER	Description of Duties DAILY OPERATION, CONTRACTING, DEVELOPMENT	Name of Supervisor N/A
Month and Year 1993 - 1996	Name/Mailing Address of Employer/Business FALCON HOMES LAS VEGAS, NV	Reason for Leaving BUSINESS DOWN SIZING
Title VP CONSTRUCTION	Description of Duties MANAGED CONSTRUCTION DEPARTMENT	Name of Supervisor MARK DOPPEY
Month and Year 1992 - 1993	Name/Mailing Address of Employer/Business DEL WEB LAS VEGAS, NV	Reason for Leaving OFFERED MANAGEMENT FALED HOMES
Title CONSTRUCTION SUPERINTENDANT	Description of Duties MANAGED DAILY SITE CONSTRUCTION	Name of Supervisor DO NOT RECALL
Month and Year 1989 - 1992	Name/Mailing Address of Employer/Business LIVELY CONSTRUCTION, DEV LAS VEGAS, NV	Reason for Leaving Business Slowdown
Title OWNER	Description of Duties MANAGED ALL ASPECTS OF GENERAL CONTRACTING	Name of Supervisor N/A
Month and Year 1984 - 1989	Name/Mailing Address of Employer/Business METROPOLITAN HOMES LAS VEGAS, NV	Reason for Leaving BUSINESS CLOSED IN LAS VEGAS
Title CONSTRUCTION SUPERINTENDANT	Description of Duties MANAGED CONSTRUCTION TRAILS CONTRACTS, HOMEOWNER WARRANTY	Name of Supervisor DAN MAULBIN

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

Applicant's initial

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>PAT BERTHES</u>	Home	<u>W. DEERSPRING</u>	<u>NV</u>	<u>89131</u>		<u>20</u>
Employer <u>METRA LEDBY</u>	Business	<u>1415 S. ARVILLE ST.</u>	<u>NV</u>	<u>89102</u>		
Name <u>BRUCE BETTRIDGE</u>	Home	<u>7 EVERGREEN OAKS DR.</u>	<u>NV</u>	<u>89052</u>		<u>15</u>
Employer <u>RETIRED</u>	Business	<u>N/A</u>				
Name <u>SALLY GALATI</u>	Home	<u>OWLS PEAK COURT</u>	<u>NV</u>	<u>89144</u>		<u>8</u>
Employer <u>DANNY GALATI LTD</u>	Business	<u>3015 SOUTH TOWN CENTER DR. SUITE 100</u>	<u>NV</u>	<u>89144</u>		
Name <u>PATRICK NUNES</u>	Home	<u>1913 STREET</u>	<u>CA</u>	<u>92648</u>		<u>20</u>
Employer <u>LBI</u>	Business	<u>1587 E BENTLEY DR.</u>	<u>CA</u>	<u>92879</u>		
Name <u>DEAN MORGAN</u>	Home	<u>NIGHT WIND</u>	<u>NV</u>	<u>89130</u>		<u>25</u>
Employer <u>VALLEY AIR</u>	Business	<u>9225 S. MAIN ST.</u>	<u>NV</u>	<u>89139</u>		

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

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

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
 Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
 Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
 Accountant Pilot Sports promoter Trainer or manager Educator
 Yes No
 If yes, state type, where and years held

CONTRACTOR, NEVADA, 16 YEARS,

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

Applicant's initial *MB* Page 7

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

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

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

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

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

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

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

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



Date of photograph..... 12/15/2018

Applicant's initial..... [Signature]

STATE OF Nevada.....

SS.

COUNTY OF CLARK.....

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

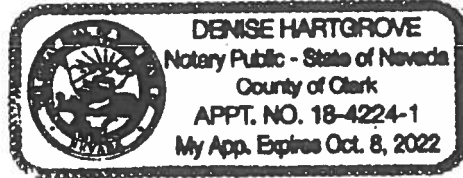
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 15th day of

December 2018.....

[Handwritten Signature]
.....
Notary Public



(seal)

Applicant's initial [Handwritten Initials].....
Page 9

ADDITIONAL INFORMATION

SECTION 6 (I)

DEFENDANT 11-26-1997 97A381725 LAS VEGAS, NV, Clerk Dismissal

DEFENDANT 1999 LAS VEGAS, NV, Clerk Dismissal

SECTION 8 Employment

1980-1984 PARDEE CONSTRUCTION LAS VEGAS, NV OFFERED ADVANCEMENT METROPOLITAN DEV. ASSISTANT SUPERINTENDANT, WORKED WITH PROJECT SUPERINTENDANT TO MANAGE CONSTRUCTION OF SINGLE AND MULTI FAMILY HOMES.

Applicant's initial

*APPLICATION FOR CERTIFICATION AS A PROVIDER OF
INTERNET PHARMACY SERVICES*

*Addendum to Pharmacy Application
(Only required if providing internet services)*

GENERAL INFORMATION

Name of Nevada license pharmacy: CMH Pharmacy, LLC

Nevada license number: _____

Websites in use or intended to be used: TBD

Affiliated websites (websites that link to or otherwise direct users to your website):
NONE

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered by NABP) certified? Please provide a copy with application. Yes No

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes No

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:
- A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes No
- B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes No
- C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes No
- D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes No
- E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes No
- F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes No
- G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes No
- H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes No
- I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes No
- J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes No
3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes No

- 4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes No

- 5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes No

- 6. Does the pharmacy comply with applicable federal and state laws regarding the following:
 - A) To the dispensing of prescription drugs? Yes No

 - B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes No

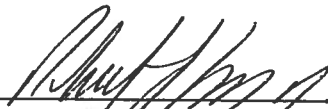
 - C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes No

- 7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes No

- 8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia*, 25th edition, 2002, which is hereby adopted by reference? Yes No

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

12/12/2018
Date



Representing Practitioners and Entities in Healthcare and Business Law Matters

March 27, 2019

S. Paul Edwards, General Counsel
 Brett Kandt, General Counsel
 Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway #206
 Reno, NV 89521

**Re: CMH Pharmacy, LLC – Application for Pharmacy License
 Analysis of NRS § 639.264 and 42 U.S.C. § 1320a-7b(b)**

Dear Mr. Edwards and Mr. Kandt:

As you are aware, this firm represents CMH Pharmacy, LLC, a Nevada limited liability company (“CMH Pharmacy”); Complete Men’s Healthcare, LLC, a Nevada limited liability company (“CMH Practice”); and their sole principal and owner, Robert L. Lively, Jr. (“Mr. Lively”). This firm is also working in association with James D. Boyle, Esq. and Audrey P. Damonte, Esq. of the law firm Holley Driggs Walch Fine Puzey Stein & Thompson, on behalf of CHM Pharmacy, CHM Practice, and Mr. Lively.

On behalf of our clients, and in response to your February 12, 2019 request, we submit this legal analysis in response to the Nevada State Board of Pharmacy’s (the “Board”) concern as to whether or not CMH Pharmacy’s proposed business model violates either 42 U.S.C. § 1320a-7b(b) (commonly referred to as the Anti-Kickback Statute (“Federal AKS”)) or Nevada Revised Statute (“NRS”) § 639.264 (“Nevada AKS”), which sets forth Nevada’s prohibitions regarding kickbacks, rebates, and fee-splitting. Please note that we are presenting an analysis of both the Federal AKS and Nevada AKS out of an abundance of caution, even though our position is that the Board does not possess jurisdiction to adjudicate alleged violations of Federal AKS.

PROCEDURAL BACKGROUND

As you will recall, CMH Pharmacy appeared before the Nevada State Board of Pharmacy (“Board”) on January 17, 2019 (the “Appearance”) in support of its application to obtain a pharmacy license as an Internet Pharmacy pursuant to NRS §§ 639.231 and 639.23288. Mr. Lively appeared before the Board together with CMH Pharmacy’s managing pharmacist, Ms. Alysha McMahon (“Ms. McMahon”), and me as CMH Pharmacy’s counsel.

Following a brief overview of CMH Pharmacy’s proposed business model by Mr. Lively, the Board expressed concern relating to Mr. Lively’s common ownership of CMH Pharmacy and CMH Practice, and questioned whether such common ownership poses a risk of violating either (or both) the Federal AKS or Nevada AKS. The Board then decided to stay the application to allow time to review the issue carefully in light of possible similar future applicants, while acknowledging that it was “waiting” for a

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CMH Pharmacy, LLC
 March 27, 2019
 Page 2 of 10

business like CMH Pharmacy to apply for a license. Mr. Kandt informed me that he would contact me regarding the CMH Pharmacy application.

On February 8, 2019, Mr. Kandt requested a legal analysis of the CMH Pharmacy structure and whether it violates the Federal AKS and Nevada AKS.¹ Following this communication, Mr. Edwards, Mr. Kandt, and I had a phone conference on February 12, 2019 to further discuss the Board's underlying concerns. Mr. Kandt and Mr. Edwards reiterated that the Board was concerned about Mr. Lively's common ownership of CMH Pharmacy and CMH Practice, where practitioners will write prescriptions that CMH Pharmacy *may* fill.

In response, we have prepared the analysis below as to whether the CMH Pharmacy ownership structure violates either the Federal AKS or the Nevada AKS. For the reasons set forth in this analysis, CMH Pharmacy respectfully contends that its ownership structure does not violate either the Federal AKS or Nevada AKS. Accordingly, we respectfully request that the Board approve CMH Pharmacy's application and issue a pharmacy license pursuant to NRS §§ 639.231 and 639.23288.

BACKGROUND/CMH PHARMACY BUSINESS MODEL

CMH Pharmacy is organized as a Nevada limited liability company, which, upon obtaining its licensure, intends to be domiciled and do business in Nevada and elsewhere as an Internet pharmacy providing medications, up to and including Schedule III controlled substances. Mr. Lively is the sole member and manager of CMH Pharmacy. Ms. McMahon, a Nevada-licensed pharmacist, will be the pharmacist-in-charge as required by NRS § 639.220. CMH Pharmacy will utilize McKesson Enterprise, M-scripts, and Intercon prescription warning label software, all of which are reputable pharmacy systems utilized widely throughout the industry.

CMH Practice is organized as a Nevada limited liability company, doing business in Arizona. Mr. Lively is the sole member and manager of CMH Practice. CMH Practice offers medical services via telehealth platforms to patients ("CMH Patients"), through its network of Arizona-licensed physicians and other licensed practitioners ("CMH Practitioners"). Critically, the CMH Practitioners *will not* have any investment or ownership interest in either CMH Practice or CMH Pharmacy, and will instead be employed by or contracted with CMH Practice to provide professional services at fair market value rates.

CMH Practice and CMH Pharmacy are both solely owned by Mr. Lively, who is not himself a physician or other licensed healthcare provider. To this point, there is no provision under existing Nevada law which prohibits common ownership of entities such as CMH Practice and CMH Pharmacy, and certainly Nevada AKS does not prohibit such common ownership. However, we emphasize that CMH Practitioners will treat CMH Patients and prescribe necessary medications, as determined in the CMH Practitioners' sole medical judgment, without any influence or interference by Mr. Lively or any other non-healthcare provider. When a CMH Practitioner prescribes medication to a CMH Patient, the CMH Patient has sole discretion to determine how and where to fill the prescription. While the CMH Patient may specify, through the CMH Practice portal, that the CMH Patient desires to have the prescription filled by CMH

¹ It is our understanding that the Board mistakenly referenced NRS § 639.232 as a potential concern, as evidenced by the email from Mr. Kandt on February 8, 2019. However, again out of an abundance of caution, we provide a brief legal analysis as follows: Mr. Lively is not a practitioner as defined by NRS § 639.0125, and thus he does not meet the limitations of NRS § 639.232. Accordingly, CMH Pharmacy does not violate NRS § 639.232.

Pharmacy, the CMH Patient singularly controls whether CMH Pharmacy or any other pharmacy of the CMH Patient's choice ultimately fills the prescription. If the CMH Patient decides to have CMH Pharmacy fill the prescription, the medication will be delivered conveniently to the CMH Patient's home via direct shipping. CMH Pharmacy will collect the total cost of the transaction, including the retail price of the medication, plus applicable shipping charges and retail taxes for any prescription for which the CMH Patient chooses to have filled by CMH Pharmacy, just as with a transaction handled by any other licensed pharmacy. No part of the transaction costs collected by CMH Pharmacy will be shared with or otherwise paid to CMH Practice or any CMH Practitioners.

Furthermore, no CMH Patient is required to use CMH Pharmacy to fill any prescriptions. To the contrary, CMH Patients may use *any* pharmacy of their choosing to fill a prescription. Likewise, each CMH Patient may designate a choice of pharmacy on the CMH Practice's patient-specific (Web) portal. CMH Patients who use CMH Pharmacy will pay fair market value rates for its product and services, just as they would for any third-party prescription fill and delivery service. We emphasize that both CMH Practice and CMH Pharmacy intend to operate on a cash-only basis. To that extent, neither entity intends at this time to bill or collect payment for services or items from any public or private third-party payors, including, without limitation, Medicare, Medicaid, and TRICARE.

Once operational, CMH Pharmacy will offer low-cost, FDA-approved, and physician-backed products that empower patients to take care of their health from the privacy of their own home. Specifically, CMH Pharmacy, as well as CMH Practice, will focus on addressing an underserved demographic: adult men. Research shows that adult men are less likely than women to seek out healthcare services and are more likely to seek out solutions to their health concerns on the Web, particularly for sensitive matters like erectile dysfunction, sexually transmitted diseases, and hair loss. By expanding access to medical examinations and prescriptions for medications to treat health issues specific to men, CMH Practice offers services to a community that otherwise might not obtain appropriate care. Although CMH Patients will be under no compulsion to fill their prescriptions through CMH Pharmacy, our clients anticipate that many CMH Patients will freely and voluntarily choose to do so given the convenience and privacy that CMH Pharmacy's proposed business model will afford.

Ultimately, CMH Practice and CMH Pharmacy anticipate a relationship that is one of collaborative healthcare providers who are both dedicated to providing high-quality, low-cost products and services to a patient base that prioritizes convenience and privacy. This model is consistent with emerging models within the healthcare industry that emphasize greater collaboration through the use of technological innovation and population health management. Although Mr. Lively owns both CMH Practice and CMH Pharmacy, each entity will operate a separate business, in accordance with all applicable laws, and neither will unduly interfere with the affairs of the other. Importantly, neither business offers, delivers or pays any form of consideration to CMH Practitioners to induce or compensate for the referral of prescriptions to CMH Pharmacy and/or CMH Practice.

LEGAL ANALYSIS

A. Federal Anti-Kickback Statute.

The Federal AKS makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by a federal healthcare program.² For purposes of the Federal AKS, "remuneration" includes the transfer of anything of value,

² 42 U.S.C. § 1320a-7b(b).

directly or indirectly, overtly or covertly, in cash or in kind.³ The Federal AKS has been interpreted to cover any arrangement where one purpose of the remuneration was to obtain money for the referral of items or services or to induce further referrals.⁴ The Federal AKS has safe harbor regulations that define practices that are not subject to the Federal AKS because such practices would be unlikely to result in fraud or abuse.⁵

Notably, the Federal AKS is limited in scope to remuneration tied to referrals of items or services reimbursable by a federal healthcare program, such as Medicare or Medicaid. As noted, both CMH Practice and CMH Pharmacy intend to operate on a cash-only basis and therefore will not bill and collect payment from any third-party payors, including any federal healthcare programs. In other words, neither party will make or receive any referrals of items or services reimbursable by a federal healthcare program, and thus the Federal AKS simply does not intersect with either entity's operations.

Nevertheless, we believe that even if the Federal AKS did apply, CMH Pharmacy's proposed business model would not result in a violation of the statute. That is because there will be no "transfer" of any "remuneration" between CMH Practice and CMH Pharmacy, each of which is a separate legal entity with separate operations, including financial, which will not be comingled or otherwise shared with the other entity's. To reach a contrary conclusion, one would have to assume that a remunerative relationship arises from Mr. Lively's common ownership, insofar as he may receive a return on his investment in CMH Pharmacy and reinvest that return into CMH Practice, which, in turn, may remunerate the CMH Practitioners. With respect to both potential sources of remuneration – (1) the return on Mr. Lively's investment in CMH Pharmacy and (2) any compensation paid by CMH Practice to CMH Practitioners that could be linked to funds reinvested by Mr. Lively from any return on his investment in CMH Pharmacy – a safe harbor shields the remuneration.

In regard to the first potential source of remuneration, we believe any return on investment that Mr. Lively receives from his investment interest in CMH Pharmacy complies with the Federal AKS safe harbor for investment interests. This safe harbor provides, in relevant part, "remuneration" for Federal AKS purposes does not include any payment that is a return on an investment interest, such as a dividend or interest income, made to an investor with respect to an entity, as long as the following eight standards are met:

1. No more than 40 percent of the value of the investment interests of each class of investment interests may be held in the previous fiscal year or previous 12 month period by investors who are in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity.
2. The terms on which an investment interest is offered to a passive investor, if any, who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity must be no different from the terms offered to other passive investors.
3. The terms on which an investment interest is offered to an investor who is in a position to

³ See *id.*

⁴ See, e.g., *United States v. Borrasi*, 639 F.3d 774 (7th Cir. 2011); *United States v. McClatchey*, 217 F.3d 823 (10th Cir. 2000); *United States v. Davis*, 132 F.3d 1092 (5th Cir. 1998); *United States v. Kats*, 871 F.2d 105 (9th Cir. 1989); *United States v. Greber*, 760 F.2d 68 (3d Cir. 1985), *cert. denied*, 474 U.S. 988 (1985).

⁵ See 42 C.F.R. § 1001.952.

- make or influence referrals to, furnish items or services to, or otherwise generate business for the entity must not be related to the previous or expected volume of referrals, items or services furnished, or the amount of business otherwise generated from that investor to the entity.
4. There is no requirement that a passive investor, if any, make referrals to, be in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity as a condition for remaining as an investor.
 5. The entity or any investor must not market or furnish the entity's items or services (or those of another entity as part of a cross referral agreement) to passive investors differently than to non-investors.
 6. No more than 40 percent of the entity's gross revenue related to the furnishing of health care items and services in the previous fiscal year or previous 12-month period may come from referrals or business otherwise generated from investors.
 7. The entity or any investor (or other individual or entity acting on behalf of the entity or any investor in the entity) must not loan funds to or guarantee a loan for an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity if the investor uses any part of such loan to obtain the investment interest.
 8. The amount of payment to an investor in return for the investment interest must be directly proportional to the amount of the capital investment (including the fair market value of any pre-operational services rendered) of that investor.⁶

In this case, CMH Pharmacy can ensure compliance with the foregoing elements because Mr. Lively is the 100% owner of CMH Pharmacy and, not being a licensed healthcare provider himself, is not "in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for" CMH Pharmacy. The only individuals who could be in such a position are the CMH Practitioners, but as noted, they are not, and will not be, investors in, or hold ownership interests in, CMH Pharmacy or otherwise have any financial relationship with CMH Pharmacy, and as such the hypothetical possibility that such a violation of Federal AKS could occur is simply non-existent.

In regard to the second potential source of remuneration, we believe any compensation to the CMH Practitioners complies with the Federal AKS safe harbors for employees or personal services and management contracts, depending on whether the particular CMH Practitioner is engaged by CMH Practice as either an employee or an independent contractor. As to those CMH Practitioners who are employees of CMH Practice, we can assure that they have a "bona fide employment relationship" with CMH Practice, which is the only requirement for remuneration to an employee who is in a position to make referrals for items or services reimbursable by a federal healthcare program to be excepted under the Federal AKS.⁷ As to those CMH Practitioners who are independent contractors of CMH Practice, we can further assure that they all have written agreements which comply with the following elements of the personal services and management contracts safe harbor:

⁶ 42 C.F.R. § 1001.952(a)(2).

⁷ 42 C.F.R. § 1001.952(i).

1. The agreement is set out in writing and signed by the parties.
2. The agreement covers all of the services the CMH Practitioner provides to CMH Practice for the term of the agreement and specifies the services to be provided by the PMH Practitioner.
3. If the agreement is intended to provide for the services of the CMH Practitioner on a periodic, sporadic, or part-time basis, rather than on a full-time basis for the term of the agreement, the agreement specifies exactly the schedule of such intervals, their precise length, and the exact charge for such intervals.
4. The term of the agreement is for not less than one year.
5. The aggregate compensation paid to the CMH Practitioner over the term of the agreement is set in advance, is consistent with fair market value in arms-length transactions, and is not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the parties for which payment may be made in whole or in part under Medicare, Medicaid, or other federal health care programs.
6. The services performed under the agreement do not involve the counseling or promotion of a business arrangement or other activity that violates any state or federal law.
7. The aggregate services contracted for do not exceed those which are reasonably necessary to accomplish the commercially reasonable business purpose of the services.⁸

To this extent, any remuneration to an independent contractor CMH Practitioner who is in a position to make referrals for items or services reimbursable by a federal healthcare program is thus excepted under the Federal AKS.

Finally, even if the potential sources of remuneration described above do not fit precisely within the noted safe harbors, the remuneration still would not violate the Federal AKS because CMH Pharmacy, CMH Practice, and the CMH Practitioners lack the requisite criminal *intent* to induce or reward referrals among themselves. Intent here cannot be surmised solely on the basis of common ownership of CMH Pharmacy and CMH Practice by Mr. Lively. As noted above, moreover, CMH Patients are free to choose any pharmacy to fill a prescription from a CMH Practitioner, and no party, including CMH Pharmacy or Mr. Lively, will obstruct or interfere with that choice. If CMH Patients select CMH Pharmacy to fill a prescription, it will be because they selected CMH voluntarily, not because CMH Pharmacy or Mr. Lively induced or compensated the CMH Practitioner to make a referral to CMH Pharmacy. In short, the factual circumstances of CMH Pharmacy's and CMH Practice's business models are such that one cannot infer the necessary intent under the Federal AKS to trigger a statutory violation.

B. Nevada Anti-Kickback Statute.

Nevada AKS provides as follows:

No registered pharmacist, or owner of any pharmacy licensed under the provisions of this chapter, may offer, deliver or pay any unearned rebate, refund, commission, preference,

⁸ 42 C.F.R. § 1001.952(d).

patronage dividend, discount or other unearned consideration to any person, whether in the form of money or otherwise, as compensation or inducement to such person for referring prescriptions, patients, clients or customers to such pharmacist or pharmacy, irrespective of any membership, proprietary interest or co-ownership in or with any person by whom such prescriptions, patients, clients or customers are referred.⁹

The statute further states that the “furnishing to a practitioner by a pharmacist or a pharmacy of prescription blanks bearing the name or name and address of any pharmacy is an unearned rebate and an inducement to refer patients to such pharmacist or pharmacy.”¹⁰ Unlike the Federal AKS, the Nevada AKS is not limited in scope to kickbacks, rebates, and fee-splitting in connection with only certain government programs. Neither does the Nevada AKS include the safe harbor provisions present in the Federal AKS, nor the high-level mens rea element expressly set forth in the Federal AKS (“knowing and willful”). Rather, it governs a broad spectrum of possible consideration—offered, delivered or paid—which is prohibited as an inducement or compensation for the referral of a prescription, patient, client or customer to a pharmacist or pharmacy. Nevertheless, it is critical to note that the Nevada AKS is: (1) a prohibitory statute which requires an element of intent (*i.e.*, mens rea); and (2) requires an affirmative action on the part of an accused pharmacist or owner of a pharmacy. Neither of these elements exists in this matter.

While the Federal AKS has been interpreted extensively in case law and guidance materials issued by the Office of Inspector General within the U.S. Department of Health and Human Services, the Nevada AKS has not been similarly a subject to any reported case law or guidance materials that we are able to locate. However, several states having similar anti-kickback statutes have guidance materials from which we can draw parallel instruction.

For example, the Supreme Court of Washington has concluded that its anti-kickback statute does not prohibit a patient from paying a health care provider for services rendered or prescriptions received under the auspices that such payment constitutes the receipt of a “profit” by the provider.¹¹ This is because, as the court observed, a “profit” is not a “kickback”, and it defies logic to believe the legislature intended to prohibit a health care provider from making a profit on legitimate transactions (in this case, for the sale of prescription diet drugs from a physician to his patients).¹² A different example under Florida law addressed the issue of whether the Florida state anti-kickback statute was unconstitutional under the doctrine of implied conflict, insofar as the Florida statute excluded the safe harbor provisions of the Federal AKS and set a much lower element of *mens rea* than did the Federal AKS.¹³ The court’s concern in Florida centered on the points that the Florida statute criminalized actions that were protected under the Federal AKS (pursuant to safe harbor allowances), and further criminalized actions that the Federal AKS did not because of the higher degree of requisite *mens rea*.¹⁴

Accordingly, while it is not clear how the Board might apply the Nevada AKS in a given set of circumstances where an alleged violation has occurred, we are concerned that the issues such as those addressed by the Supreme Court of Washington and the Florida Court of Appeals are present here—even assuming arguendo that CMS Pharmacy’s business model arises to a level that would constitute a

⁹ NRS § 639.264(1).

¹⁰ NRS § 639.264(2).

¹¹ *Wright v. Jeckle*, 144 P.3d 301, 305 (Wash. 2006) (en banc).

¹² *Id.*, at 306.

¹³ *State v. Harden*, 873 So.2d 352, 355 (Fla. Dist. App. 2004).

¹⁴ *Id.*

violation of the Nevada AKS (which it does not). Instead, we are confident that CMH Pharmacy's proposed business model does not violate the Nevada AKS, largely for the reasons already noted in the Federal AKS analysis. CMH Pharmacy and CMH Practice will each separately bill and collect from patients on a cash-pay basis for their respective services, and neither entity will remunerate the other entity or its personnel. Although both entities will share common ownership held by Mr. Lively, neither entity will directly hold an ownership interest in the other, nor will their respective employees or agents, including the CMH Practitioners, hold any such ownership interest. We restate again that all CMH Patients will be free to fill any prescription issued by a CMH Practitioner at any pharmacy of their choice, and CMH Practice will maintain written policies and a clear notice on its Web portal to this effect. For its part, CMH Pharmacy will maintain a written policy not to allow any special discounts to CMH Patients that are not offered to the general public.

Also, CMH Pharmacy will not furnish any practitioner, whether a CMH Practitioner or otherwise, with prescription blanks bearing the name or address of CMH Pharmacy. CMH Pharmacy will have (and will enforce) a written policy prohibiting any furnishing of prescription blanks to any practitioners, whether a CMH Practitioner or otherwise. Likewise, CMH Practice will also have (and will enforce) written policies prohibiting acceptance of prescription blanks from any pharmacy, whether CMH Pharmacy or otherwise.

C. Due Process Concerns.

Lastly, CMH Pharmacy wishes to express its concern that the Board's assessment of CMH Pharmacy's business model as potentially in violation of either Federal AKS or Nevada AKS appears to be an improper infringement of CHM Pharmacy's due process rights.

Most importantly, the Nevada AKS is an intent-based regulatory statute, which in effect requires an affirmative action by an accused to engage in conduct that violates the statute. As noted above, the relevant section of the statute reads:

No registered pharmacist, or owner of any pharmacy licensed under the provisions of this chapter, may offer, deliver or pay any unearned rebate, refund, commission, preference, patronage dividend, discount or other unearned consideration to any person, whether in the form of money or otherwise, as compensation or inducement to such person for referring prescriptions, patients, clients or customers to such pharmacist or pharmacy, irrespective of any membership, proprietary interest or co-ownership in or with any person by whom such prescriptions, patients, clients or customers are referred.

NRS § 639.264(1). Thus, at a minimum the statute plainly requires at least the following to exist prior to the leveling of an accusation that a pharmacist or owner of a pharmacy has violated the statute: (1) the accused pharmacist must be registered with the Board, or the accused pharmacy licensed by the Board; (2) the accused pharmacist or pharmacy must intentionally "offer, deliver or pay any unearned rebate, refund, commission, preference, patronage dividend, discount or other unearned consideration" to a third person; and (3) said offer, delivery or payment must be intended to compensate or induce the third person to "[refer] prescriptions, patients, clients or customers" to the pharmacist and/or pharmacy. In the instant matter, not one of these mandatory occurrences has transpired.¹⁵

¹⁵ Identifying each of these three requirements is in keeping with Nevada's well-stated rule of statutory construction that "Courts must construe statutes and ordinances to give meaning to all of their parts and language, [and] [t]he court should read each sentence, phrase and word to render it meaningful within the

CMH Pharmacy, LLC
 March 27, 2019
 Page 9 of 10

The process by which the Board may adjudicate wrongdoing against a registered pharmacist or licensed pharmacy is situated in both the Nevada Administrative Procedures Act, NRS §§ 233B.121 through 233B.150 (the “NAPA”), as well as within the Board’s regulatory provisions (*e.g.*, NAC §§ 639.945 – 639.978). Neither statutory nor regulatory realm provides for the Board to make a conjectural or hypothetical assessment of whether a non-effectuated action might violate the Nevada AKS. That is, insofar as CHM Pharmacy has yet to engage in any action which could fairly be alleged to constitute a violation of the Nevada AKS, due process does not permit the Board to prematurely assign liability (or guilt)¹⁶ for a conjectural violation of the Nevada AKS.¹⁷

Thus, CMH Pharmacy respectfully suggests that the more prudent approach in this matter is to (1) issue CMH Pharmacy its sought-after license, and (2) examine and police CMH Pharmacy to ensure that it is (and remains) compliant with the business model explained herein and that its business activities do not violate the Nevada AKS. Certainly, CMH Pharmacy is willing and able to work closely with the Board—as a partner that understands its special obligation to the citizens of Nevada to ensure a safe, conscientious and regulatory-compliant business—to address any regulatory concerns that the Board may raise. And, frankly, should the Board ever allege that CHM Pharmacy has acted in a manner prohibited by the Nevada AKS, CHM Pharmacy should face the brunt of the Board’s adjudicatory remedies for any such proven accusations (following, of course, a fair due process hearing pursuant to the NAPA).

CONCLUSION

In summary and as shown above, CMH Pharmacy’s proposed business model does not violate either the Federal AKS or the Nevada AKS.

CMH Pharmacy understands that the Board has concerns about not only the CMH Pharmacy application before the Board in the instant matter, but also about future applications by other telehealth-related pharmacies. While we cannot provide assurances to the Board regarding future applicants, and we do not believe CMH Pharmacy’s application should be judged on the basis of generalized concerns about future applicants, CMH Pharmacy believes that its application meets all applicable requirements under Nevada law and other guiding legal principles. CMH Pharmacy further assures the Board that it intends to fully comply with any and all regulations and laws applicable to CMH Pharmacy as may be promulgated by the Nevada Legislature and as enforced by the Board.

context of the purpose of the legislation.” *Bd. of County Commrs v. CMC of Nevada*, 99 Nev. 739, 744 (Nev. 1983).

¹⁶ CMH Pharmacy notes that NRS § 639.310 states that “unless a greater penalty is specified, any person who violates the provisions of this chapter is guilty of a misdemeanor.” This is critical, insofar as exposure to a criminal remedy amplifies the due process protections to which CMH Pharmacy (and potentially Mr. Lively and/or Ms. McMahon) is entitled.

¹⁷ Critically, the Nevada Legislature has not adopted the Nevada AKS as a strict-liability statute. Thus, the Nevada AKS requires that the Board (or a court) determine that an actual violation of the statute has occurred through actions by an accused, not speculate that some type of violation may occur through unproven (or worse, un-effectuated) actions. *See, e.g., Cities Service Co. v. Dep’t of Energy*, 520 F.Supp. 1132, 1140-41 (D. Del. 1981) (court will not issue an advisory opinion that an actor did not violate administrative regulations simply because the actor believes an agency might eventually allege such violations). Such is a similar situation herein, where the Board appears to be speculating that CMH Pharmacy may violate the Nevada AKS—essentially, an advisory opinion—when no violating conduct has occurred, no violating conduct has been alleged, and no violating conduct has been adjudicated.

CMH Pharmacy, LLC
March 27, 2019
Page 10 of 10

We trust that this analysis alleviates the Board's initial concerns regarding whether common ownership of a medical practice and a pharmacy violates either the Federal AKS or the Nevada AKS. Because there is no legal or regulatory basis for the Board to deny the application of CMH Pharmacy in view of either the Federal AKS or Nevada AKS, we hereby request that the Board grant CMH Pharmacy a Nevada pharmacy license.

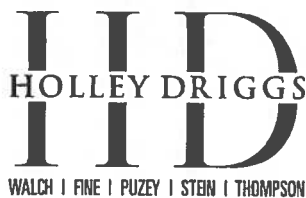
Compliance with all Board rules and regulations is of the utmost importance to CMH Pharmacy. Should the Board have any further concerns after review of this requested analysis, CMH Pharmacy is committed to ensure any additional and appropriate safeguards are in place to satisfy the Board. If the Board has any further concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Ayesha Mehdi". The signature is fluid and cursive.

Ayesha Mehdi, Esq.

cc: James D. Boyle, Esq. (via email only)



PLEASE REPLY TO LAS VEGAS OFFICE
 WRITER'S EMAIL: JBOYLE@NEVADAFIRM.COM

May 10, 2019

Via Electronic Mail and U.S. Mail

Brett Kandt, Esq.
 General Counsel
 Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway #206
 Reno, Nevada 89521

**Re: *CMH Pharmacy, LLC – Application for Pharmacy License
 Responses to Supplemental Questions***

Dear Mr. Kandt:

This letter serves to respond to the supplemental questions posed to Applicant CMH Pharmacy, LLC (“CMH Pharmacy”) by the Nevada State Board of Pharmacy (the “Board”) in your letter dated April 18, 2019. In order of the Board’s questions, CMH and Complete Men’s Healthcare, LLC, (“CMH Practice”) state as follows:

1. As noted in the prior memorandum to the Board dated March 27, 2019, CMH Practice offers medical services via telehealth platforms to patients (“CMH Patients”) through its network of Arizona-licensed physicians and other licensed practitioners (“CMH Practitioners”). The CMH Practitioners do not (and will not) have any investment or ownership interest in either CMH Practice or CMH Pharmacy, and will instead be employed by or contracted with CMH Practice to provide professional services at fair market value rates.

When a CMH Practitioner prescribes medication to a CMH Patient, the CMH Patient has sole discretion to determine how and where to fill the prescription. While the CMH Patient may specify—through the CMH Practice portal—that the CMH Patient desires to have the prescription filled by CMH Pharmacy, the CMH Patient singularly controls whether CMH Pharmacy or any other pharmacy of the CMH Patient’s choice ultimately fills the prescription. If the CMH Patient decides to have CMH Pharmacy fill the prescription, the medication will be delivered conveniently to the CMH Patient’s home via direct shipping. CMH Pharmacy will collect the total cost of the transaction, including the retail price of the medication, plus applicable shipping charges and retail taxes for any prescription for which the CMH Patient chooses to have filled by CMH Pharmacy, just as with a transaction handled by any other licensed pharmacy.

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Brett Kandt, Esq.
General Counsel
Nevada State Board of Pharmacy
May 10, 2019
Page 2

No part of the transaction costs collected by CMH Pharmacy will be shared with or otherwise paid to CMH Practice or any CMH Practitioners. Moreover, CMH Practitioners do not receive any remuneration or other form of payment or consideration based on the number of prescriptions that CMH Pharmacy fills, and neither do CMH Practitioners receive any form of incentive to write prescriptions for CMH Pharmacy (or any other pharmacy, for that matter).

Instead, CMH Practitioners are either a direct employee of CMH Practice or are engaged as an independent contractor with CMH Practice. CMH Practice's compensation for its direct employees is based on a contract salary; CMH Practice's contract payment rates for independent contractors will be based on the type of consultation the particular CMH Practitioner provides and compliance with applicable state regulatory requirements.

2. With regard to processing prescriptions ordered through CMH Pharmacy, CMH Pharmacy will receive requested fulfillment of prescriptions from CMH Practitioners through the portal operated by CMH Practice. The portal is based on McKesson Corporation's proprietary EnterpriseRx Saas software and its related pharmacy management system. Utilizing the EnterpriseRx Saas software, CMH Pharmacy will manage its relationships with CMH Practitioners and CMH Patients, through which CMH Pharmacy can receive and process prescriptions, manage CMH Patient records and profiles, and monitor and oversee business-wide pharmacy operations. As the Board knows, the EnterpriseRx Saas software and its related pharmacy management system are well-respected in the industry as a leading pharmacy operations management system.

However, as noted above, CMH Patients are not required to obtain prescriptions through CMH Pharmacy. With regard to prescriptions that a CMH Patient brings or transfers to another pharmacy, CMH Practice and CMH Pharmacy cannot speak to the specific means by which a CMH Patient will deliver such a prescription, but the expectation is that a CMH Patient will do so in the same ordinary courses used by other customers who bring a prescription to a pharmacy of his/her choice. Certainly, CMH Practice expects CMH Practitioners to fully cooperate with any request made by a CMH Patient that a prescription be forwarded or transferred to the pharmacy of the CMH Patient's choice.

3. With regard to the patient questionnaire that CMH Practice will utilize—which is effectively a patient intake document (a "PHR")—in addition to general patient contact and demographic information, CMH Patients will be asked specific questions regarding: the health condition for which the CMH Patient is seeking treatment (including symptoms, effects, medical concerns/questions and background information); related questions associated with any other underlying medical causes or symptoms; previous or current additional medical history(ies) (including pharmaceuticals that the CMH Patient is or has recently been prescribed); prior conditions and surgeries; known allergies or negative reactions to prior medical treatments or pharmaceuticals; family medical history; identification of General Practitioner; and date of last physical exam. CMH Practice will work closely with CMH Practitioners in developing and evolving the PHR to meet the needs of CMH Patients. All data obtained by CMH Practice via the PHR will be obtained, maintained and transmitted in compliance with applicable state and federal regulations. The PHR will be electronically forwarded to or made

Brett Kandt, Esq.
 General Counsel
 Nevada State Board of Pharmacy
 May 10, 2019
 Page 3

available to, and reviewed by, the appropriate CMH Practitioner prior to treatment of a CMH Patient.

With regard to the statutory and regulatory provisions identified in the Board's letter, in addition to CMH Practice's and CMH Pharmacy's representation that it will undertake all good faith efforts to ensure compliance with all applicable statutory and regulatory requirements, CMH Practice and CMH Pharmacy state:

- a. NRS 639.235 establishes requirements for the writing or prescribing of a prescription, and in particular identifies limitations and requirements which must be followed when the writing or prescribing of a prescription by a person who is not licensed in Nevada, but who is authorized by the laws of another state to write or prescribe a prescription. Furthermore, subsection (4) of the statute states that "a bona fide relationship between the patient and the person prescribing the controlled substance shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, including, without limitation, through telehealth, within or outside this State or the United States by the person prescribing the controlled substances within the 6 months immediately preceding the date the prescription was issued."

CMH Practice's and CMH Pharmacy's business model is designed to ensure compliance with the statutory requirements of NRS 639.235. To this point, it is also critical to note that the business model is designed to be effectively a "closed-universe" system with regard to the relationship between CMH Patients and CMH Practitioners; that is, the business model is designed to ensure that the CMH Patient is being serviced by a CMH Practitioner within the CMH Practice network. As such, CMH Practice and CMH Pharmacy are strongly confident that their business model will ensure compliance with subsection (4) of the statute. CMH Pharmacy does not intend to fill or dispense a prescription that is transmitted or delivered by a practitioner outside of the CMH Practitioners network.

- b. NRS 639.2391 specifically addresses the prescribing of controlled substances for the treatment of pain, describing in general terms the prescribing of controlled substances identified in Schedules II, III or IV, and also addressing the prescribing of "opioids." To this point, CMH Pharmacy will not be dispensing or filling prescriptions for controlled substances identified under NAC 453.520 (Schedule II) or NAC 453.540 (Schedule IV). Neither will CMH Pharmacy engage in the dispensing nor filling of prescriptions for "opioids" as this term is generally defined by the Nevada Division of Public and Behavioral Health.

With regard to controlled substances identified under NAC 453.530 (Schedule III), CMH Pharmacy may dispense or fill certain prescriptions for pharmaceuticals identified as Schedule III controlled substances (at this time, CMH Pharmacy only anticipates that it will dispense Testosterone). In such instances, CMH Pharmacy's business model is designed to ensure that CMH Pharmacy is fully compliant with the requirements of NRS 639.2391—including in particular the assurance that a bona fide therapeutic relationship exists between a CMH Patient and a CMH Practitioner

Brett Kandt, Esq.
 General Counsel
 Nevada State Board of Pharmacy
 May 10, 2019
 Page 4

as discussed herein, and as managed through the EnterpriseRx Saas software and its related pharmacy management system deployed by CMH Practice and CMH Pharmacy.

- c. NAC 639.752 addresses the requirements a pharmacist must follow when filling or dispensing certain prescriptions. Specifically, the regulation places restrictions on the filling or dispensing of a prescription under identified circumstances, and for such circumstances it identifies required procedures a pharmacist must follow when filling or dispensing a restricted prescription. CMH Pharmacy and its staff pharmacist are fully versed in these requirements, and CMH Pharmacy's business model is designed to ensure compliance with same.

Moreover, subsection (4) of the regulation states that a "bona fide relationship between the patient and the prescribing practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics within or outside this State or the United States by the practitioner within the 6 months immediately preceding the date the prescription was issued." Here again, CMH Practice's and CMH Pharmacy's business model is designed to ensure compliance with this regulatory requirement. To this point, it is also critical to note that the business model is designed to be effectively a "closed-universe" system with regard to the relationship between CMH Patients and CMH Practitioners; that is, the business model is designed to ensure that the CMH Patient is being serviced by a CMH Practitioner within the CMH Practice network. As such, CMH Practice and CMH Pharmacy are strongly confident that their business model will ensure compliance with subsection (4) of the regulation. CMH Pharmacy does not intend to fill or dispense a prescription that is transmitted or delivered by a practitioner outside of the CMH Practitioners network.

- d. NAC 639.945(1)(o) states that the "[p]rescribing [of] a drug as prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship" by a "holder of any license, certificate or registration issued by the Board or any employee of any business holding such license, certificate or registration" is declared to be "unprofessional conduct and conduct contrary to the public interest."

CMH Practice and CMH Pharmacy understand the clause "bona fide therapeutic relationship" to mean the existence of a "bona fide relationship between the patient and the prescribing practitioner" as defined by NAC 639.752, and the similar provision defined in NRS 639.235. As set forth above, CMH Practice and CMH Pharmacy are confident that their business model is designed to ensure compliance with the regulatory and statutory requirements for ensuring that a "bona fide relationship" exists between a CMH Patient and a CMH Practitioner. This business model is based upon the portal operated by CMH Practice and the EnterpriseRx Saas software and its related pharmacy management system described above. Utilizing the EnterpriseRx Saas software, CMH Pharmacy will manage its relationships with CMH Practitioners and CMH Patients, through which CMH Pharmacy can receive and process prescriptions, manage CMH Patient records and profiles, and monitor and

Brett Kandt, Esq.
 General Counsel
 Nevada State Board of Pharmacy
 May 10, 2019
 Page 5

oversee business-wide pharmacy operations. In addition, CMH Practice can ensure that each CMH Patient is properly examined by a CMH Practitioner within the requisite timeframes required by Nevada law. To this point, it is also critical to note that the business model is designed to be effectively a “closed-universe” system with regard to the relationship between CMH Patients and CMH Practitioners; that is, the business model is designed to ensure that the CMH Patient is being serviced by a CMH Practitioner within the CMH Practice network, such that CMH Practice is fully informed of the examination relationship between a CMH Patient and a CMH Practitioner.

4. When a CMH Patient resides in Nevada, CMH Practitioners will be engaged in full compliance with the licensing requirements administered by the Nevada State Board of Medical Examiners (the “BME”) as well as the statutory and regulatory authority administered by other Nevada agencies. For example, CMH Practice will ensure that a physician who is not licensed in Nevada, but who may examine and service a Nevada-resident CMH Patient, obtains a special purpose license pursuant to NRS 630.261(e).

To this issue, however, CMH Practice notes that BME has jurisdiction over licensing issues with regard to the physicians and other practitioners within the CMH Practitioners network who may examine and serve Nevada-resident CMH Patients. CMH Practice will certainly undertake all good-faith efforts to ensure that it is fully compliant with the regulations and statutes for which BME has regulatory oversight. However, the Board lacks jurisdiction over the regulations and statutes for which BME has regulatory oversight, and the Board should not interject its opinion on the regulations and statutes for which BME has regulatory oversight into the Board’s decision with regard to issuance of the license sought by CMH Pharmacy.

5. CMH Practice anticipates that its use of non-practitioners will be limited to ministerial tasks only, for example in the capacity of concierge and customer-service agents. Where such human-to-human contact is necessary, the non-practitioner’s role (once trained) will be limited to answering general business, billing/financial, and portal management questions, with all medical and pharmaceutical-related questions referred to a CMH Practitioner.

However, the business model that CMH Practice will deploy is highly automated through the portal, such that when a CMH Patient directs information and profile data through the portal the CMH Patient is immediately directed to a CMH Practitioner for examination and service. Thus, in the vast majority of instances a non-practitioner is not utilized in the formation of a “bona fide therapeutic relationship” between a CMH Patient and a CMH Practitioner. Rather, the CMH Patient has direct contact with a CMH Practitioner from the outset, and, as discussed above, the “bona fide therapeutic relationship” exists under the business model in compliance with governing statutes and regulations.

CMH Practice and CMH Pharmacy have provided this supplemental information to the Board in good faith and with a design to engage the Board in constructive dialogue with regard to CMH Pharmacy’s application to obtain a pharmacy license as an Internet Pharmacy pursuant to NRS §§ 639.231 and 639.23288. Should the Board have any additional questions, CMH Practice and CMH Pharmacy are

Brett Kandt, Esq.
General Counsel
Nevada State Board of Pharmacy
May 10, 2019
Page 6

prepared to address same before the Board a renewal of the hearing on CMH Pharmacy's application, which we respectfully request occur at the Board's next-scheduled meeting of June 5/6, 2019.

CMH Practice and CMH Pharmacy hereby reserve all rights.

Best regards,

HOLLEY DRIGGS WALCH
FINE PUZEY STEIN & THOMPSON



James D. Boyle

cc: Ayesha Mehdi, Esq. (via electronic mail only)

8B

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH____ Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EastSide Pharmacy LLC

Physical Address: 5835 S Eastern Ave STE 100

City: Las Vegas State: NV Zip Code: 89119

Telephone: 844-334-1010 Fax: 833-861-0249

Toll Free Number: 844-334-1010 E-mail: RYAN@EASTSIDERXLV.COM

Website: N/A

Managing Pharmacist: Jeffery Lang License Number: 17503

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/>	<input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding
		<input checked="" type="checkbox"/>	<input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Ryan L Ross
Print Name of Authorized Person

12/11/18
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 5835 S Eastern Ave STE 100

City: Las Vegas State: NV Zip: 89119

Telephone: 844-334-1010 Fax: 833-861-0249

Contact Person: Ryan L Ross

For any corporation non publicly traded, disclose the following:

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

a) Ryan L Ross 5835 S Eastern Ave ste 100
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the ^{LLC} corporation. 100%

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

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

Sunday _____ am _____ pm 24 Hours _____

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

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

I, Ryan L Ross

Responsible Person of Eastside Pharmacy 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.

Ryan L Ross

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

Ryan L Ross
Print Name of Authorized Person

12/11/18
Date

Managing Pharmacist

Pharmacist Name: Jeffrey S Lamy

License #: 1503

Pharmacy Name: Eastside Rx

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

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

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

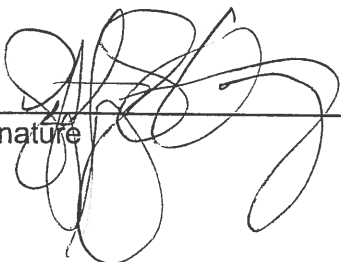
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of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

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

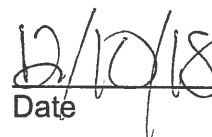
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada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

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

Signature



Date



Eastside Pharmacy List of Managing members

Ryan Ross Managing member 100%.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date

GENERAL INSTRUCTIONS

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

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

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

Application for

Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Ross Last Name Ryan First Name Lee Middle Name

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

Stiracle Ave Present Residence Address-Street or RFD Henderson City NV 89002 State/Zip

2560 Sunset rd Present Business Address Las Vegas City NV 89120 State/Zip

Pharmacy Technician Occupation Jul 2018 - Present Dates

Phone: Residence ?
Business 702-581-8351

Springfield, OR Lane county Place of Birth (City, County, State)

40 Age M Sex

Green Color of Eyes Blond Color of Hair Light Complexion 170 Weight med Build 71" Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoo right shoulder, left arm

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 RL

MARITAL INFORMATION-Continued

A. **Current Marriage** 3/17/07 Santa Rita, Gu
 Spouse's full name (Maiden) ^{Date} Ayleen Martinez City, County Santa Rita, Gu
 S.S. No. _____
 Date of Birth _____ Place of Birth Bronx, NY
 Resident address Calle Adolfo Sanchez Las Piedras, PR 00771
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation Homemaker
 Address of employer N/A
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Mertina Westerman</u>	<u>12/05</u>	<u>12/99</u>	<u>Dissolution</u>	<u>San Diego, CA</u>

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

Name	Street	City	State	Zip	Telephone
<u>Mertina Westerman</u>	<u>Clements Way</u>	<u>Murrieta</u>	<u>CA</u>	<u>92563</u>	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Rosalina Hammack</u>		<u>Lemoore, CA</u>	<u>Spiracle Ave Henderson, NV 89002</u>
<u>Marianne Ross</u>		<u>Portland, OR</u>	<u>Clements Way Murrieta, CA 92563</u>
<u>Gabriella Ross</u>		<u>Calle Adolfo Sanchez</u>	<u>Las Piedras, PR 00771</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 RJR

FAMILY INFORMATION-Continued

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

Name California Department of Child Support Services

Address P.O. Box 49064 Rancho Cordova, CA 95741

Contact person Clerk of the Court

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Delbert Ross		unknown	
Mother			clerk
Kathleen Shrauger		25th M St NW Arnegard, ND	58835
Father-in-Law			
Raymond Martinez		Las Piedras, PR	Retired
Mother-in-Law			
Maria Diaz		Las Piedras, PR	Retired

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Eric Ross		NE Hickory St Vancouver, WA	98682 Contractor
Spouse Janice Thorildson			
Clifford Ross		Watford City, ND	Clerk
Spouse			
Cynthia Ross		Glendale, AZ	Nurse
Spouse Kenneth Damié			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Rangel Elementary	Rangel, CO	8/83-6/88	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Rangel High	Rangel, CO	8/91-5/94	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College University	Grantham University	Lenexa, KS	8/12-4/15	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS Business management

College or university where obtained Grantham university

Applicant's initial [Signature]

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch Navy Date of entry-active service 7/31/95
 Date of separation 4/21/11 Type of discharge Honorable
 Rating at separation MA² Serial number _____

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

B. Have you registered for the draft? Yes No
 County Clark State WA Date registered 6/18/94

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 RAC Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
9/18 - present	Spiracle Ave	Henderson, NV	89002
6/18 - 9/18	163 Afternoon Rain Ave	Henderson, NV	89002
7/16 - 6/18	3907 SE 30th St	Gresham, OR	97080
3/13 - 7/16	11645 SE Fuller rd	Portland, OR	97222
3/12 - 3/13	8640 SE Causey Ave	APT 10303	Happy Valley, OR 97086
2/11 - 3/12	15258 SW Millikan Way	APT 616	Beaverton, OR 97006
7/67 - 2/11	U.S. Navy		
6/08 - 2/11	8760 Redwood Dr	unit 144	Santee, CA 92071
5/05 - 6/08	2229A McMillen Dr	Santa Rita, GU	96915
4/02 - 5/05	San Diego,	CA	
2/98 - 4/02	Manama,	Bahrain	

Applicant's initial

DK

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/18 - Present	Sunrise Pharmacy 2500 E Sunset Rd Las Vegas, NV 89120	
Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Compounding Lab Manager	Tamara Angeles

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/12 - 7/18	Professional Center 205 Pharmacy 10000 SE Main St Portland, OR 97216	moved to vegas
Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Compounding Lab Manager	Krissy Bray

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/12 - 6/12	Fred Meyer Pharmacy Portland, OR	Better position
Title	Description of Duties	Name of Supervisor
Pharmacy Tech	fill prescriptions	JOE

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/97 - 3/11	U.S Navy	Tenure
Title	Description of Duties	Name of Supervisor
MA2	Police officer	Jake Englander

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial RE Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Josh Dillinger</u>	Home	<u>1 NW 291st St Ridgefield WA 98442</u>				<u>9 years</u>
Employer	Business					
Name <u>Kristy Tera</u>	Home	<u>SW 5th St Gresham, OR 97030</u>				<u>8 years</u>
Employer <u>prestige Pharmacy</u>	Business	<u>Portland, OR 97220</u>				
Name <u>Rose Chen</u>	Home	<u>3 SE 89th Ave Portland, OR 97264</u>				<u>6 years</u>
Employer <u>prestige Pharmacy</u>	Business	<u>Portland, OR 97220</u>				
Name <u>Karen Northrop</u>	Home	<u>5134 Ave Henderson, NV 89002</u>				<u>6 years</u>
Employer <u>JSMN</u>	Business	<u>Las Vegas, NV</u>				
Name <u>Merline Westerman</u>	Home	<u>3 Clements Way Murrieta, CA 92563</u>				<u>21 years</u>
Employer	Business					

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

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

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
Accountant Pilot Sports promoter Trainer or manager Educator
Yes No
If yes, state type, where and years held

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

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

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

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

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

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

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

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

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



Date of photograph 12/11/18

Applicant's initial BR

STATE OF Nevada

ss.

COUNTY OF Clark

I, Ryan L Ross, being duly sworn, depose and say I have read the

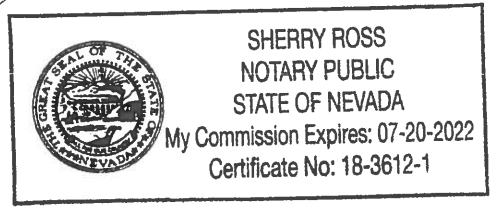
foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed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

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

Ryan L Ross
Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of

December, 2018
Sherry Ross
Notary Public



(seal)

Applicant's initial RLR
Page 9

ADDITIONAL INFORMATION

Area with horizontal dashed lines for writing.

Applicant's initial *RJR*
Page 10

Date

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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

Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Lang; First Name: Jeffrey; Middle Name: Scott

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

Present Residence Address-Street or RFD: Villa De Cande Way; City: Las Vegas; State/Zip: NV 89102

Present Business Address: 5835 S. Eastern Ave; City: Las Vegas; State/Zip: NV 89119

Occupation: Pharmacist; Dates: 5/08 - Present

Phone: Residence

Business: 702.791.3800

Date of Birth: 4/1; Place of Birth (City, County, State): Greensburg PA Westmoreland County

Age: 41; Social Security Number: [redacted]; Sex: M

Color of Eyes: Brown; Color of Hair: Black; Complexion: Light; Weight: 190; Build: Medium; Height: 6'0"

Scars, tattoos or distinguishing marks and/or characteristics: None Right elbow scar

Are you a citizen of the United States? Yes [checked] No [] If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [checked] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial: [Signature]

A. **Current Marriage** 7/15/13 Las Vegas, Clark County, NV
 Spouse's full name (Maiden) Holly C Andrews City, County and State
 Date of Birth _____ Place of Birth Panorama, CA
 Resident address Villa De Cande Way Las Vegas NV 89102
 Telephone: Residence _____ Business 877 880 0880
 Spouse's employer MGM Grand Occupation Beverage Dept.
 Address of employer 3799 S. Las Vegas Blvd Las Vegas NV 89109

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Jennifer Lang</u>	<u>1/15/10</u>	<u>4/1/04</u>	<u>Divorce</u>	<u>Newton, NC</u>

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

Name	Street	City	State	Zip	Telephone
<u>Jennifer Lang</u>		<u>Newton</u>	<u>NC</u>	<u>28613</u>	

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Jophie Lang</u>		<u>Las Vegas, NV</u>	<u>Newton, NC</u>
<u>Jefferson Lang</u>		<u>Rogers AR</u>	<u>Las Vegas, NV</u>
<u>Ruby Lang</u>		<u>Rogers AR</u>	<u>Las Vegas, NV</u>
<u>Hages Lang</u>		<u>Las Vegas, NV</u>	<u>Las Vegas, NV</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 [Signature]

FAMILY INFORMATION-Continued

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

Name Benton County Arkansas Family Court
 Address 102 NE W St #203 Bentonville, AR 72712
 Contact person Clerk of the Court

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>James Roy Lang</u>	<u>Unknown</u>	<u>Last known Greensburg PA</u>	<u>Unknown</u>
Mother <u>Marce Taylor</u>	<u>"</u>	<u>1000 ^{Ben Villa Way} Cedar Cove SC 29708</u>	<u>Retired</u>
Father-in-Law <u>James Taylor</u>	<u>"</u>	<u>1000 ^{Ben Villa Way} Cedar Cove SC 29708</u>	<u>Retired</u>
Mother-in-Law <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

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
Spouse <u>Ryan Taylor</u>	<u>"</u>	<u>Atlanta, GA</u>	<u>Engineer</u>
Spouse <u>Dawn Lang</u>	<u>"</u>	<u>Charlotte, NC</u>	<u>Engineer</u>
Spouse <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Spouse <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate	
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School	<u>Orange County</u>	<u>Orange, VA</u>	<u>8/88 - 6/92</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>North Carolina @ Charlotte</u>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>University of Southern Nevada</u>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Type of degree obtained, if any	<u>BS Biochemistry</u>		<u>Pharm D</u>	
College or university where obtained	<u>UNCC</u>		<u>USN</u>	

Applicant's initial [Signature]

A. Have you ever served in any armed forces? Yes No
 Branch OSAF Date of entry-active service 7/92-6/96
 Date of separation OSAF Type of discharge Honorable
 Rating at separation E4 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 Orange State VA Date registered 6/92

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

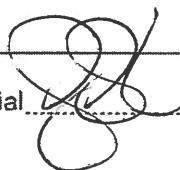
E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

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  Page 4

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
12/17-Current	Villa De Cardeley	Las Vegas	NV
6/11 12/17	3 Dunein Lane	Bella Vista	AR
6/12-6/14	4 Alarby Circle	Bella Vista	AR
1/10-6/11	6 Elmore Lane	Bella Vista	AR
5/8-1/10	5 Rollman Lane	Bella Vista	AR
2/08 5/08	3172 Moderna Circle	Las Vegas	NV
8/01 2/02	Edgefield Dr	North Augusta	SC
8/01-8/01	Atlanta, GA	Atlanta	GA
9/96-5/01	Sh	Charlotte	NC
3/94-9/96		Wichita	KS
8/92-3/94	Monterey, CA	Monterey	CA


Applicant's initial

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72761	No longer needed on job
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72761	No longer needed on job
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72761	No longer needed on job
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
9/96-5/00	Circle K Charlotte, NC	Graduated College
9/96-5/00	Circle K Charlotte, NC	Graduated College
9/96-5/00	Circle K Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/92-7/96	USAF Texas, California, Kansas	4 years ended
8/92-7/96	USAF Texas, California, Kansas	4 years ended
8/92-7/96	USAF Texas, California, Kansas	4 years ended

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name: Karen Dalton	Home	Jane	MO	64856		5
Employer: Premier Pharmacy	Business	Springdale	AR	72762		
Name: Marc Barbose	Home	Las Vegas	NV			7
Employer: NS Pharmacy	Business	Las Vegas	NV			
Name: George Andrews	Home	Las Vegas	NV			10
Employer: MSM	Business	Las Vegas	NV			
Name: George Andrews	Home	Boulder City	NV			10
Employer: MSM	Business	Las Vegas	NV			
Name: Am Sparacio	Home	Las Vegas	NV			8
Employer: MSM	Business	Las Vegas	NV			

Tina
aga

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

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

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

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


Yes No

If yes, state type, where and years held

Las Vegas, Gaming license, 6 years

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

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

Applicant's initial 

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

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

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

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

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

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

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

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



Date of photograph 12/11/18

Applicant's initial [Signature]

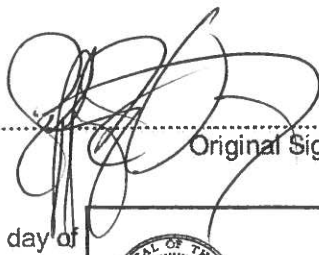
STATE OF Nevada

ss.

COUNTY OF Clark

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

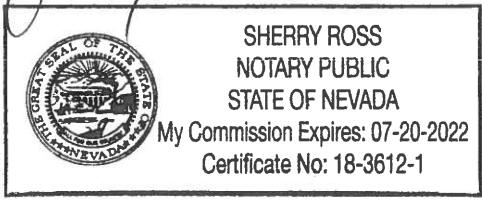
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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


Original Signature of Applicant


Subscribed and Sworn to before me this 12th day of

December, 2018

Sherry Ross
Notary Public



(seal)

Applicant's initial  Page 9

Lined area for writing additional information.

Applicant's initial

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8C

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: FALCON PHARMACY

Physical Address: 4500 MEADOWS LANE

City: LAS VEGAS State: NV Zip Code: 89107 Telephone: _____

702-258-8100 Fax: 702-258-4244 Toll Free Number: _____

E-mail: falcon.pharmacy1@yahoo.com

Website: _____

Managing Pharmacist: LEILA TAFRESHI License Number: 16858

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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


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

Leila Tafreshi
Print Name of Authorized Person

09-3-2019
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: _____

Mailing Address: 4500 MEADOWS LANE

City: LAS VEGAS State: NV Zip: 89107

Telephone: 702-258-8100 Fax: 702-258-4244

Contact Person: LEILA TAFRESHI

For any corporation non publicly traded, disclose the following:

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

a) LEILA TAFRESHI, 4500 MEADOWS LN LAS VEGAS
Name Business Address NV 89107

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: NA %: NA

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday Closed am Closed pm
Sunday closed am closed pm 24 Hours NO

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV2019330871

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: LEILA TAFRESHI

Business Name: FALCON PHARMACY

Current Business Address: 4500 MEADOWS LN

City: LAS VEGAS State: NV Zip Code: 89107

Telephone: 702 258 8100 Fax: 702 258 4244

List any physician shareholders and percentage of ownership.

Name: NA %: NA

Name: NA %: NA

Name: NA %: NA

Name: _____ %: _____

Hours of Operation for the pharmacy:

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

Sunday Closed am Closed pm 24 Hours N/D

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20191330871

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

I, LEILA TAFRESHI

Responsible Person of FALCON PHARMACY

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

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

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



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

LEILA TAFRESHI

Print Name of Authorized Person

05-3-19

Date

Managing Pharmacist

Pharmacist Name: LEILA TAFRESHI

License #: 16858

Pharmacy Name: FALCON PHARMACY

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

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

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

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

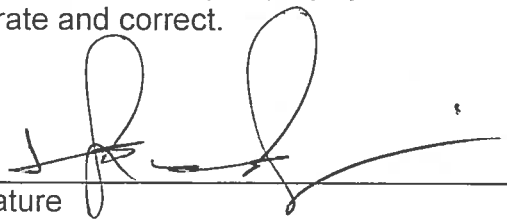
If you marked YES to any of the numbered questions above, please include the following information

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

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

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

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



Signature

5-3-2019

Date

Date May - 2 - 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 Retail
 Nature of License
Falcon pharmacy 4500 Meadows lane Las Vegas NV 89107
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tafreshi Leila -
 Last Name First Name Middle Name
Laylee
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
dive ridge dr Las Vegas NV 89135
 Present Residence Address-Street or RFD City State/Zip
4500 Meadows lane Las Vegas NV 89107
 Present Business Address City State/Zip
pharmacist pharmacist
 Occupation Dates
 Phone: Residence _____ Business 702-258-8100
Iran/Shiraz
 Date of Birth Place of Birth (City, County, State)
48 _____
 Age Social Security Number Sex Female
Hazel Blond olive 135lbs Small 5'3"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics _____

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 LT

A. **Current Marriage** Feb-27-1993 Current
 Spouse's full name (Maiden) Mehrdad Tafreshi Date Feb-27-1993 City, County and State Las Vegas NV
 S.S. No. _____
 Date of Birth _____ Place of Birth Iran/shiraz
 Resident address olive ridge Dr Las Vegas NV 89135
 Street City State Zip
 Telephone: Residence N/A Business 702-258-8100
 Spouse's employer Meadows Medical Occupation Physician (M.D)
 Address of employer 4500 Meadows law Las Vegas NV 89107
 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
<u>N/A</u>				

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>Keanush Tafreshi</u>		<u>Las Vegas</u>	
<u>Keemia Tafreshi</u>		<u>Las Vegas</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 LT

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

Name

Address

Contact person

C. Parents:

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

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

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

Father		deceased	
--------	--	----------	--

Mother		deceased	
--------	--	----------	--

Father-in-Law		deceased	
---------------	--	----------	--

Mother-in-Law		Fakhrazam Mansouri	
---------------	--	--------------------	--

randhvir chharia / retire
Carlsbad, CA 92009

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
---------------	------------	---------	------------

Spouse		Mehdi Attaran	sales manager
--------	--	---------------	---------------

		Diety Attaran	engineer
--	--	---------------	----------

palm tree lane
murrieta, CA 92563
palm tree lane
murrieta, CA, 92563
real state agent

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Parvand middle school	Iran/shiraz	1982-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Behrooz highschool	Iran/shiraz	1985-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	UNLV	Las Vegas, NV	1994-1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	University of Southern NV	Las Vegas, NV	Aug/2002-6/2007	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm D

College or university where obtained university of Southern Nevada

Applicant's initial LT

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 LT

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
--------------------------	-------------------	------	-----------------

02-93-Aug 93	8216 Bermuda Beach Dr	Las Vegas NV	89128
09-96 - 09-2006	1729 Costa Bella Dr	Las Vegas NV	89134
09-2006 - Aug-2015	9521 Verlane Ct	Las Vegas NV	89145
Aug 2015 - Sep 2017	olive ridge Dr	Las Vegas NV	89135

Applicant's initial LT

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.

Feb-1990	Burger King (don't remember) just experience found better job	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Customer Service	Fast food employ	N/A.
Title	Description of Duties	Name of Supervisor
90-93	Dryclean family owned	full time student; married to
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
94-98 customer service, help w/ customer to drop off		Almaad Konecjan
Title	Description of Duties	Name of Supervisor
97-98	home health company pick up for	full time mom.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
helping the owner with home health services		Pharmacy School
Title	Description of Duties	Name of Supervisor
Medical		Inga
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
sep 2006 till current - cvs pharmacy		still working
Staff pharmacist	pharmacist Duties/Fill Rx/verify rx-type rx, DUR, Insurance	
Title	Description of Duties	Name of Supervisor
		Matt Forster, Processing

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Michael Sox DDS</u> Home	<u>children's dentist</u>	<u>8710 West Charleston</u>	<u>NV</u>	<u>89117</u>	<u>#100 Las Vegas</u>	<u>89117</u>
Employer <u>children's dentist</u> Business	<u>Chandler Spring Ave</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89148</u>		
Name <u>Fanbin Fanberg MD</u> Home	<u>physical medicine</u>	<u>Highview Dr</u>	<u>NV</u>	<u>89137</u>	<u>Mountain view</u>	<u>rehabilitat. department</u>
Employer <u>Fanbin Fanberg MD</u> Business	<u>physical medicine</u>	<u>Highview Dr</u>	<u>NV</u>	<u>89134</u>		
Name <u>Najid Badry MD</u> Home	<u>Wincenton Dr</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89134</u>		
Employer <u>Venclmic of LV</u> Business	<u>4000 W post Road Suite 200</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89145</u>		
Name <u>Reza Mostafavi</u> Home	<u>olive ridge Dr</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89135</u>		
Employer <u>Francis Medical Group</u> Business	<u>3150 N Tenaya way Suite 240 W</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89135</u>		
Name <u>Alman Karami</u> Home	<u>early dawn st</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89128</u>		
Employer <u>Anyia Construction</u> Business	<u>2308 Angel fire Street</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89128</u>		

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>399 personal Box</u>	<u>Bank Wells Fargo</u>	<u>Las Vegas NV</u>	<u>Leik Tafreshi, Mehroob Tafreshi</u>
	<u>Charleston/215</u>	<u>11730 west Charleston Blvd</u>	<u>Las Vegas NV 89135</u>

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

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

Yes No
 If yes, state type, where and years held

.....

.....

.....

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

.....

.....

.....

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

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

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

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

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

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

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

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



Date of photograph 09-3-2019

Applicant's initial LT

STATE OF NEVADA

SS.

COUNTY OF Clark

I, Leila Tafreshi

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

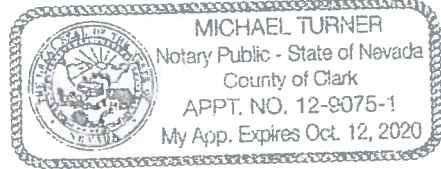
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 3 day of

May, 2019 by Leila Tafreshi

[Handwritten Signature]
Notary Public



(seal)

Applicant s initial [Handwritten Initials]
Page 9

Applicant's initial

Handwritten initials, possibly 'JD', written in black ink on a dotted line.

8D

4/8

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH 00567)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
 Publicly Traded Corporation – Pages 1,2,3,10,11a&b Partnership - Pages 1,2,6,10,11a&b
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: KMART PHARMACY #3592

Physical Address: 5051 E BONANZA RD

City: LAS VEGAS State: NV Zip Code: 89110-3514

Telephone: 702-459-1003 Fax: 847-396-2647

Toll Free Number: 800-416-7565 E-mail: NANCY.THOMAS@SEARSHC.COM

Website: Kmart.com

Managing Pharmacist: LYNNA HA License Number: 16983

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input type="checkbox"/> Parenteral
<input type="checkbox"/> <input type="checkbox"/> Internet		<input type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input type="checkbox"/> Nuclear		<input type="checkbox"/> <input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input type="checkbox"/> Long Term Care
<input type="checkbox"/> <input type="checkbox"/> Other: _____		<input type="checkbox"/> <input type="checkbox"/> Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding
		<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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


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

JENNIFER SPEARES LEHMAN
Print Name of Authorized Person

03/26/2019
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: TRANSFORM HOLDCO LLC

Mailing Address: 3333 BEVERLY RD BC 260 A

City: HOFFMAN ESTATES State: IL Zip: 60179-0001

Telephone: 847-286-4089 Fax: 847-747-1553

Contact Person: NANCY THOMAS

For any corporation non publicly traded, disclose the following:

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

- a) See attached list
 Name Business Address
- b) _____
 Name Business Address
- c) _____
 Name Business Address
- d) _____
 Name Business Address

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? \$ 1

List any physician shareholders and percentage of ownership.

Name: NONE %: 0

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 5 pm

Sunday 11 am 3 pm 24 Hours NO

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

**Kmart Pharmacy
Ownership Information and Officer List**

Name	Title	Work address	Ownership Interest
Transform Holdco LLC	Parent Corporation/Owner	3333 Beverly Rd., Hoffman Estates, IL 60179	100%
Transform KM LLC	Pharmacy Owner/Provider	3333 Beverly Rd., Hoffman Estates, IL 60179	0%
Robert A. Riecker	Chief Financial Officer and Co-Chief Executive Officer	3333 Beverly Rd., Hoffman Estates, IL 60179	0%
Leena Munjal	Chief Digital Officer and Co-Chief Executive Officer	3333 Beverly Rd., Hoffman Estates, IL 60179	0%
Greg Ladley	President, Softlines and Co-Chief Executive Officer	3333 Beverly Rd., Hoffman Estates, IL 60179	0%
Jennifer Speares Lehman	Head of Pharmacy	3333 Beverly Rd., Hoffman Estates, IL 60179	0%

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

I, JENNIFER SPEARES LEHMAN

Responsible Person of KMART PHARMACY #3592

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

JENNIFER SPEARES LEHMAN

Print Name of Authorized Person

03/26/2017

Date

Managing Pharmacist

Pharmacist Name: LYNNA HO

License #: 16983

Pharmacy Name: KMART PHARMACY #3592

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

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

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

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

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


Board Administrative Action: State: _____ Date: _____ Case #: _____

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

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

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

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



Signature

3/7/19

Date

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

Date 3/7/19

GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy
Kmart Pharmacy 5051 E. Bonanza Rd Las Vegas NV 89110
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Ho First Name Lynna Middle Name H.

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

Present Residence Address-Street or RFD Frittata Ave. Las Vegas NV 89113 City Las Vegas State/Zip NV 89113
Dates Dec 2013 to Present

Present Business Address 5051 E Bonanza Rd Las Vegas NV 89110 City Las Vegas State/Zip NV 89110
Dates June 2011 to Present

Present Position with the Pharmacy or Wholesaler Pharmacy Manager Phone: Residence _____ Business 702 459 1003

Date of Birth 1-1-1979 Place of Birth (City, County, State) Ho Chi Minh City VIETNAM

Age 40 Social Security Number _____ Sex Female

Color of Eyes Brown Color of Hair Black Complexion Fair Weight 105 lbs Build Small Height 5'2"

Scars, tattoos or distinguishing marks and/or characteristics No

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

If naturalized, certificate No Not Accessable Date _____

Place Toledo, Ohio (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial LLH

MARITAL INFORMATION-Continued

A. **Current Marriage** 4/18/14 Las Vegas Clark NV
 Date City, County and State
 Spouse's full name (Maiden) John Vu Tran S.S. No. _____
 Date of Birth _____ Place of Birth Wichita Kansas
 Resident address Frittata Ave. Las Vegas NV 89113
 Street City State Zip
 Telephone: Residence _____ Business 702 929 2229
 Spouse's employer SOUTHWEST Pharmacy Occupation Pharmacist
 Address of employer 4550 E Bonanza Rd Ste C Las Vegas NV 89110
 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
<u>John Vu Tran</u>	<u>3/12/12</u>	<u>LV, NV</u>	<u>Divorce</u>	<u>LV, Clark, NV</u>
<u>Quang Tran</u>	<u>8/14/07</u>	<u>Toledo, OH</u>	<u>Divorce</u>	<u>LV, Clark, NV</u>

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>Ethan Hu Tran</u>		<u>Las Vegas NV</u>	<u>Frittata Ave LV NV 89113</u>
<u>Kayla Hu Tran</u>		<u>Las Vegas NV</u>	<u>Frittata Ave LV NV 89113</u>
<u>Tyler and Parker Tran</u>		<u>Las Vegas NV</u>	<u>Frittata Ave LV NV 89113</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 HT

FAMILY INFORMATION-Continued

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

Name N/A
Address
Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Table with 4 columns: Name (Maiden), Birth Date, Address, Occupation. Rows include Calvin Ho, Jenny Ho, Duy Q Tran (Deceased), and Nhan Vu.

D. Brothers and Sisters:

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

Table with 4 columns: Name (Maiden), Birth Date, Address, Occupation. Rows include Courtnic Pham and Albert Pham.

4. EDUCATION:

Table with 4 columns: Name of School, Location, Dates Attended, Graduate. Rows include Arlington/Westfield, Jones Elementary, Libbey High School, and University of Toledo.

Type of degree obtained, if any Doctorate in high school in Pharmacy

College or university where obtained University of Toledo

Applicant's initial [Signature] Page 3

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  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	8-1-08	US Bankruptcy Court District of NV #0818655	LV, Clark, NV	Discharged 11-12-08

- 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
12/13 - Present	Frittata Ave	Las Vegas	NV
10/08 - 12/13	5137 Espocato Ave	Las Vegas	NV
5/07 - 10/08	11082 ScotsCraig Ct	Las Vegas	NV
7/06 - 5/07	1616 Little Crow Ave	Las Vegas	NV
8/06 - 7/06	868 Wood Sorrel lane	Perrysburg	OH
9/01 - 8/06	1581 South Ave	Toledo	OH
6/90 - 9/01	610 Western Ave	Toledo	OH
4/89 - 6/90	1745 South Ave	Toledo	OH

Applicant's initial GJA

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
6/11 - Present	Kmont Pharmacy 5051 E Bonanza Rd	13,900 hrs
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Dispense & Counsel meds	Jennifer Weber-Roe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/08 - 6/11	CVS 405 W. Russell Rd LV NV 89148	6300 hrs
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Dispense & Counsel Meds	Ke Kim
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 WJ Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Hung Ly</u>	Home	<u>Piney Summit</u>	<u>LV NV</u>	<u>89148</u>	<u>;</u>	<u>(13 yrs)</u>
Employer <u>CVS</u>	Business	<u>9645 S. Maryland Pkwy</u>	<u>LV NV</u>	<u>89123</u>	<u>702 896 1283</u>	
Name <u>Hanson Truong</u>	Home	<u>1 W. Camero Ave</u>	<u>LV NV</u>	<u>89139</u>	<u>;</u>	<u>2 (17 yrs)</u>
Employer <u>Kmart</u>	Business	<u>5051 E Bonanza Rd</u>	<u>LV NV</u>	<u>89110</u>	<u>702 459 1003</u>	
Name <u>Richard Do</u>	Home	<u>Foothills Village</u>	<u>Henderson NV</u>	<u>89102</u>	<u>;</u>	<u>(14 yrs)</u>
Employer <u>Redhills Dental</u>	Business	<u>9770 S Maryland Pkwy #8</u>	<u>LV NV</u>	<u>89183</u>	<u>702 463 7300</u>	
Name <u>Binh Tran</u>	Home	<u>7 Grand gate street</u>	<u>LV NV</u>	<u>89143</u>	<u>;</u>	<u>(10 yrs)</u>
Employer <u>Healthcare partners</u>	Business	<u>1302 W Craig Rd</u>	<u>N LV NV</u>	<u>89032</u>	<u>702 657 9533</u>	
Name <u>Enrique Solis</u>	Home	<u>Vedena Pl</u>	<u>LV NV</u>	<u>89113</u>	<u>;</u>	<u>(12 yrs)</u>
Employer <u>CVS</u>	Business	<u>3557 S Rainbow</u>	<u>W NV</u>	<u>89103</u>	<u>712 252 5100</u>	

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

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No

If yes, state type, where and years held

.....

.....

.....

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

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

.....

.....

.....

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

.....

.....

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

Handwritten initials

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 3/8/19

Applicant's initial MT

STATE OF Nevada

ss.

COUNTY OF Clark

I, Lynna Ho

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

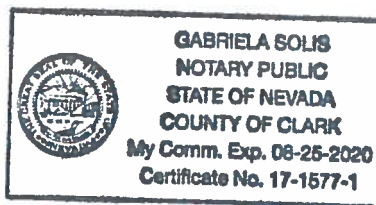
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 8th day of

March 2019

[Handwritten Signature]
Notary Public



(seal)

Applicant's initial [Handwritten Initials]

ADDITIONAL INFORMATION

Lined area for additional information with horizontal dotted lines.

Applicant's initial _____





NV BOP
431 W PLUMB LANE
RENO, NV 89509

We are writing to inform you that Sears Holdings, owner of Kmart Corporation, has emerged out of bankruptcy with the sale of substantially all of Sears Holdings' assets to Transform Holdco LLC. Certain assets, including the pharmacies, will have a delayed closing in order to allow the purchaser to obtain permits. As a result of the transaction, the pharmacy's owner will be Transform KM LLC, Federal Tax ID 83-3297072, DBA KMART PHARMACY # 3592. As reflected in the enclosed application, two new officers will be added. Two of the current officers will remain the same.

The pharmacy name, location, pharmacist-in-charge and employees will all stay the same.

If at all possible, we are asking that processing of the application be expedited in order to avoid any interruption in care for patients obtaining their medications.

We have enclosed the Change of Ownership application along with the required documentation. If you need anything else please let us know. Thank you for your time.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Lehman', with a long, sweeping flourish extending to the right.

Jennifer Speares Lehman
Head of Pharmacy

Transform KM LLC
3333 Beverly Rd BC 260 A
Hoffman Estates, IL 60179

8E

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vegas Pharma LLC

Physical Address: 2121 E. Flamingo Rd. Suite 216

City: Las Vegas State: NV Zip Code: 89119

Telephone: _____ Fax: _____

Toll Free Number: _____ E-mail: _____

Website: _____

Managing Pharmacist: Ashley Isom License Number: 17655

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding
		<input checked="" type="checkbox"/>	<input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.


Within the last five (5) years:

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

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

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

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


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

Ashley Isom
Print Name of Authorized Person

4/15/19
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Jeremy Delk

Business Name: Vegas Pharm LLC

Current Business Address: 2121 E Flamingo Rd Suite 216

City: Las Vegas State: NV Zip Code: 89119

Telephone: contact Ashley Tsom Fax: _____
775-354-6856

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20191171007

Note: Owner intends for closed door pharmacy to provide on-call service after hours. Pending increasing business hours of operation may increase.

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

I, Ashley Isom
Responsible Person of Vegas Pharma 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.

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

Ashley Isom
Print Name of Authorized Person

4/15/19
Date

Managing Pharmacist

Pharmacist Name: Ashley Isom License #: 17655

Pharmacy Name: Vegas Pharma LLC

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>NV</u> Date: <u>1/14/2016</u> Case #: <u>NV</u>		
And/or Criminal Action: State: <u>N/A</u> Date: <u>N/A</u> Case #: <u>N/A</u>		
County: _____ Court: <u>N/A</u>		

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 Ashley Isom

4/15/19

 Date

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

Date 4/15/19

GENERAL INSTRUCTIONS

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

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

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

Application for non-sterile compounding pharmacy
Vegas Pharma LLC, 2121 E. Flamingo Rd #216,
Name and Address of Business for Which Designated Representative is Requested
Las Vegas, NV 89119
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

LSOM ASHLEY CHRISTINE
Last Name First Name Middle Name

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

Sandpiper Village Way, Henderson NV 89012
Present Residence Address-Street or RFD #752 City State/Zip Since 01/01/2019

6280 S. Valley View Las Vegas NV 89118
Present Business Address City State/Zip Since 09/2017

Pharmacist per diem
Present Position with the Pharmacy or Wholesaler Dates

Phone: Residence Business 775-354-6856

11/11 Culver City LOS ANGELES, CA
Date of Birth Place of Birth (City, County, State)

42 Female
Age Social Security Number Sex

Hazel blonde fair #120 medium 5'3"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Birthmark on left upper arm, tattoo on right left forearm + shoulder

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

If naturalized, certificate No. N/A Date

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AS

MARITAL INFORMATION-Continued

A. **Current Marriage** 01/02/2015 Reno, Washoe, NV
Date City, County and State
 Spouse's full name (Maiden), Stephen Garr Ison S.S. No.
 Date of Birth _____ Place of Birth Cedar City, UT
 Resident address 219 Sandpiper Village Way, Henderson NV
Street City State Zip 89012
 Telephone: Residence 702-884-4277 Business same or 702-914-1398
 Spouse's employer CORF-Pulmonary Rehab Occupation Physical Therapy Assistant
 Address of employer 8685 S. Eastern Av, Suite B, LV, NV, 89123
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
Stephen Ison	09/08/2000	married	LV, NV	(Clark Ct)
Stephen Ison	04/19/2007	divorced	LV, NV	(Clark Ct)
Stephen Ison	01/02/2015	married	Reno, NV	(Washoe)

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

Name	Street	City	State	Zip	Telephone
same as above - Remarried Stephen Ison					

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
NA			

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 SI Page 2

FAMILY INFORMATION-Continued

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

Name _____
 Address N/A _____
 Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Aloia, Frank</u> <u>deceased</u>		<u>Las Vegas, NV</u>	<u>Retired</u> <u>(deceased)</u>
Mother <u>Constance Forbes</u> <u>Cornell</u>		<u>sandpiper</u> <u>Village Way, Henderson 89012</u>	<u>Retired</u>
Father-in-Law <u>Garth Isom</u> <u>(deceased)</u>		<u>E. 735 St</u> <u>washington, UT 84780</u>	<u>Retired</u>
Mother-in-Law <u>Janice Campbell-Isom</u>		<u>E. 735 St</u> <u>washington, UT 84780</u>	<u>Superintendent</u> <u>of schools</u> <u>Home maker</u>

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
Brother: <u>Jason Aloia</u>		<u>Lonicer St</u> <u>carlsbad, CA</u>	<u>Director of Product Manag</u> <u>for ServiceNow</u> <u>ITSM</u>
Sister Inlaw: <u>Deanna Hodgson-Aloia</u>		<u>Lonicer St</u> <u>carlsbad, CA</u>	<u>Graphic Artist</u>
Spouse <u>N/A</u>			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Pat Diskin Elementary</u>	<u>Las Vegas, NV</u>	<u>1985-1987</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Las Vegas Academy</u>	<u>Las Vegas, NV</u>	<u>1994-1995</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>1) USN University of Nevada, Las Vegas</u>	<u>(now Roseman) Henderson, NV</u>	<u>2006-2009</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>2) UNLV University of Nevada, Las Vegas</u>		<u>2000-2003</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>3) UNLV University of Nevada, Las Vegas</u>		<u>1996-2000</u>	Yes <input checked="" type="checkbox"/>
Type of degree obtained, if any	<u>1) PharmD, 2009, 2) MED, 2003, 3) BS, kinesiology in 2001</u>		
College or university where obtained	<u>see above</u>		

Applicant's initial AL

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service _____
Date of separation _____ Type of discharge _____
Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? N/A 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? N/A Yes No

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

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

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

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

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? N/A city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? N/A 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
<u>N/A</u>				

Applicant's initial AD

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
1/1/2019 - current	Sandpiper Village Way	Henderson	NV 89012
7/15/2016 - 12/31/2018	5970 Sabb Ave	Las Vegas	NV 89118
10/31/2011 - 7/15/2016	2875 Idlewild Dr #109	Reno	NV 89509
1/1/2011 - 10/31/2011	3269 Ogden Rd	Lucerne	CA 95458
	<small>(Less than one mile away moved within months)</small> Atholl Rd, Lucerne, CA 95458		
5/1/2008 - 12/2010	8815 Murray Canyon Ct	LV	NV 89156
5/1/2007 - 5/1/2008	5155 W Tropicana #2020	LV	NV 89103
9/1/2000 - 5/1/2007	1765 Mt Hood St	LV	NV 89156
3/1/1996 - 9/1/2000	5155 W Tropicana #2020	LV	NV 89103
8/1/1995 - 3/1/1996	800 Font Blvd	SE	CA 94132
4/1/1994 - 8/1/1995	5155 W Tropicana #2020	LV	NV 89103
10/31/1985 - 4/1/1993	7237 Pleasant View Ave	LV	NV 89103

Applicant's initial AD Page 5

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.

9/2017 - current Aeva Pharmacy, 6280 S. Valley View #732 Las Vegas NV 89115 (660 hrs)
 Pharmacist (started parttime, now per diem) Camerina Gamboa
 mostly: Record keeping, counseling, dispensing, filling / some: filling

2/4/15 - 12/14/15 CVS 285 E Plumb Ln, Reno (500 hrs)
 Pharmacist fulltime dispensing, record keeping Diego Medina

2/2013 - 11/2014 Walmart 4855 Kietzke Ln Reno 89511 (3,400 hrs)
 Pharmacist fulltime dispensing, record keeping, Aaron Camp

2/2012 - 11/2012 Tahoe Pacific Hospitals (1440 hrs)
 Clinical Pharmacist fulltime, clinical monitoring, dosing, filling, compounding, record keeping, managing Jim Franco

9/2009 - 1/2011 Montevista - Red Rock Hospitals (2,560 hrs)
 Clinical Pharmacist 5900 W. Rachelle Ave. LV 89103 Grant Shetterly RPh. Director of Pharmacy

5/2009 - 9/2009 Montevista - Red Rock Hosp. (640 hr)
 Intern Pharmacist 5900 W. Rachelle Ave. 89103 Grant Shetterly Director of Pharmacy

8/2008 - 5/2009 / see attached (1400 hr)
 Student Intern Pharm / intern experience Karla Darley USAH, Grant Shetterly Director of Pharmacy

* see pg 10

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 *AD* Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
------------------------	--------	------	-------	-----	-----------	-------------

Name <u>Teamsters</u> Employer <u>Flamingo Security</u>	Home <u>2 Trogon Way, LV NV 89103/1</u> Business <u>3555 S. Las Vegas Blvd, LV NV</u>					<u>Over 30</u>
Name <u>Larry Espade</u> Employer <u>Montevista Hospital</u>	Home <u>Director of Chemical Dependency Monte Vista Hos</u> Business <u>5900 W. Rachele Ave, LV NV 89103/(702)364-1111</u>					<u>5</u>
Name <u>Mindy Hsu</u> Employer <u>Veteran Affairs</u>	Home <u>2 Humboldt St Reno NV 89509/</u> Business <u>Reno NV 975 Kirman Av, Reno NV 89502</u>					<u>10 yr</u> <u>Pharm</u>
Name <u>Danielle Fouts</u> Employer <u>Sunrise Hospital</u>	Home <u>3186 S. Maryland Pkwy LV NV</u> Business <u>7 Pimenta Alta St, Las Vegas NV 89178/1</u>					<u>Nurse</u> <u>7</u>
Name <u>Rick + Debi Novak</u> Employer <u>Retired</u>	Home <u>Mojave Soap Ct, LV, NV 89148</u> Business <u>Retired nurse and IT specialist Rick + Debi</u>					<u>5 yrs</u> <u>7</u>

* see p. 10

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

High School Teacher at Las Vegas High 2003-2006 Sciences
Nevada teaching license with Clark County School District

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

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

NA

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

NV BOP 1/14/16 (discipline), and 4/11/19 (approval to be Pharmacy Manager)

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

see above

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

Applicant's initial *AD*
Page 7

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

NV BOP see #12-12-12

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

NV BOP see #12-12-12

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 4/16/19

Applicant(s) initial A.J.

STATE OF Nevada

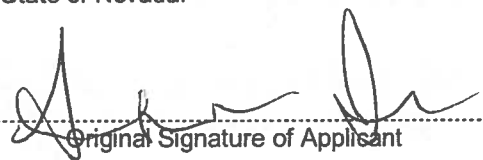
ss.

COUNTY OF Clark

I, Ashley Isom, being duly sworn, depose and say I have read the

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

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


Original Signature of Applicant

Subscribed and Sworn to before me this 1st day of

May 2019
Emily Fox ID#548361
Notary Public

(seal)

Applicant's initial 
Page 9

ADDITIONAL INFORMATION

IF References on vacation, see alternates :
pg 9.) cont.
Alternate References

Goesel Anson, M.D.
Anson, Higgins, & Edwards Plastic Surgery, Las Vegas
Spanish Heights, LV NV 89148
W 702-822-210 ; W Sunset #130 (10+ years)
LV NV 89113

Elizabeth McKenna
Hard Rock Hotel & Casino
Las Vegas, NV (10+ years)

FROM PG 6a)

See following pages for
previous employment duties/responsibilities

Applicant's initial

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

VEGAS PHARMA LLC

Nevada Business Identification # NV20191171007

Expiration Date: March 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2019



Barbara K. Cegavske
Secretary of State



You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **VEGAS PHARMA LLC** did on March 4, 2019, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20190304-2669

Date 4/25/19

GENERAL INSTRUCTIONS

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

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

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

Application for Non-Sterile Compounding Pharmacy
Nature of License
Vegas Pharma, LLC, 2121 E. Flamingo Rd #2116, Las Vegas, NV
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It is Now Operated 89119

1. PERSONAL INFORMATION:

Last Name Deik First Name Jeremy Middle Name Steven

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

Present Residence Address-Street or RFD Hambrikk Drive City Nicholasville State/Zip KY 40356

Present Business Address 200 Moore Drive City Dates December 2006 - Present State/Zip

Occupation Investor City Dates April 2001 - Present

Phone: Residence Business 859-887-0013

Date of Birth 3/9 Place of Birth (City, County, State) Clearwater, Pinellas, FL

Age 39 Social Security Number Male

Color of Eyes Brown Color of Hair Brown Complexion Medium Weight 255 Build Athletic Height 6'2"

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

Are you a citizen of the United States? Yes [checked] No [checked] If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [checked] Separated [] Divorced [] Widowed [] Engaged []

Applicant's Initial [Signature]

A. Current Marriage 5/29/10 Bardstown, Nelson, KY
Date City, County and State
 Spouse's full name (Maiden) Cynthia Mae Peake S.S. No.
 Date of Birth _____ Place of Birth Bardstown, KY
 Resident address 1160 Hambrick Dr. Nicholasville, KY 40356
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation Stay at home mom
 Address of employer N/A
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Graham Harrison Delt</u>	<u>1999</u>	<u>Louisville, KY</u>	<u>1 Hambrick Dr. Nicholasville, KY 40356</u>
<u>Ava Collins</u>	<u>1999</u>	<u>Lexington, KY</u>	<u>2 Hambrick Dr, Nicholasville, KY 40356</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 [Signature] Page 2

FAMILY INFORMATION-Continued

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

Name NA

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

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

Father

<u>Douglas cornett</u>		<u>Lutheran church Rd. - Bardstown, KY</u>	<u>Retired</u>
------------------------	--	--	----------------

Mother

<u>Cheryl cornett</u>		<u>"</u>	<u>" - Retired</u>
-----------------------	--	----------	--------------------

Father-in-Law

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
---------------	------------	---------	------------

<u>Josh Deik</u>		<u>Bernie Trail, Nicholasville, KY 40350</u>	<u>Sales / Snr. Manager</u>
------------------	--	--	-----------------------------

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>St. Joseph</u>	<u>Bardstown, KY</u>	<u>4-8th</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Nelson County</u>	<u>"</u>	<u>'94-'98</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Johnson & Wales</u>	<u>Providence, RI</u>	<u>'98-2002</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any A.S. & B.S.

College or university where obtained same

Applicant's Initial

5 MILITARY INFORMATION:

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

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	Disposition/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..... .....

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
Vet Stem - MediVet		#13CV0498-WG	Poway, CA	7/1/14
10 Pearls - Tailor Made Health		#CL-2019-02477	Fairfax, VA	May '19

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
Vet Stem - MediVet	#13CV0498-WG	7/1/14
10 Pearls - Tailor Made Health	#CL-2019-02477	May 2019

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
9/14-Present:	Hambrick Dr.	Nicholasville, KY	
4/09-9/14:	158 Deep Springs Dr.	Bardstown, KY	
4/06-4/09:	15 Richmond Place	Huntington Station, NY	
1/03-4/05:	285 Willis Ave.	Manhattan, NY	
1/02-1/03:	54 W 110 th 15c Street	New York, NY	
9/98-1/02:	6260 Smithfield Rd #910	N. Providence, RI	
1/90-9/98:	1360 Lutheran Church Rd	Bardstown, KY	

Applicant's initial  Page 5

8. EMPLOYMENT:

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

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

2002-Present Deik Enterprises

Title Description of Duties Name of Supervisor

CEO Making major corporate decisions and managing operations

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

2000 - 2002 Fidelity Investments

Title Description of Duties Name of Supervisor

Trader mediator between client and the people executing the trades

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

98 - 2000 Abercrombie & Fitch

Title Description of Duties Name of Supervisor

Sales Associate Improving engagement with merchandise & increase sales

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>TJ Masterson</u> Home						
Employer <u>Medivet</u> Business	<u>200 Maple Dr., Nicholasville, KY 40356 (2012)</u>					
Name <u>Roger Frantz</u> Home						
Employer <u>Roger F., PSC</u> Business	<u>PO Box 850, Pewee Valley, KY 40056 (2012)</u>					
Name <u>Jerry Fowler</u> Home						
Employer <u>Jerry F., PLLC</u> Business	<u>112 N. Spalding Ave., PO Box 1140, LeBannon, KY 40033 (2013)</u>					
Name <u>Steven Wright</u> Home						
Employer <u>Central Bank</u> Business	<u>2400 Harrodsburg Rd., Lexington, KY 40503 (2015)</u>					
Name <u>Lawrence Wetherby</u> Home						
Employer <u>Republic Bank</u> Business	<u>333 West Vine St., Lexington, KY 40507 (2013)</u>					

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

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

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

- | | | | | |
|------------|------------|----------------------------------|--------------------------|-----------|
| Liquor | Lawyer | <u>Race horse/race dog owner</u> | <u>Securities dealer</u> | 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

KY state

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

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

Yes, shipping license for Tailor Made products to all 50 USA states EXCEPT AR, LA, ME, MS, NC, SC and WV.

-Tailor Made Compounding

Applicant's initial



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

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

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

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

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

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

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

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



Date of photograph 9/25/19

Applicant's initial [Signature]

STATE OF KENTUCKY

ss.

COUNTY OF Fayette

I, Jeremy Deek, being duly sworn, depose and say I have read the

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

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


.....
Original Signature of Applicant

Subscribed and Sworn to before me this 25th day of

April 2019
.....
Emily Fox #548501
.....
Notary Public

(seal)

Applicant's initial 
.....
Page 9

Lined area for additional information.

Applicant's initial  Page 10